



		Centers Laboratory Inc.		Client Information	
				<b>ACCOUNT:</b> Bronx Gardens Rehabilitation and Nursing Center  2175 Quarry Road Bronx, NY 10457	
Patient Information			Ordering Physician Information		
<b>NAME:</b> Akins, Shola			<b>PHYSICIAN NAME:</b> Saxena, Reva NP		
<b>D.O.B.:</b> 5/6/1956		<b>SEX:</b> Male		<b>UPIN:</b>	
<b>I.D.:</b> 12128		<b>S.S.N:</b> 089-68-0991		<b>NPI:</b> 1316928476	
<b>UNIT:</b> Unit 4		<b>ROOM/BED:</b> 412/A		<b>DIAGNOSIS CODES</b>	
<b>ORDER DATE/TIME:</b>			Z41.8		
<b>COLLECTION DATE/TIME:</b>					
			<b>FASTING:</b> Y / N		
Responsible Party			TEST LIST		
<b>NAME:</b> Bronx Gardens Rehabilitation and Nursing Center  <b>ADDRESS:</b> 2175 Quarry Road Bronx, NY 10457			Covid PCR test		
Primary Billing (INSURANCE)					
<b>INS NAME:</b> MC V <b>PAYOR CODE:</b> <b>GROUP #:</b> <b>ADDRESS:</b> , <b>SUBSCRIBER#:</b> 7M02VF5QN89					
2nd Billing (INSURANCE)					
<b>INS NAME:</b> MEDICARE A <b>PAYOR CODE:</b> <b>GROUP #:</b> <b>ADDRESS:</b> , <b>SUBSCRIBER#:</b> 7M02VF5QN89					
		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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