Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	52D0991033	06/02/2026
Name of Provider or Supplier	**Street Address, City, State**	
Madison Medical Urology	13133 N Port Washington Rd, Mequon, WI	

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
D5805	TEST REPORT CFR(s): 493.1291(c) (c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on surveyor review of two of two urine microscopic patient test reports in the electronic medical record (EMR) and interview with the Regional Director of Clinic Operations (Staff A), the test reports did not indicate the correct name and address of the laboratory location where the test was performed. Findings include: 1a. Review of the urine microscopic test report for Patient 1 showed the Resulting Agency was listed as: ASCENSION WI LABORATORIES 3237 S. 16th St. MILWAUKEE WI 53215 1b. A urine microscopic test report for Patient 2 showed the Resulting Agency was listed as: "A TEST CLINIC". 2. Interview with Staff A on June 2, 2026, at 1:20 PM confirmed the testing was performed at the surveyed laboratory and that the test reports did not indicate the name and address of the laboratory.