Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	40D0973194	01/24/2018
Name of Provider or Supplier	**Street Address, City, State**	
Laboratorio Clinico Pomales	Carr #3 Km 151 Comunidad Coqui, Salinas, 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.