Centers Laboratory Inc.



Client Information

Patient Information				Ordering Physician Information				
NAME: Carson, Paula			Р	HYSICIAN NAM	1E:Saxena, Rev	a NP		
D.O.B.: 3/28/1951	SEX: F	emale	U	IPIN:				
I.D.: 10340	S.S.N:	056-48-5930	N	IPI: 1316928476	3			
UNIT:Unit 6	ROOM	/BED: 619/B			DIAGNOSI	S CODES		
ORDER DATE/TIME:			Z	29.9				
COLLECTION DATE	/TIME:							
			F	ASTING: Y / N				
	onsible			TEST LIST				
NAME: Bronx Gardens Rehabilitation and Nursing Center			C	ovid 19 Nasal sv	vab			
ADDRESS 2175 Quarry Road Bronx, NY 10457								
Primary Billin	g (INSUF	RANCE)						
INS NAME: MA G		•						
PAYOR CODE:								
GROUP #:								
ADDRESS:								
,								
SUBSCRIBER#:WT56356V								
2nd Billing (INSURANCE)								
INS NAME:MC G								
PAYOR CODE:								
GROUP #:								
ADDRESS:								
SUBSCRIBER#4KY5W01XG63								
		INTERNAL C	ONTRO	DL				
L-Lav	Cultrt	R-Red	S-SS ⁻	TGY-Grey_	Lt. Blue	Black & Yellow Tube		
	_G-Gree	nY-Yello	w	_ W-PPTI	RB-Royal Blue	Strl Cup		
Vi	ral Cul_	O&P	_BLD C	ulFS-Froz	Slide	Thinprep Vial		
	ne Cup	24 hr_	U-Urn Tub	eTimed	BORICULT			
LAB I.D. #								

Centers Laboratory Inc.



Client Information

Patient Information				Ordering Physician Information				
NAME: Carson, Paula			Р	HYSICIAN NAM	1E:Saxena, Rev	a NP		
D.O.B.: 3/28/1951	SEX: F	emale	U	IPIN:				
I.D.: 10340	S.S.N:	056-48-5930	N	IPI: 1316928476	3			
UNIT:Unit 6	ROOM	/BED: 619/B			DIAGNOSI	S CODES		
ORDER DATE/TIME:			Z	29.9				
COLLECTION DATE	/TIME:							
			F	ASTING: Y / N				
	onsible			TEST LIST				
NAME: Bronx Gardens Rehabilitation and Nursing Center			C	ovid 19 Nasal sv	vab			
ADDRESS 2175 Quarry Road Bronx, NY 10457								
Primary Billin	g (INSUF	RANCE)						
INS NAME: MA G		•						
PAYOR CODE:								
GROUP #:								
ADDRESS:								
,								
SUBSCRIBER#:WT56356V								
2nd Billing (INSURANCE)								
INS NAME:MC G								
PAYOR CODE:								
GROUP #:								
ADDRESS:								
SUBSCRIBER#4KY5W01XG63								
		INTERNAL C	ONTRO	DL				
L-Lav	Cultrt	R-Red	S-SS ⁻	TGY-Grey_	Lt. Blue	Black & Yellow Tube		
	_G-Gree	nY-Yello	w	_ W-PPTI	RB-Royal Blue	Strl Cup		
Vi	ral Cul_	O&P	_BLD C	ulFS-Froz	Slide	Thinprep Vial		
	ne Cup	24 hr_	U-Urn Tub	eTimed	BORICULT			
LAB I.D. #								