

**FRY LABORATORIES, LLC - Hospital**14807 N. 73rd Street, Suite 103 Scottsdale, AZ 85260
(866)927-8075 (480)656-4932 fax www.frylabs.com v7.17h

___/___/___	___/___/___	___/___/___
LAB	BILL	NP
CLIA # 03D1026968		

LAB USE ONLY

Patient

Patient Name (Last, First, MI): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Gender: male female DOB: ___/___/___

Phone: (____) _____ Fax: (____) _____ SSN: _____-_____-_____

Hospital Status: In-Patient Out-Patient Non-Patient Patient ID: _____

I hereby authorize the release of medical information related to the service described herein and authorize necessary payment to the treating facility or Fry Laboratories, LLC. I agree to assume responsibility for payment of charges for laboratory testing services that are not covered by my healthcare insurer.

Date: ___/___/___

Hospital v07.18.2017h**Dx**

Diagnosis Codes: _____

Collection Date: ___/___/___ Time: _____

Hospital Information

Billing Address	Laboratory Address

Physician

Physician Name (Last, First): _____

Facility / Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Physician's Signature / Stamp

Diagnostic Tests

<input checked="" type="checkbox"/> Molecular Diagnostics*	<input checked="" type="checkbox"/> Sample Information
<input type="checkbox"/> R.I.D.I.™ - Bacteria by Sequencing	<input type="checkbox"/> Joint Fluid / Aspirate (submit red top tube)
<input type="checkbox"/> R.I.D.I.™ - Eukaryotic by Sequencing	<input type="checkbox"/> Debris / Tissues (submit sterile sample container)
<input type="checkbox"/>	<input type="checkbox"/> Blood (submit lavender top tube)
<input type="checkbox"/>	<input type="checkbox"/> Other: _____
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> *No preservatives or holding media.

For Sample Pickup please contact Gopher Courier Express at (602)246-7437 and provide the pickup and destination locations before 3PM daily. If samples are obtained after 3PM please refrigerate at 4°C for next day delivery. Samples should not be mixed or stored with any preservatives or holding media.

Physicians with Medicare Patients: When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis / treatment of a patient, rather than for screening purposes.

Fry Laboratories does not accept samples drawn/obtained in the state of New York. * - Some tests use components that are for Research Use Only. Please visit our website for more information about each assay.