

		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: Dunn, Charles		PHYSICIAN NAME: Samaniego, Robert MD	
D.O.B.: 11/27/1956 SEX: Male		UPIN:	
I.D.: 7680 S.S.N: 068-48-3717		NPI: 1083632392	
UNIT: East 6 ROOM/BED: 618/B		DIAGNOSIS CODES	
ORDER DATE/TIME:		E11.621	
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		CBC, CMP, TSH ,HGBA1C 2/10/21	
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: ,			
SUBSCRIBER#: WC78517N			
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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