

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  49D0902133	<b>(X3) Date Survey Completed</b>  04/01/2022
<b>Name of Provider or Supplier</b>  Radford University Health Services	<b>Street Address, City, State</b>  801 East Main Street, Radford, VA	
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 announced focused survey for compliance with SARS-CoV-2 test result reporting requirements was conducted remotely at the Radford University Health Services on 04/01/22 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Initial interview performed on 03/15/22 and CMS Letter to Director for the Focused Survey sent on 03/23/22. The laboratory is performing COVID-19 testing and is in compliance with the applicable COVID-19 reporting requirements.