

		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: Brand, James		PHYSICIAN NAME: Talpada, Motibhai MD	
D.O.B.: 3/30/1953 SEX: Male		UPIN:	
I.D.: 9876 S.S.N: 287-56-1918		NPI: 1134502958	
UNIT: East 7 ROOM/BED: 714/A		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	
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: ,			
SUBSCRIBER#: YH15711T			
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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