

		CENTERS LABORATORY	Client Information
Attending: Samaniego, Robert MD			ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463
Patient Information		Ordering Physician Information	
NAME: Burris, Michelle		PHYSICIAN NAME: Samaniego, Robert MD	
D.O.B.: 10/25/1957 SEX: Female		UPIN:	
I.D.: 6411 S.S.N: 125-44-9355		NPI: 1083632392	
UNIT: East 7 ROOM/BED: 708/P		DIAGNOSIS CODES	
ORDER DATE/TIME:		Z11.59	
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 COVID19, ANTIGEN A&B INFLUENZA, RSV	
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: ,			
SUBSCRIBER#: TY50479V			
2nd Billing (INSURANCE)			
INS NAME: PAYOR CODE: GROUP #: ADDRESS: ,			
SUBSCRIBER#:			
		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			
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