

		Centers Laboratory Inc. 		Client Information ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463	
Patient Information			Ordering Physician Information		
NAME: Cartagena, Jose			PHYSICIAN NAME: Samaniego, Robert MD		
D.O.B.: 9/2/1944 SEX: Male			UPIN:		
I.D.: 54 S.S.N: 583-03-0701			NPI: 1083632392		
UNIT: East 7 ROOM/BED: 715/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 ADDRESS: 3400 Cannon Place Bronx, NY 10463			CBC, CMP Specify date of service (mm/dd/yy): 3/2/2022 Indicate if STAT order (YES/NO): No ***IF STAT, PLEASE CALL MDL (973)731-2900		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: TQ28539A					
2nd Billing (INSURANCE)					
INS NAME: Medicare Part A PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: 8GP6T72PX70					
		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 Inc.		Client Information	
				ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463	
Patient Information			Ordering Physician Information		
NAME: Cartagena, Jose			PHYSICIAN NAME: Samaniego, Robert MD		
D.O.B.: 9/2/1944 SEX: Male			UPIN:		
I.D.: 54 S.S.N: 583-03-0701			NPI: 1083632392		
UNIT: East 7 ROOM/BED: 715/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 ADDRESS: 3400 Cannon Place Bronx, NY 10463			CBC, CMP Specify date of service (mm/dd/yy): 3/2/2022 Indicate if STAT order (YES/NO): No ***IF STAT, PLEASE CALL MDL (973)731-2900		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: TQ28539A					
2nd Billing (INSURANCE)					
INS NAME: Medicare Part A PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: 8GP6T72PX70					
		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. #					