

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0505481	(X3) Date Survey Completed 05/29/2025
Name of Provider or Supplier The Austin Diagnostic Clinic, Pllc, Circle C	Street Address, City, State 5701 Slaughter Lane Bldg C, Austin, 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	The laboratory was surveyed and found to be in substantial compliance with CLIA regulations found at 42 CFR 493.1 through 493.1780. NO DEFICIENCIES CITED for this inspection.