

		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: Beauchamp, Elsie		PHYSICIAN NAME: Allen, Debora NP	
D.O.B.: 7/31/1922 SEX: Female		UPIN:	
I.D.: 3472 S.S.N: 070-14-9624		NPI: 1285726208	
UNIT: East 3 ROOM/BED: 301/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, RSV AND INFLUENZA A&B	
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: MQ98392Y			
2nd Billing (INSURANCE)			
INS NAME: Evercare PAYOR CODE: GROUP #: ADDRESS: PO Box 31350 Sal Lake City, UT SUBSCRIBER#: N/A			
		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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