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|---------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                     |  | Centers Laboratory Inc.                                                          |                                      | Client Information                                                                                                      |  |
|                                                                                                                     |  |  |                                      | <b>ACCOUNT:</b><br>Citadel Rehabilitation and Nursing Center at Kingsbridge<br><br>3400 Cannon Place<br>Bronx, NY 10463 |  |
|                                                                                                                     |  |                                                                                  |                                      |                                                                                                                         |  |
| Patient Information                                                                                                 |  |                                                                                  | Ordering Physician Information       |                                                                                                                         |  |
| NAME: Morales, Evelyn                                                                                               |  |                                                                                  | PHYSICIAN NAME: Samaniego, Robert MD |                                                                                                                         |  |
| D.O.B.: 7/5/1949                                                                                                    |  | SEX: Female                                                                      | UPIN:                                |                                                                                                                         |  |
| I.D.: 473                                                                                                           |  | S.S.N: 072-40-9595                                                               | NPI: 1083632392                      |                                                                                                                         |  |
| UNIT: East 7                                                                                                        |  | ROOM/BED: 710/B                                                                  | 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<br><br>ADDRESS: 3400 Cannon Place<br>Bronx, NY 10463 |  |                                                                                  | NASOPHARYNGEAL SWAB PCR FOR COVID 19 |                                                                                                                         |  |
| Primary Billing (INSURANCE)                                                                                         |  |                                                                                  |                                      |                                                                                                                         |  |
| INS NAME: Medicaid<br>PAYOR CODE:<br>GROUP #:<br>ADDRESS:<br>,<br>SUBSCRIBER#: WN94470J                             |  |                                                                                  |                                      |                                                                                                                         |  |
| 2nd Billing (INSURANCE)                                                                                             |  |                                                                                  |                                      |                                                                                                                         |  |
| INS NAME: Unassigned<br>PAYOR CODE:<br>GROUP #:<br>ADDRESS:<br>,<br>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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|                                                                                                                                   |  |  |                                             | <b>ACCOUNT:</b><br>Citadel Rehabilitation and Nursing Center at Kingsbridge<br><br>3400 Cannon Place<br>Bronx, NY 10463 |  |
| Patient Information                                                                                                               |  |                                                                                  | Ordering Physician Information              |                                                                                                                         |  |
| <b>NAME:</b> Morales, Evelyn                                                                                                      |  |                                                                                  | <b>PHYSICIAN NAME:</b> Samaniego, Robert MD |                                                                                                                         |  |
| <b>D.O.B.:</b> 7/5/1949                                                                                                           |  | <b>SEX:</b> Female                                                               |                                             | <b>UPIN:</b>                                                                                                            |  |
| <b>I.D.:</b> 473                                                                                                                  |  | <b>S.S.N:</b> 072-40-9595                                                        |                                             | <b>NPI:</b> 1083632392                                                                                                  |  |
| <b>UNIT:</b> East 7                                                                                                               |  | <b>ROOM/BED:</b> 710/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> Citadel Rehabilitation and Nursing Center at Kingsbridge<br><br><b>ADDRESS:</b> 3400 Cannon Place<br>Bronx, NY 10463 |  |                                                                                  | NASOPHARYNGEAL SWAB PCR FOR COVID 19        |                                                                                                                         |  |
| Primary Billing (INSURANCE)                                                                                                       |  |                                                                                  |                                             |                                                                                                                         |  |
| <b>INS NAME:</b> Medicaid<br><b>PAYOR CODE:</b><br><b>GROUP #:</b><br><b>ADDRESS:</b><br>,<br><b>SUBSCRIBER#:</b> WN94470J        |  |                                                                                  |                                             |                                                                                                                         |  |
| 2nd Billing (INSURANCE)                                                                                                           |  |                                                                                  |                                             |                                                                                                                         |  |
| <b>INS NAME:</b> Unassigned<br><b>PAYOR CODE:</b><br><b>GROUP #:</b><br><b>ADDRESS:</b><br>,<br><b>SUBSCRIBER#:</b> 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. #                                                                                                                        |  |                                                                                  |                                             |                                                                                                                         |  |