

		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: Graham, Glenn			PHYSICIAN NAME: Talpada, Motibhai MD		
D.O.B.: 10/5/1969 SEX: Male			UPIN:		
I.D.: 11781 S.S.N: 089-58-9945			NPI: 1134502958		
UNIT: West 5 ROOM/BED: 538/A			DIAGNOSIS CODES		
ORDER DATE/TIME:			Z11.59		
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 and RSV		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: ZH41370E					
2nd Billing (INSURANCE)					
INS NAME: PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#:					
		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. #					

		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: Graham, Glenn			PHYSICIAN NAME: Talpada, Motibhai MD		
D.O.B.: 10/5/1969 SEX: Male			UPIN:		
I.D.: 11781 S.S.N: 089-58-9945			NPI: 1134502958		
UNIT: West 5 ROOM/BED: 538/A			DIAGNOSIS CODES		
ORDER DATE/TIME:			Z11.59		
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 and RSV		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: ZH41370E					
2nd Billing (INSURANCE)					
INS NAME: PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#:					
		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. #					