

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

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

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

____/____/____	____/____/____	____/____/____
LAB	BILL	NP

LAB USE ONLY

v03.27.2019

HEALTHCARE PROVIDER INFORMATION (Signature is required)

Physician Name: _____ NPI#: _____

Facility / Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ Fax: (____) _____

PHYSICIAN INFORMED CONSENT ATTESTATION (Healthcare Provider Signature Required)

I, the listed ordering healthcare provider, confirm that this test is medically necessary for the diagnosis or detection of a disease, infection, illness, impairment, symptom, syndrome, or disorder. These results will be used as part of the medical management and treatment decisions for the patient. I will provide appropriate ICD-10 diagnosis codes to support testing. I confirm that I am authorized by law to order the test(s) requested herein. I am aware that DNA sequencing may detect organisms of unknown clinical significance and that results are the closest known match. I understand that test requests without this section completed will not be processed.

Healthcare Provider Signature: _____ Date: ____/____/____

PATIENT INFORMATION (Signature is required)

Last Name: _____ First Name: _____

Mailing Address: _____ Phone: (____) _____ DOB: ____/____/____

City: _____ State: _____ Zip: _____ Gender: male female Email: _____

Patient or Guardian Signature: _____ Date: ____/____/____

PAYMENT INFORMATION (Select a payment method and signature is required)Payment Type: VISA MasterCard Discover American Express Check # _____

Card Number: _____ Name On Card: _____

Card Holder Signature: _____ Expiration: ____/____ Security Code: _____ Zip: _____

 Option 1: PATIENT SELF-PAYMENT (Provide payment information)

I, the listed patient, choose to provide payment for the requested tests when they are received. I understand that failure to provide pre-payment for the requested services, in full, may result in delays of the test results. I have completed the Payment Information Section.

 Option 2: MEDICARE, MEDICAID, TRICARE, ACCESS (Provide copy of insurance card (both sides), ABN, and payment information)

I, the listed patient, state that I am covered by Medicare, Medicaid, Tricare, Access, or another equivalent governmental insurance carrier and I authorize Fry Laboratories, LLC to provide my insurance carrier, health plan, or third party administrator (collectively "My Insurance") the information on this form and other information provided by my ordering healthcare provider required for reimbursement. I authorize My Insurance benefits to be payable to Fry Laboratories, LLC. By providing an Advanced Beneficiary Notice (ABN) form I understand I may be responsible for portions or the cost of the test. I have completed the Payment Information Section and I have also provided an ABN form. The ABN form can be found at: www.frylabs.com

TEST ORDER AND SAMPLE INFORMATION (ICD-10 Codes and Collection Date are required)
 ICD-10 Codes: _____ Collection Date: ____/____/____ Time: _____
Sequencing Tests / Panels (complete sample type) **A** Pan-Bacterial (Bacteria/Archaea) DNA Analysis Pan-Eukaryotic (Protozoa/Fungi) DNA Analysis Pan-Eukaryotic DNA Analysis + Mosaic Stain**Sample Type** (select sample type) Blood Sample (submit lavender) Stool Sample (submit stool kit) Fluid Sample (CSF, Joint, Sputum) (submit red top) Tissue Sample (submit tissue kit) Other: _____ (contact lab) **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) **F**

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 lav & tiger) **G**

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