	Centers Laboratory Inc.	Client Information
		**ACCOUNT:** Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx,NY 10457

Patient Information		Ordering Physician Information
NAME: Burley, Terry		**PHYSICIAN NAME:** Saxena, Reva NP
D.O.B.: 2/2/1967	**SEX:** Female	**UPIN:**
I.D.: 8481	**S.S.N:** 066-58-5022	**NPI:** 1316928476
UNIT: Unit 4	**ROOM/BED:** 418/P	**DIAGNOSIS CODES**
ORDER DATE/TIME:		Z99.11
COLLECTION DATE/TIME:		**FASTING: Y / N**

Responsible Party	TEST LIST
NAME: Bronx Gardens Rehabilitation and Nursing Center **ADDRESS:** 2175 Quarry Road Bronx, NY 10457	RESPIRATORY CULTURE (SPUTUM TEST) Specify date of collection (mm/dd/yy): 4/5/22 Indicate if STAT order (YES/NO): YES
Primary Billing (INSURANCE)	
INS NAME: MA V **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** YR12620Q	
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		
LAB I.D. #		

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