

		CENTERS LABORATORY	Client Information
Attending: Talpada, Motibhai MD			ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463
Patient Information		Ordering Physician Information	
NAME: Clark, Doris		PHYSICIAN NAME: Talpada, Motibhai MD	
D.O.B.: 11/30/1924 SEX: Female		UPIN:	
I.D.: 8235 S.S.N: 066-24-5539		NPI: 1134502958	
UNIT: East 2 ROOM/BED: 101/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 19, Influenza A & B antigen and RSV	
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: ,			
SUBSCRIBER#: XD26325E			
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. #			

		CENTERS LABORATORY	Client Information
			ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463
Patient Information		Ordering Physician Information	
NAME: Clark, Doris		PHYSICIAN NAME: Talpada, Motibhai MD	
D.O.B.: 11/30/1924 SEX: Female		UPIN:	
I.D.: 8235 S.S.N: 066-24-5539		NPI: 1134502958	
UNIT: East 2 ROOM/BED: 101/B		DIAGNOSIS CODES	
ORDER DATE/TIME:			
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			
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: XD26325E			
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. #			