

		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: Djonaj, Maria			PHYSICIAN NAME: Allen, Debora NP		
D.O.B.: 11/22/1967 SEX: Female			UPIN:		
I.D.: 685 S.S.N: 082-62-3101			NPI: 1285726208		
UNIT: West 5 ROOM/BED: 523/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			NASOPHARYNGEAL SWAB FOR COVID, RSV and INFLUENZA A & B antigen		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: ,					
SUBSCRIBER#: ZA69568C					
2nd Billing (INSURANCE)					
INS NAME: Medicare Part A PAYOR CODE: GROUP #: ADDRESS: ,					
SUBSCRIBER#: 056449078C1					
		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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