# **Centers Laboratory Inc.**



## **Client Information**

Patient Information		Ordering Physician Information					
NAME: Reeves, Pamela		PHYSICIAN NAME: Navarro Oviedo, Aldo Manuel					
D.O.B.: <sup>5/9/1965</sup>	SEX: Female	!	UPIN:				
I.D.: 9559	S.S.N: 057-	62-7979	NPI: 1235487703				
UNIT:Unit 6	ROOM/BED	:604/A		DIAGNOSIS	CODES		
ORDER DATE/TIMI	E:		Z29.9				
COLLECTION DATE	/TIME:						
			FASTING: Y / N				
Responsible Party			TEST LIST				
NAME: Bronx Gardens Rehabilitation and Nursing Center		Covid swab					
<b>ADDRESS</b> 2175 Quar Bronx, NY	ry Road 10457						
Primary Billin	g (INSURANC	E)					
INS NAME: MA G							
PAYOR CODE:							
GROUP #:							
ADDRESS:							
, SUBSCRIBER#:WN2	23650M						
2nd Billing (INSURANCE)			]				
INS NAME:MC G			]				
PAYOR CODE:							
GROUP #:							
ADDRESS:							
SUBSCRIBER#2MR2TD0AU17							
	IN	TERNAL CONT	ROL				
L-Lav	Cultrt	R-RedS-S	SSTGY-Grey	_Lt. Blue	Black & Yellow Tube		
	_G-Green	Y-Yellow	W-PPTRB-	-Royal Blue	Strl Cup		
V	iral Cul(	D&PBLD	CulFS-Froz	Slide	_ Thinprep Vial		
Rand Urine Cup24 hr_			rU-Urn Tube_	Timed	BORICULT		
LAB I.D. #							
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