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

Patient Information		Ordering Physician Information
NAME: Nyan, Kwame		**PHYSICIAN NAME:** Samaniego, Robert MD
D.O.B.: 1/6/1976	**SEX:** Male	**UPIN:**
I.D.: 11396	**S.S.N:** 579-27-6503	**NPI:** 1083632392
UNIT: East 3	**ROOM/BED:** 303/B	**DIAGNOSIS CODES**
ORDER DATE/TIME:		D63.1
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	CBC, CMP Weekly Q Tuesday Re: On Epoetin Specify date of service (mm/dd/yy): Indicate if STAT order (YES/NO): ***IF STAT, PLEASE CALL MDL (973)731-2900
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** KT21961G	
2nd Billing (INSURANCE)	
INS NAME: MEDICARE **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 5G90T54PA90	

	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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