

		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: Diaz Nunez, Venancio			PHYSICIAN NAME: Kang, Moonwha	
D.O.B.: 5/18/1943 SEX: Male			UPIN:	
I.D.: 243 S.S.N: 126-62-6410			NPI: 1790035004	
UNIT: East 6 ROOM/BED: 617/B			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			NASOPHARYGEAL SWAB FOR COVID 19, INFLUENZA ANTIGEN A&B AND RSV	
Primary Billing (INSURANCE)				
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: ZQ36361N				
2nd Billing (INSURANCE)				
INS NAME: Evercare PAYOR CODE: GROUP #: ADDRESS: PO Box 31350 Sal Lake City, UT SUBSCRIBER#: 953355578				
		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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