

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D2063150	<b>(X3) Date Survey Completed</b>  08/30/2018
<b>Name of Provider or Supplier</b>  Planned Parenthood Ncsnj - Flemington	<b>Street Address, City, State</b>  349 Route 31 South, Bldg B, Unit 503, Flemington, NJ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5301</b>	<p>TEST REQUEST CFR(s): 493.1241(a)</p> <p>The laboratory must have a written or electronic request for patient testing from an authorized person.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the accession log, patient work records, final report and interview with the Risk Quality Manager (RQM), the laboratory failed to have a written or electronic test request from an authorized person from March 2018 to the date of the survey. The finding includes: 1. The laboratory had a result but no order from an authorized person for two of ten patients reviewed. 2. The RQM confirmed on 8/30/18 at 1:10 pm there was no order for testing.</p>