	Centers Laboratory Inc.	Client Information
		**ACCOUNT:** Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx,NY 10457

Patient Information		Ordering Physician Information
NAME: Bennett, Latonya		**PHYSICIAN NAME:** Cespedes Santana, Monica
D.O.B.: 8/8/1967	**SEX:** Female	**UPIN:**
I.D.: 5509	**S.S.N:** 052-62-5399	**NPI:** 1114204161
UNIT: Unit 3	**ROOM/BED:** 306/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:		Z29.9
COLLECTION DATE/TIME:		
		FASTING: Y / N

Responsible Party	TEST LIST
NAME: Bronx Gardens Rehabilitation and Nursing Center **ADDRESS:** 2175 Quarry Road Bronx, NY 10457	Nasopharyngeal swab for COVID 19
Primary Billing (INSURANCE)	
INS NAME: MA A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** YX21869A	
2nd Billing (INSURANCE)	
INS NAME: MC A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 6E54W17CG99	

	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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