

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0659611	(X3) Date Survey Completed 07/16/2019
Name of Provider or Supplier Texas A&M Oral Pathology Services	Street Address, City, State 3302 Gaston Ave, Dallas, 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
D5203	<p>SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: . Based on surveyor observation, confirmed by staff interview, the laboratory failed to employ procedures to ensure positive identification of patient histopathology testing. Findings: a. During the survey on 07/16-2019, the surveyor observed a patient specimen bottle and Slide in the laboratory with out two unique identifier The specimens were with the patients' first and last names only. b. In an interview with the laboratory Director at the site on 07/16/-2019, testing stated that the specimens are only labeled with the name only and failed be labeled with two unique identifiers confirmed 07/16/2019 at 14:30 hrs .</p>