Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 45D2284658	**(X3) Date Survey Completed** 04/16/2024
Name of Provider or Supplier Biolife Plasma Services, Lp	**Street Address, City, State** 3366b John Knox Dr, Abilene, 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 found to be in substantial compliance with CLIA regulations 42 CFR Part 493. No deficiencies were cited.