Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 46D0525920	**(X3) Date Survey Completed** 03/23/2018
Name of Provider or Supplier Revere Health-St George Lab	**Street Address, City, State** 736 S 900 E #203, St George, UT	

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.