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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 45D0054973 | (X3) Date Survey Completed 02/08/2018 |
| Name of Provider or Supplier Gpch Llc | Street Address, City, State 100 Medical Dr, Borger, TX | |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. | | |

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| (X4) ID Prefix Tag | Summary Statement of Deficiencies |
| D0000 | The laboratory was surveyed and found to be in substantial compliance with the conditions of the CLIA regulations found at CFR 42 493.1 through 493.1780. |