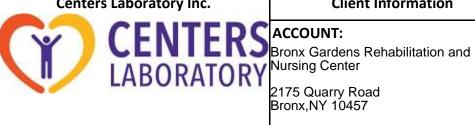
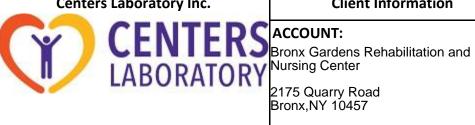
Centers Laboratory Inc.



Client Information

Patient Information				Ordering Physician Information						
NAME: Jacobs, Alma			PHY	PHYSICIAN NAME: Navarro Oviedo, Aldo Manuel						
D.O.B.: ^{3/10/1950}	SEX: Fe	emale	UPI	N:						
I.D.: 9479	S.S.N:	074-42-9137	NPI	: 12354877	03					
UNIT:Unit 7	ROOM	/BED: 717/P				DIAGNOSIS	CODES			
ORDER DATE/TIME:			Z29	.8						
COLLECTION DATE/T	IME:									
			FAS	TING: Y / N	١					
Responsible Party				TEST LIST						
NAME: Bronx Gardens Rehabilitation and Nursing Center			Cov	id Swab						
ADDRESS 2175 Quarry F Bronx, NY 10	Road 1457									
Primary Billing	(INSUR	ANCE)								
INS NAME: MEDICARI	ΕA									
PAYOR CODE:										
GROUP #:										
ADDRESS:										
SUBSCRIBER#:3RM0T	ΓV4PG3	3								
2nd Billing (INSURANCE)										
INS NAME:MC G										
PAYOR CODE:										
GROUP #:										
ADDRESS:										
SUBSCRIBER#3RM0T\	V4PG33	3								
		INTERNAL C	ONTROL							
L-Lav	Cultrt_	R-Red	S-SST	GY-Gre	y	Lt. Blue	_Black & Yellow Tu	ıbe		
G	G-Greer	ıY-Yellov	w\	W-PPT	_RB-R	Royal Blue_	Strl Cup			
Vira	al Cul	O&P	BLD Cul	FS-Fr	oz	Slide	Thinprep Vial			
Rand Urine Cup24 hr_				U-Urn Tı	ube	Timed_	BORICULT			
LAB I.D. #										

Centers Laboratory Inc.



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ADDRESS:										
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		INTERNAL C	ONTROL							
L-Lav	Cultrt_	R-Red	S-SST	GY-Gre	y	Lt. Blue	_Black & Yellow Tu	ıbe		
G	G-Greer	ıY-Yellov	w\	W-PPT	_RB-R	Royal Blue_	Strl Cup			
Vira	al Cul	O&P	BLD Cul	FS-Fr	oz	Slide	Thinprep Vial			
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LAB I.D. #										