

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D2060893	(X3) Date Survey Completed 09/15/2023
Name of Provider or Supplier Biolife Plasma Services Lp	Street Address, City, State 900 Isbell St, Green Bay, 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
D0000	The laboratory was found to be in substantial compliance with CLIA regulations (42 CFR Part 493, effective April 24, 2003). No deficiencies were cited.