

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D2084784	(X3) Date Survey Completed 06/04/2021
Name of Provider or Supplier Center For Men's Health	Street Address, City, State 1601 Yakima, Broken Arrow, OK	
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
D5479	<p>CONTROL PROCEDURES CFR(s): 493.1256(e)(5)(g)</p> <p>(e) For reagent, media, and supply checks, the laboratory must do the following: (e) (5) Follow the manufacturer's specifications for using reagents, media, and supplies and be responsible for results. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: No deficiency details available.</p>