		Client Information
Attending: Bryan, Chacey MD	***CENTERS LABORATORY***	**ACCOUNT:** Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx,NY 10457

Patient Information	**Ordering Physician Information**
NAME: Ahmed, Ali	**PHYSICIAN NAME:** Fischer, Stuart MD
D.O.B.: 12/26/1946 **SEX:** Male	**UPIN:**
I.D.: 9324 **S.S.N:** 080-62-1406	**NPI:** 1518935857
UNIT: Unit 2 **ROOM/BED:** 214/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:	Z29.9
COLLECTION DATE/TIME:	
	FASTING: Y / N
Responsible Party	**TEST LIST**
NAME: Bronx Gardens Rehabilitation and Nursing Center **ADDRESS:** 2175 Quarry Road Bronx, NY 10457	Covid 19 Swab
Primary Billing (INSURANCE)	
INS NAME: MEDICARE A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 4V90G65TP00	
2nd Billing (INSURANCE)	
INS NAME: MC G **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 4V90G65TP00	

	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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