



FRY LABORATORIES, LLC - Hospital

14807 N. 73rd Street, Suite 103 Scottsdale, AZ 85260
(866)927-8075 (480)656-4932 fax www.frylabs.com v2.17h

____/____/____
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 v04.09.2018h

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"/> Pan-Bacterial Analysis by DNA Sequencing | <input type="checkbox"/> Joint Fluid / Aspirate (submit red top tube) |
| <input type="checkbox"/> Pan-Eukaryotic Analysis by DNA 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"/> Swabs (submit sterile sample container) |
| <input type="checkbox"/> | <input type="checkbox"/> Other: _____ |
| <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.