

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 36D2114209	(X3) Date Survey Completed 11/12/2019
Name of Provider or Supplier Octapharma Plasma, Inc	Street Address, City, State 3467 Cleveland Ave, Columbus, OH	
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
D0000	The routine inspection of Octapharma Plasma, Inc. laboratory (36D2114209) was found to be in compliance with the conditions of 42 CFR Part 493, Clinical Laboratory Improvement Amendments of 1988 (CLIA).