

		Centers Laboratory Inc.		Client Information	
				ACCOUNT: Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx, NY 10457	
Patient Information			Ordering Physician Information		
NAME: Hart, Carol			PHYSICIAN NAME: Cespedes Santana, Monica		
D.O.B.: 1/30/1947 SEX: Female			UPIN:		
I.D.: 2845 S.S.N: 075-38-7144			NPI: 1114204161		
UNIT: Unit 3 ROOM/BED: 302/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			Nasopharyngeal COVID 19 swab		
Primary Billing (INSURANCE)					
INS NAME: MC H1 A PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: 133602747					
2nd Billing (INSURANCE)					
INS NAME: MEDICARE A PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: 8TU0HG7NN04					
		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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