

		Centers Laboratory Inc.		Client Information	
				ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463	
Patient Information			Ordering Physician Information		
NAME: Valenti, Mario			PHYSICIAN NAME: Allen, Debora NP		
D.O.B.: 11/20/1948 SEX: Male			UPIN:		
I.D.: 8621 S.S.N: 087-40-2440			NPI: 1285726208		
UNIT: East 2 ROOM/BED: 111/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			NASAL SWAB USING RAPID SWAB ABBOTT BINAX PRN		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: ZB94324J					
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					
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