

		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: Aku, Edebe		PHYSICIAN NAME: JOSEPH, SHALAN NP	
D.O.B.: 2/3/1957 SEX: Male		UPIN:	
I.D.: 8864 S.S.N: 081-90-5262		NPI: 1407208150	
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		NASOPHARYNGEAL SWAB FOR COVID 19, Influenza A & B antigen and RSV	
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: ,			
SUBSCRIBER#: SK70931R			
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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