



FRY
LABORATORIES

Fry Laboratories, LLC
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CLIA#03D1026968
1(866)927-8075 (phone)
1(480)656-4932 (fax)
info@frylabs.com (email)

PATIENT TEST KIT ORDER – \$15.00 PER TEST KIT (PLUS SHIPPING FOR INTERNATIONAL)

Instructions

Please complete all of the fields below. Fry Laboratories charges \$15.00 for a sample collection test kit (includes shipping) unless the kit is ordered by your physician. We may send test kits to your physician directly free of charge. Payment for kits sent to patients must be received before the kit is shipped. Once the order is completed, please allow 7 to 10 days to receive your kit.

Fax Order

For Fax Request Orders, all major credit cards are accepted. After completing the Kit Ordering Form please fax it to (480)656-4932. Keep a fax confirmation transmittal sheet for your records. If no payment or shipping issues are encountered, the kit will be shipped within 1 business day.

Mail Order

For Mail Request Orders, all major credit cards and checks are accepted. After completing the Kit Ordering Form please mail it to the mailing address listed above. If paying by check make sure the check is enclosed with this form. If no payment or shipping issues are encountered, the kit will be shipped within 1 business day of receipt of payment; however, please note that mailing a kit order may delay processing.

Email Order

For Email Request Orders, all major credit cards are accepted. After completing the Kit Ordering Form please scan and email it to info@frylabs.com. Keep a copy of your email for your records. If no payment or shipping issues are encountered, the kit will be shipped within 1 business day.

For international kit orders, please contact the laboratory at 1(866)927-8075 (toll free) for a shipping quote and special instructions.

Kits

of Standard Kits Ordered: _____ Total # Kits _____ X \$15.00 each
of Sequencing Kits Ordered: _____ Total Payment Due: _____

Lab Use

Physician

Physician Name: _____ Facility Name: _____
Address: _____ Phone: (____) _____
City: _____ State: _____ Zip: _____ Fax: (____) _____

Patient Info

Last Name: _____ First Name: _____ M.I.: _____
Street Address: _____ Phone: (____) _____
City: _____ State: _____ Zip: _____ Gender: male female Date of Birth: _____
Where did you hear about Fry Laboratories?: _____

Payment Info

Payment Type: Check Master Card VISA
 Discover American Express
Name On Card: _____
Expiration: _____ Security Code: _____ Billing Zip: _____

Lab Use

Card Number: _____



Signature for Credit Card