Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D1014980	02/06/2018
Name of Provider or Supplier	**Street Address, City, State**	
Central Medical Laboratory	2944 Motley Drive Suite 100, Mesquite, 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
No Tags	No deficiency details available.