

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D0505487	<b>(X3) Date Survey Completed</b>  07/16/2018
<b>Name of Provider or Supplier</b>  Adc, Pllc, North Laboratory, The	<b>Street Address, City, State</b>  12221 North Mopac 4th Floor South, Austin, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>No Tags</b>	No deficiency details available.