

		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: De La Cruz, Sandra			PHYSICIAN NAME: Allen, Debora NP		
D.O.B.: 4/25/1958 SEX: Female			UPIN:		
I.D.: 508 S.S.N: 092-60-1149			NPI: 1285726208		
UNIT: West 3 ROOM/BED: 333/P			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 ANTIGEN A/B		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: YZ17527Q					
2nd Billing (INSURANCE)					
INS NAME: Evercare PAYOR CODE: GROUP #: ADDRESS: PO Box 31350 Sal Lake City, UT SUBSCRIBER#: 979873075					
		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. #					

		CENTERS LABORATORY	Client Information
			ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463
Patient Information		Ordering Physician Information	
NAME: De La Cruz, Sandra		PHYSICIAN NAME: Allen, Debora NP	
D.O.B.: 4/25/1958 SEX: Female		UPIN:	
I.D.: 508 S.S.N: 092-60-1149		NPI: 1285726208	
UNIT: West 3 ROOM/BED: 333/P		DIAGNOSIS CODES	
ORDER DATE/TIME:			
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			
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: YZ17527Q			
2nd Billing (INSURANCE)			
INS NAME: Evercare PAYOR CODE: GROUP #: ADDRESS: PO Box 31350 Sal Lake City, UT SUBSCRIBER#: 979873075			
		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. #			