	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: Castillo, Antonia		**PHYSICIAN NAME:** Samaniego, Robert MD
D.O.B.: 1/22/1949	**SEX:** Female	**UPIN:**
I.D.: 11537	**S.S.N:** 103-44-0483	**NPI:** 1083632392
UNIT: East 4	**ROOM/BED:** 418/B	**DIAGNOSIS CODES**
ORDER DATE/TIME:		Z11.52
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	NASOPHARYGEAL SWAB FOR COVID 19, INFLUENZA ANTIGEN A&B AND RSV PRN
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** ZJ22076A	
2nd Billing (INSURANCE)	
INS NAME: Medicare Part A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 8WN5JQ3YY78	

	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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Patient Information		Ordering Physician Information
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D.O.B.: 1/22/1949	**SEX:** Female	**UPIN:**
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UNIT: East 4	**ROOM/BED:** 418/B	**DIAGNOSIS CODES**
ORDER DATE/TIME:		Z11.52
COLLECTION DATE/TIME:		**FASTING: Y / N**

Responsible Party	TEST LIST
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Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** ZJ22076A	
2nd Billing (INSURANCE)	
INS NAME: Medicare Part A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 8WN5JQ3YY78	

	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		
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