

		CENTERS LABORATORY		Client Information	
Attending: Silberberg, Charles MD				ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463	
Patient Information			Ordering Physician Information		
NAME: Calderon, Gladys			PHYSICIAN NAME: Allen, Debora NP		
D.O.B.: 11/8/1931 SEX: Female			UPIN:		
I.D.: 236 S.S.N: 058-24-6586			NPI: 1285726208		
UNIT: West 2 ROOM/BED: 245/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 ADDRESS: 3400 Cannon Place Bronx, NY 10463			Nasopharyngeal swab for COVID19 ,A&B INFLUENZA ANTIGEN ,RSV		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: NM93678Z					
2nd Billing (INSURANCE)					
INS NAME: Evercare PAYOR CODE: GROUP #: ADDRESS: PO Box 31350 Sal Lake City, UT SUBSCRIBER#: 921063697					
		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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