		Client Information
Attending: Talpada, Motibhai MD	***CENTERS LABORATORY***	**ACCOUNT:** Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx,NY 10463

Patient Information	**Ordering Physician Information**
NAME: Freytes, Alicia	**PHYSICIAN NAME:** JOSEPH, SHALAN NP
D.O.B.: 3/12/1945 **SEX:** Female	**UPIN:**
I.D.: 7534 **S.S.N:** 101-36-9921	**NPI:** 1407208150
UNIT: West 3 **ROOM/BED:** 321/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 ,A&B INFLUENZA ANTIGEN ,RSV
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** XP21665X	
2nd Billing (INSURANCE)	
INS NAME: Unassigned **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** N/A	

	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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