

		CENTERS LABORATORY	Client Information
Attending: Talpada, Motibhai MD			ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463
Patient Information		Ordering Physician Information	
NAME: Bellon, Madeline		PHYSICIAN NAME: Talpada, Motibhai MD	
D.O.B.: 3/18/1935 SEX: Female		UPIN:	
I.D.: 9874 S.S.N: 114-26-9091		NPI: 1134502958	
UNIT: West 4 ROOM/BED: 422/B		DIAGNOSIS CODES	
ORDER DATE/TIME:		Z23	
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 PRN	
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: ZN45010J			
2nd Billing (INSURANCE)			
INS NAME: PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#:			
		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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INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: ZN45010J			
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INS NAME: PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#:			
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___ 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			
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