	Centers Laboratory Inc.	Client Information
		**ACCOUNT:** Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx,NY 10463

Patient Information		Ordering Physician Information
NAME: Highsmith, Marcus		**PHYSICIAN NAME:** Allen, Debora NP
D.O.B.: 1/16/1964	**SEX:** Male	**UPIN:**
I.D.: 107	**S.S.N:** 062-62-6648	**NPI:** 1285726208
UNIT: East 7	**ROOM/BED:** 718/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:		Z29.9
COLLECTION DATE/TIME:		**FASTING: Y / N**

Responsible Party	TEST LIST
NAME: Citadel Rehabilitation and Nursing Center at Kingsbridge **ADDRESS:** 3400 Cannon Place Bronx, NY 10463	Nasopharyngeal swab for Covid-19, Influenza A&B antigen, RSV
Primary Billing (INSURANCE)	
INS NAME: Evercare **PAYOR CODE:** **GROUP #:** **ADDRESS:** PO Box 31350 Sal Lake City UT, **SUBSCRIBER#:** 913587574	
2nd Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** YN25322H	

	INTERNAL CONTROL	
_____ L-Lav____Cultrt_____R-Red____S-SST____GY-Grey____Lt. Blue____Black & Yellow Tube		
_____G-Green_____Y-Yellow_____ W-PPT_____RB-Royal Blue_____Strl Cup		
_____Viral Cul_____O&P_____BLD Cul_____FS-Froz_____Slide_____ Thinprep Vial		
_____Rand Urine Cup_____24 hr_____U-Urn Tube_____Timed_____BORICULT		
LAB I.D. #		

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