Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0626525	(X3) Date Survey Completed 01/24/2024
Name of Provider or Supplier Drs Cassell & Boren Pc Laboratory	**Street Address, City, State** 132 E Broadway Ste 830, Eugene, OR	
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	An on site re-certification survey of Drs. Cassell and Boren was performed on January 24, 2024 The laboratory was found to be in substantial compliance with the CLIA regulations (42 CFR, Part 493 effective April 24, 2003). No deficiencies were cited.