Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	40D0689663	01/25/2018
Name of Provider or Supplier	**Street Address, City, State**	
Lab Clinico Bayamon	Calle Parque Esq Rossi Local 4, Bayamon, PR	

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
No Tags	No deficiency details available.