



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)

Physicians and healthcare providers, please contact us directly to order test kits.

Instructions

All test requests require an order from an authorized healthcare provider. The Test Kit fee does not include the test price. Please contact us for updated test pricing. 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. For International Patient Test Kit Orders, please contact the laboratory for a shipping quote and instructions at 1(866)927-8075 (toll free).

Fax

For fax orders, all major credit cards are accepted. After completing the Patient Test Kit Order please fax it to (480)656-4932. If no payment or shipping issues are encountered, the kit will usually be shipped within 1 business day.

Mail

For mail orders, all major credit cards and checks are accepted. After completing the Patient Test Kit Order 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 usually be shipped within 1 business day of receipt of payment. Please note that mailing a kit order form may add significant additional time until the order is received.

Email

For email orders, all major credit cards are accepted. After completing the Patient Test Kit Order please scan and email it to lab@frylabs.com. If no payment or shipping issues are encountered, the kit will usually be shipped within 1 business day.

Requested Kits

Kits for Blood Samples: _____ Total # of Kits Ordered: _____ X \$15.00 per Kit = \$ _____
 # Kits for Fluid Samples: _____
 # Kits for Tissue Samples: _____ Shipping (if International): \$ _____
 # Kits for Stool Samples: _____ Total Payment Due (USD): \$ _____
 # Kits for Other Samples: _____

Lab Use

Patient Info

Last Name: _____ First Name: _____ M.I.: _____
 Street Address: _____ Apartment/Unit: _____
 City: _____ State: _____ Zip: _____ Phone: (____) _____
 How 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