

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D1023566	(X3) Date Survey Completed 01/08/2024
Name of Provider or Supplier Columbia Memorial Frozen Section Lab	Street Address, City, State 2111 Exchange St, Astoria, 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	A re-certification survey of the Columbia Memorial Frozen Section laboratory located at 2111 Exchange Street, Astoria, OR. 97103 was conducted on January 08, 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.