Centers Laboratory Inc.



Client Information

Patient Information		Ordering Physician Information		
NAME: Pettiford, Darryl		PHYSICIAN NAME: Saxena, Amit, MD		
D.O.B.: ^{2/2/1956} SE	X: Male	UPIN:		
I.D.: 11776 S.:	S.N: 127-46-3738	NPI: 1851507362		
UNIT:Unit 4 RO	OM/BED:415/P	DIAGNO	SIS CODES	
ORDER DATE/TIME:		Z29.9		
COLLECTION DATE/TIME:				
		FASTING: Y / N		
Responsible Party		TEST LIST		
NAME: Bronx Gardens Rehabilitation and Nursing Center		Covid-19 swab		
Conto				
ADDRESS 2175 Quarry Road Bronx, NY 10457				
•				
Primary Billing (INSURANCE)				
INS NAME: ^{MA G}				
PAYOR CODE:				
GROUP #:				
ADDRESS:				
SUBSCRIBER#:PK68546`	Y			
2nd Billing (I	NSURANCE)			
INS NAME:MC V				
PAYOR CODE:				
GROUP #:				
ADDRESS:				
SUBSCRIBER#8EC1YP4PK08				
	INTERNAL CON	TROL		
L-LavCu	ltrtR-RedS	-SSTGY-GreyLt. Blue	Black & Yellow Tube	
G-G	reenY-Yellow_	W-PPTRB-Royal Blu	ıeStrl Cup	
Viral C	CulO&PBI	D CulFS-FrozSlide_	Thinprep Vial	
Rand Urine Cup24 hrU-Urn TubeTimedBORICULT				
LAB I.D. #				

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