

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D2151253	(X3) Date Survey Completed 12/17/2018
Name of Provider or Supplier Rajiv Bansal Md Pc	Street Address, City, State 2001 Marcus Ave E130, Lake Success, NY	
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 reviewing randomly selected pathology test reports and confirmation by the laboratory director/pathologist, the laboratory failed to indicate on the pathology reports the address of the laboratory where the professional component of the testing is performed.</p>