

**FRY LABORATORIES, L.L.C.-Requisition (Blood)**

14807 N. 73rd Street, Suite 103 Scottsdale, AZ 85260

(866)927-8075 (480)656-4932 fax frylabs.com CLIA#03D1026968

LAB BILL NP

LAB USE ONLY

v07.14.2017b

Physician

Physician Name: _____

Facility / Address: _____

City: _____ State: _____ Zip: _____

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

Physician's Signature / Stamp

**Patient**

Last Name: _____ First Name: _____

Street Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____ Gender: male female DOB: ____/____/____**Payment Information**Payment Source: Patient Referring LaboratorySource: Physician Other: _____Payment Method: Check Master Card VISAMethod: Discover American Express

Name On Card: _____

Card Number: _____

Expiration: ____/____ Security Code: ____ Billing Zip: ____

Signature for Credit Card

**Medicare**

Medicare ID#: _____

Medicare Patients: I am aware of the testing fees and that Medicare does not cover investigational or research testing. I am aware these tests may not be covered by Medicare.

Signature for Medicare

**Please attach a completed signed copy of the Advanced Beneficiary Notice, backup payment, and a copy of your Medicare ID card. Current Medicare paperwork must be included with every order. ABN forms are available on our website (www.frylabs.com).**

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.

Dx

ICD-10 Codes: _____



Collection Date: ____/____/____ Time: _____

A	
For Molecular Tests Please Complete Our Insurance Requisition	

Stained Blood Film Test (submit lavender)	B
Modified May-Grunwald (includes Giemsa)	\$295

Advanced Stain Test (submit lavender)	C
Fluorescent DNA Stain (includes enrichment)	\$295

Complete Stain Profile (submit lavender)	D
Modified May-Grunwald (includes Giemsa)	\$550
Fluorescent DNA Stain (includes enrichment)	

Co-Infection Profile (submit tiger & lavender)	E
Anaplasma phagocytophilum IFA IgM/IgG	\$595
Babesia microti IFA IgM/IgG	
Bartonella quint./hens. IFA IgM/IgG	
Ehrlichia chaffeensis IFA IgM/IgG	
Modified May-Grunwald Stain	
Traditional Giemsa (included)	

Bartonella Profile (submit tiger & lavender)	F
Modified May-Grunwald (includes Giemsa)	\$395
Bartonella quint./hens. IFA IgM/IgG	

Co-Infection Plus Profile (submit tiger & lavender)	G
Anaplasma phagocytophilum IFA IgM/IgG	\$750
Babesia microti IFA IgM/IgG	
Bartonella quint./hens. IFA IgM/IgG	
Ehrlichia chaffeensis IFA IgM/IgG	
Modified May-Grunwald (includes Giemsa)	
Fluorescent DNA Stain (includes enrichment)	

Babesia Profile (submit tiger & lavender)	H
Modified May-Grunwald (includes Giemsa)	\$355
Babesia microti IFA IgM/IgG	

Individual Serology Tests (submit tiger)	Price
Lyme Western Blot IgM/IgG	\$270
Q-Fever IFA IgM/IgG	\$200
Rickettsia rickettsii/typhi IFA IgM/IgG	\$250
Toxoplasma gondii IFA IgM/IgG	\$150
Babesia microti IFA IgM/IgG	\$145
Bartonella quint./hens. IFA IgM/IgG	\$225
Ehrlichia chaffeensis IFA IgM/IgG	\$145
Anaplasma phagocytophilum IFA IgM/IgG	\$145
Anaplasma / Ehrlichia IFA IgM/IgG	\$250

This requisition is for blood samples only. Please submit non-blood samples using the appropriate requisition and sample kit. Please note that incomplete requisitions may result in the delay or inability to complete the test order.

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.