

|                                                                                                                                 |  |                                                                                  |                                        |                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                 |  | Centers Laboratory Inc.                                                          |                                        | Client Information                                                                                            |  |
|                                                                                                                                 |  |  |                                        | <b>ACCOUNT:</b><br>Bronx Gardens Rehabilitation and Nursing Center<br><br>2175 Quarry Road<br>Bronx, NY 10457 |  |
| Patient Information                                                                                                             |  |                                                                                  | Ordering Physician Information         |                                                                                                               |  |
| <b>NAME:</b> Cochran, Marcia                                                                                                    |  |                                                                                  | <b>PHYSICIAN NAME:</b> Saxena, Reva NP |                                                                                                               |  |
| <b>D.O.B.:</b> 1/23/1962 <b>SEX:</b> Female                                                                                     |  |                                                                                  | <b>UPIN:</b>                           |                                                                                                               |  |
| <b>I.D.:</b> 2841 <b>S.S.N:</b> 097-56-4809                                                                                     |  |                                                                                  | <b>NPI:</b> 1316928476                 |                                                                                                               |  |
| <b>UNIT:</b> Unit 4 <b>ROOM/BED:</b> 403/B                                                                                      |  |                                                                                  | <b>DIAGNOSIS CODES</b>                 |                                                                                                               |  |
| <b>ORDER DATE/TIME:</b>                                                                                                         |  |                                                                                  | Z29.9                                  |                                                                                                               |  |
| <b>COLLECTION DATE/TIME:</b>                                                                                                    |  |                                                                                  |                                        |                                                                                                               |  |
| <b>FASTING:</b> Y / N                                                                                                           |  |                                                                                  |                                        |                                                                                                               |  |
| Responsible Party                                                                                                               |  |                                                                                  | TEST LIST                              |                                                                                                               |  |
| <b>NAME:</b> Bronx Gardens Rehabilitation and Nursing Center<br><br><b>ADDRESS:</b> 2175 Quarry Road<br>Bronx, NY 10457         |  |                                                                                  | Nasopharyngeal COVID 19 swab           |                                                                                                               |  |
| Primary Billing (INSURANCE)                                                                                                     |  |                                                                                  |                                        |                                                                                                               |  |
| <b>INS NAME:</b> MA V<br><b>PAYOR CODE:</b><br><b>GROUP #:</b><br><b>ADDRESS:</b><br>,<br><b>SUBSCRIBER#:</b> QX54602R          |  |                                                                                  |                                        |                                                                                                               |  |
| 2nd Billing (INSURANCE)                                                                                                         |  |                                                                                  |                                        |                                                                                                               |  |
| <b>INS NAME:</b> MEDICARE B<br><b>PAYOR CODE:</b><br><b>GROUP #:</b><br><b>ADDRESS:</b><br>,<br><b>SUBSCRIBER#:</b> 6GU5AC4PT70 |  |                                                                                  |                                        |                                                                                                               |  |
|                                                                                                                                 |  | 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> Cochran, Marcia                                                                                                    |  |                                                                                  | <b>PHYSICIAN NAME:</b> Saxena, Reva NP |                                                                                                               |  |
| <b>D.O.B.:</b> 1/23/1962 <b>SEX:</b> Female                                                                                     |  |                                                                                  | <b>UPIN:</b>                           |                                                                                                               |  |
| <b>I.D.:</b> 2841 <b>S.S.N:</b> 097-56-4809                                                                                     |  |                                                                                  | <b>NPI:</b> 1316928476                 |                                                                                                               |  |
| <b>UNIT:</b> Unit 4 <b>ROOM/BED:</b> 403/B                                                                                      |  |                                                                                  | <b>DIAGNOSIS CODES</b>                 |                                                                                                               |  |
| <b>ORDER DATE/TIME:</b>                                                                                                         |  |                                                                                  | Z29.9                                  |                                                                                                               |  |
| <b>COLLECTION DATE/TIME:</b>                                                                                                    |  |                                                                                  |                                        |                                                                                                               |  |
| <b>FASTING:</b> Y / N                                                                                                           |  |                                                                                  |                                        |                                                                                                               |  |
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| Primary Billing (INSURANCE)                                                                                                     |  |                                                                                  |                                        |                                                                                                               |  |
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| 2nd Billing (INSURANCE)                                                                                                         |  |                                                                                  |                                        |                                                                                                               |  |
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| ____ Rand Urine Cup ____ 24 hr ____ U-Urn Tube ____ Timed ____ BORICULT                                                         |  |                                                                                  |                                        |                                                                                                               |  |
| LAB I.D. #                                                                                                                      |  |                                                                                  |                                        |                                                                                                               |  |