# **Centers Laboratory Inc.**



## **Client Information**

Patient Information				Ordering Physician Information				
NAME: Ihenacho, Justina			PHY	SICIAN NAME:	Navarro Ovied	do, Aldo Manuel		
<b>D.O.B.:</b> <sup>7/21/1956</sup>	SEX: F	emale	UPI	N:				
I.D.: 2918	S.S.N:	336-68-5839	NPI	: 1235487703				
<b>UNIT:</b> Unit 7	ROOM	<b>/BED:</b> 712/A			DIAGNOSIS	CODES		
ORDER DATE/TIME	:		Z41	.8				
COLLECTION DATE/TIME:								
			FAS	TING: Y / N				
Responsible Party				TEST LIST				
NAME: Bronx Gardens Rehabilitation and Nursing Center			Cov	id swab				
ADDRESS 2175 Quarr Bronx, NY	ry Road 10457							
Primary Billin	g (INSUF	RANCE)						
INS NAME: MAG		<del>-</del>						
PAYOR CODE:								
GROUP #:								
ADDRESS:								
,								
SUBSCRIBER#:WF77389D								
2nd Billing (INSURANCE)								
INS NAME:MC G								
PAYOR CODE:								
GROUP #:								
ADDRESS:								
SUBSCRIBER#3H24J87PD73								
		INTERNAL CO	ONTROL					
L-Lav	Cultrt	R-Red	_S-SST_	GY-Grey	Lt. Blue	_Black & Yellow Tube		
	_G-Gree	nY-Yellov	v\	N-PPTRB	-Royal Blue_	Strl Cup		
Vi	iral Cul_	O&P	BLD Cul	FS-Froz	Slide	Thinprep Vial		
	Rand Uri	ne Cup2	24 hr	U-Urn Tube_	Timed_	BORICULT		
LAB I.D. #								

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