

**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**

v01.10.2018

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 Laboratory
 Physician Other: _____Payment Method: Check Master Card VISA
 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: _____

Stained Blood Film Test (submit lavender) B	
Modified May-Grünwald & Giemsa Stains	\$295

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

Mosaic Fungi Stain Test (submit lavender) M	
Fluorescent Fungi and DNA Stain	\$595

Complete Stain Profile (submit lavender) D	
Modified May-Grünwald & Giemsa Stains	\$550
Fluorescent DNA Stain	

Mosaic Fungi Stain Profile (submit lavender) E	
Modified May-Grünwald & Giemsa Stains	\$675
Fluorescent Fungi and DNA Stain	

Complete Serology Profile (submit tiger) H	
Anaplasma phagocytophilum IFA IgM/IgG	\$750
Babesia microti IFA IgM/IgG	
Bartonella quint./hens. IFA IgM/IgG	
Ehrlichia chaffeensis IFA IgM/IgG	
Lyme Line Blot IgM/IgG	
Q-Fever (Coxiella burnetii) IFA IgM/IgG	
Rickettsia rickettsii/typhi IFA IgM/IgG	
Toxoplasma gondii IFA IgM/IgG	

Co-Infection + Profile (submit tiger & lavender) G	
Anaplasma phagocytophilum IFA IgM/IgG	\$1,195
Babesia microti IFA IgM/IgG	
Bartonella quint./hens. IFA IgM/IgG	
Ehrlichia chaffeensis IFA IgM/IgG	
Lyme Line Blot IgM/IgG	
Q-Fever (Coxiella burnetii) IFA IgM/IgG	
Rickettsia rickettsii/typhi IFA IgM/IgG	
Toxoplasma gondii IFA IgM/IgG	
Modified May-Grünwald & Giemsa Stains	
Fluorescent DNA Stain	

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.