

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0487239	(X3) Date Survey Completed 04/14/2026
Name of Provider or Supplier Medical City Denton	Street Address, City, State 3535 S I 35 East, Denton, TX	
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 unannounced complaint survey of the laboratory was completed on 04/14/2026. The laboratory was found in compliance with applicable CLIA regulations (42 CFR Part 493, Requirements for Laboratories) for the specialties/subspecialties for which it was surveyed. No deficiencies were cited. The complaint was unsubstantiated based on a focused complaint survey for potential proficiency testing referral.