

		Centers Laboratory Inc. 		Client Information ACCOUNT: Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx, NY 10457	
Patient Information			Ordering Physician Information		
NAME: Bradley, Stephen			PHYSICIAN NAME: Saxena, Reva NP		
D.O.B.: 8/10/1948 SEX: Male			UPIN:		
I.D.: 11920 S.S.N: 111-40-1374			NPI: 1316928476		
UNIT: Unit 4 ROOM/BED: 412/B			DIAGNOSIS CODES		
ORDER DATE/TIME:			Z29.9		
COLLECTION DATE/TIME:					
			FASTING: Y / N		
Responsible Party			TEST LIST		
NAME: Bronx Gardens Rehabilitation and Nursing Center ADDRESS: 2175 Quarry Road Bronx, NY 10457			Gentamicin trough (30 mins BEFORE 4TH DOSE)		
Primary Billing (INSURANCE)					
INS NAME: PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#:					
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: Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx, NY 10457	
Patient Information			Ordering Physician Information		
NAME: Bradley, Stephen			PHYSICIAN NAME: Saxena, Reva NP		
D.O.B.: 8/10/1948 SEX: Male			UPIN:		
I.D.: 11920 S.S.N: 111-40-1374			NPI: 1316928476		
UNIT: Unit 4 ROOM/BED: 412/B			DIAGNOSIS CODES		
ORDER DATE/TIME:			Z29.9		
COLLECTION DATE/TIME:					
			FASTING: Y / N		
Responsible Party			TEST LIST		
NAME: Bronx Gardens Rehabilitation and Nursing Center ADDRESS: 2175 Quarry Road Bronx, NY 10457			Gentamicin trough (30 mins BEFORE 4TH DOSE)		
Primary Billing (INSURANCE)					
INS NAME: PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#:					
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. #					