

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0889188	(X3) Date Survey Completed 03/19/2019
Name of Provider or Supplier New Jersey Urology	Street Address, City, State 776 East Third Avenue, Roselle, NJ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Final Reports (FR) and interview with the Office Manager (OM), the laboratory failed to ensure that the Test Report Date (TRD) was indicated on the FR from 4/18/17 to the date of survey. The OM confirmed on 3/19/19 at 12:55 pm that the TRD was not on the FR.</p>