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|---------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                     |  | Centers Laboratory Inc.                                                          |                                                                    | Client Information                                                                                                      |  |
|                                                                                                                     |  |  |                                                                    | <b>ACCOUNT:</b><br>Citadel Rehabilitation and Nursing Center at Kingsbridge<br><br>3400 Cannon Place<br>Bronx, NY 10463 |  |
|                                                                                                                     |  |                                                                                  |                                                                    |                                                                                                                         |  |
| Patient Information                                                                                                 |  |                                                                                  | Ordering Physician Information                                     |                                                                                                                         |  |
| NAME: Cheaib, Elie                                                                                                  |  |                                                                                  | PHYSICIAN NAME: Allen, Debora NP                                   |                                                                                                                         |  |
| D.O.B.: 7/18/1950      SEX: Male                                                                                    |  |                                                                                  | UPIN:                                                              |                                                                                                                         |  |
| I.D.: 1401      S.S.N: 054-48-5448                                                                                  |  |                                                                                  | NPI: 1285726208                                                    |                                                                                                                         |  |
| UNIT: East 6      ROOM/BED: 607/P                                                                                   |  |                                                                                  | 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<br><br>ADDRESS: 3400 Cannon Place<br>Bronx, NY 10463 |  |                                                                                  | NASOPHARYGEAL SWAB FOR COVID 19, INFLUENZA ANTIGEN A&B AND RSV PRN |                                                                                                                         |  |
| Primary Billing (INSURANCE)                                                                                         |  |                                                                                  |                                                                    |                                                                                                                         |  |
| INS NAME: Medicaid<br>PAYOR CODE:<br>GROUP #:<br>ADDRESS:<br>,<br>SUBSCRIBER#: RR70947Q                             |  |                                                                                  |                                                                    |                                                                                                                         |  |
| 2nd Billing (INSURANCE)                                                                                             |  |                                                                                  |                                                                    |                                                                                                                         |  |
| INS NAME: Evercare<br>PAYOR CODE:<br>GROUP #:<br>ADDRESS:<br>,<br>SUBSCRIBER#: N/A                                  |  |                                                                                  |                                                                    |                                                                                                                         |  |
|                                                                                                                     |  | 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                                     |                                                                                                                         |  |
| <b>NAME:</b> Cheaib, Elie                                                                                                         |  |                                                                                  | <b>PHYSICIAN NAME:</b> Allen, Debora NP                            |                                                                                                                         |  |
| <b>D.O.B.:</b> 7/18/1950 <b>SEX:</b> Male                                                                                         |  |                                                                                  | <b>UPIN:</b>                                                       |                                                                                                                         |  |
| <b>I.D.:</b> 1401 <b>S.S.N:</b> 054-48-5448                                                                                       |  |                                                                                  | <b>NPI:</b> 1285726208                                             |                                                                                                                         |  |
| <b>UNIT:</b> East 6 <b>ROOM/BED:</b> 607/P                                                                                        |  |                                                                                  | <b>DIAGNOSIS CODES</b>                                             |                                                                                                                         |  |
| <b>ORDER DATE/TIME:</b>                                                                                                           |  |                                                                                  | Z11.59                                                             |                                                                                                                         |  |
| <b>COLLECTION DATE/TIME:</b>                                                                                                      |  |                                                                                  |                                                                    |                                                                                                                         |  |
| <b>FASTING:</b> Y / N                                                                                                             |  |                                                                                  |                                                                    |                                                                                                                         |  |
| Responsible Party                                                                                                                 |  |                                                                                  | TEST LIST                                                          |                                                                                                                         |  |
| <b>NAME:</b> Citadel Rehabilitation and Nursing Center at Kingsbridge<br><br><b>ADDRESS:</b> 3400 Cannon Place<br>Bronx, NY 10463 |  |                                                                                  | NASOPHARYGEAL SWAB FOR COVID 19, INFLUENZA ANTIGEN A&B AND RSV PRN |                                                                                                                         |  |
| Primary Billing (INSURANCE)                                                                                                       |  |                                                                                  |                                                                    |                                                                                                                         |  |
| <b>INS NAME:</b> Medicaid<br><b>PAYOR CODE:</b><br><b>GROUP #:</b><br><b>ADDRESS:</b><br>,<br><b>SUBSCRIBER#:</b> RR70947Q        |  |                                                                                  |                                                                    |                                                                                                                         |  |
| 2nd Billing (INSURANCE)                                                                                                           |  |                                                                                  |                                                                    |                                                                                                                         |  |
| <b>INS NAME:</b> Evercare<br><b>PAYOR CODE:</b><br><b>GROUP #:</b><br><b>ADDRESS:</b><br>,<br><b>SUBSCRIBER#:</b> N/A             |  |                                                                                  |                                                                    |                                                                                                                         |  |
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| ____ 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                                                   |  |                                                                                  |                                                                    |                                                                                                                         |  |
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| LAB I.D. #                                                                                                                        |  |                                                                                  |                                                                    |                                                                                                                         |  |