

		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: Dejesusdel, Ana		PHYSICIAN NAME: Allen, Debora NP	
D.O.B.: 2/4/1944 SEX: Female		UPIN:	
I.D.: 2508 S.S.N: 086-98-9131		NPI: 1285726208	
UNIT: West 3 ROOM/BED: 324/A		DIAGNOSIS CODES	
ORDER DATE/TIME:		Z29.9	
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 COVID	
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: ,			
SUBSCRIBER#: PW34748E			
2nd Billing (INSURANCE)			
INS NAME: Medicare Part A PAYOR CODE: GROUP #: ADDRESS: ,			
SUBSCRIBER#: 086989131M			
		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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