

		CENTERS LABORATORY	Client Information
Attending: Samaniego, Robert MD			ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463
Patient Information		Ordering Physician Information	
NAME: Cartwright, Daniel		PHYSICIAN NAME: Talpada, Motibhai MD	
D.O.B.: 10/28/1943 SEX: Male		UPIN:	
I.D.: 9844 S.S.N: 116-32-4716		NPI: 1134502958	
UNIT: East 3 ROOM/BED: 314/B		DIAGNOSIS CODES	
ORDER DATE/TIME:		Z11.59	
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		NASOPHARYGEAL SWAB FOR COVID 19, INFLUENZA ANTIGEN A&B AND RSV	
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: ,			
SUBSCRIBER#: GB57013E			
2nd Billing (INSURANCE)			
INS NAME: Medicare Part A PAYOR CODE: GROUP #: ADDRESS: ,			
SUBSCRIBER#: 5RQ4TF3MA61			
		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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