	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: Revolus, Yvanie		**PHYSICIAN NAME:** Allen, Debora NP
D.O.B.: 11/16/1941	**SEX:** Female	**UPIN:**
I.D.: 5799	**S.S.N:** 114-72-3433	**NPI:** 1285726208
UNIT: West 3	**ROOM/BED:** 338/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:		Z01.89
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	NASOPHARYGEAL SWAB FOR COVID 19, INFLUENZA ANTIGEN A&B AND RSV
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** XU47932U	
2nd Billing (INSURANCE)	
INS NAME: Medicare Part A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 1V74Q05VX93	

	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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ORDER DATE/TIME:		Z01.89
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Responsible Party	TEST LIST
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INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** XU47932U	
2nd Billing (INSURANCE)	
INS NAME: Medicare Part A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 1V74Q05VX93	

	INTERNAL CONTROL	
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_____Viral Cul_____O&P_____BLD Cul_____FS-Froz_____Slide_____ Thinprep Vial		
_____Rand Urine Cup_____24 hr_____U-Urn Tube_____Timed_____BORICULT		
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