

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  45D2307210	<b>(X3) Date Survey Completed</b>  07/17/2025
<b>Name of Provider or Supplier</b>  Texas Clinical Laboratory Llc	<b>Street Address, City, State</b>  6130 Montana Ave, Suite 217, El Paso, 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>D0000</b>	An unannounced complaint investigation was conducted on July 17, 2025. The complaint was unsubstantiated. Compliance with 42 CFR part 493, Requirements for Laboratories, could not be assessed; the laboratory was not performing patient testing.