	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: Rivera, Sonia		**PHYSICIAN NAME:** Allen, Debora NP
D.O.B.: 3/25/1956	**SEX:** Female	**UPIN:**
I.D.: 8751	**S.S.N:** 080-48-8550	**NPI:** 1285726208
UNIT: East 4	**ROOM/BED:** 406/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:		Z11.52
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: METROPLUS MEDICARE **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 3EW4A77XY05	
2nd Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** YF21171T	

	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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