		Client Information
Attending: Bryan, Chacey MD	***CENTERS LABORATORY***	**ACCOUNT:** Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx,NY 10457

Patient Information	**Ordering Physician Information**
NAME: Almodovar, Elizabeth	**PHYSICIAN NAME:** Bryan, Chacey MD
D.O.B.: 3/1/1936 **SEX:** Female	**UPIN:**
I.D.: 2753 **S.S.N:** 134-32-1565	**NPI:** 1699228734
UNIT: Unit 6 **ROOM/BED:** 606/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:	Z41.8
COLLECTION DATE/TIME:	
	FASTING: Y / N
Responsible Party	**TEST LIST**
NAME: Bronx Gardens Rehabilitation and Nursing Center **ADDRESS:** 2175 Quarry Road Bronx, NY 10457	Covid swab
Primary Billing (INSURANCE)	
INS NAME: MC G **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 6Y38EN3UU56	
2nd Billing (INSURANCE)	
INS NAME: MA G **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** ZP54182D	

	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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