

EXHIBIT 111

**MODEL LETTER NOTIFYING LABORATORY OF CITED
DEFICIENCIES AND REQUESTING A PLAN OF CORRECTION**

(Date)

Name of Laboratory Director
Name of Facility
Street Address
City, State, ZIP Code

Dear **(Laboratory Director Name)**:

Re: CLIA Number **(CLIA Number)**:

The **(name of State survey agency)** conducted a certification survey of your laboratory on **(date)**. Enclosed is the Statement of Deficiencies found during that survey (Form CMS-2567).

You are requested to indicate your Plan of Correction on the right side of the form, keying your responses to the deficiency on the left. Please indicate your anticipated completion dates in the appropriate space.

Please return the Form CMS-2567, dated and signed by the director, within 10 days of receipt.

If you have any questions, please call **(phone number and contact name)**.

Sincerely yours,

Enclosure