	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: Witherspoon, Matthew		**PHYSICIAN NAME:** Silberberg, Charles MD
D.O.B.: 4/21/1941	**SEX:** Male	**UPIN:**
I.D.: 980	**S.S.N:** 249-72-2765	**NPI:** 1265473540
UNIT: East 7	**ROOM/BED:** 716/B	**DIAGNOSIS CODES**
ORDER DATE/TIME:		E11.9
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	CBC, CMP, TSH, LIPID PROFILE, IPTH, Vit D and A1c Specify date of service 3/23/2022): Indicate if STAT order /NO):
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** WU47298E	
2nd Billing (INSURANCE)	
INS NAME: Unassigned **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** N/A	

	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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