

**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

v04.09.2018

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 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 INFORMATION**

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: _____

TEST OPTIONS (please contact the billing department for current pricing) **Stained Blood Film Test** (submit lavender) **B**
Modified May-Grünwald & Giemsa Stains **Advanced Stain Test** (submit lavender) **C**
Fluorescent DNA Stain **Mosaic Fungi Stain Test** (submit lavender) **M**
Fluorescent Fungi and DNA Stain **Complete Stain Profile** (submit lavender) **D**
Modified May-Grünwald & Giemsa Stains
Fluorescent DNA Stain **Mosaic Fungi Stain Profile** (submit lavender) **E**
Modified May-Grünwald & Giemsa Stains
Fluorescent Fungi and DNA Stain **Complete Serology Profile** (submit tiger) **H**Anaplasma phagocytophilum IFA IgM/IgG
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
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. For pricing information please contact the billing department.