

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

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

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____/____/____
LAB BILL NP**LAB USE ONLY**

v12.09.2020c

HEALTHCARE PROVIDER INFORMATION (Signature is required)

Physician Name: _____ NPI#: _____

Facility / Address: _____

City: _____ State/Prov: _____ 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/Province: _____ 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: _____**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.

Note: Patients will be charged \$50.00 USD for international shipping from Canada in addition to testing fees.**TEST ORDER AND SAMPLE INFORMATION** (ICD-10 Codes and Collection Date are required)

☒ ICD-10 Codes: _____ ☒ Collection Date: ____/____/____ Time: _____

Sequencing Tests (select sample type)**Sample Type** (select sample type for sequencing)

- | | | |
|---|---|--|
| <input type="radio"/> Pan-Bacterial (Bacteria/Archaea) DNA Analysis \$895 | <input type="radio"/> Blood Sample (submit lavender) | <input type="radio"/> Respiratory Sample (submit tissue kit) |
| <input type="radio"/> Pan-Eukaryotic (Protozoa/Fungi) DNA Analysis \$895 | <input type="radio"/> Stool Sample (submit stool kit) | <input type="radio"/> Tissue Sample (submit tissue kit) |
| <input type="radio"/> All DNA Sequencing Tests \$1,195 | <input type="radio"/> Fluid Sample (CSF, Joint, etc) (submit red top) | <input type="radio"/> Other: _____ (contact lab for kit) |

Microscopy Tests (lavender top tube)

- | | |
|--|-------|
| <input type="radio"/> Modified May-Grünwald Stain & Giemsa Stain Tests | \$199 |
| <input type="radio"/> Fluorescent DNA Stain Test | \$199 |
| <input type="radio"/> Fungal Stain Test (Mosaic Stain Test) | \$199 |
| <input type="radio"/> Any Two Microscopy Tests (mark from above) | \$299 |
| <input type="radio"/> All Three Microscopy Tests | \$399 |

SARS-CoV-2 (COVID-19) Tests (lavender top tube)

- | | |
|--|-------|
| <input type="radio"/> SARS-CoV-2 Immunoglobulin Serology | \$165 |
| <input type="radio"/> SARS-CoV-2 T-Cell Activation Assay (Not Yet Available) | \$195 |
| <input type="radio"/> SARS-CoV-2 Saliva PCR Assay (Not Yet Available) | \$145 |

Serology Tests (serum separator - tiger top tube)

- | | |
|--|-------|
| <input type="radio"/> Anaplasma phagocytophilum IFA IgM/IgG | \$199 |
| <input type="radio"/> Babesia microti IFA IgM/IgG | \$199 |
| <input type="radio"/> Bartonella quint./hens. IFA IgM/IgG | \$199 |
| <input type="radio"/> Ehrlichia chaffeensis IFA IgM/IgG | \$199 |
| <input type="radio"/> Lyme Line Blot IgM/IgG | \$199 |
| <input type="radio"/> Q-Fever (Coxiella burnetii) IFA IgM/IgG | \$199 |
| <input type="radio"/> Rickettsia rickettsii/typhi IFA IgM/IgG | \$199 |
| <input type="radio"/> Toxoplasma gondii IFA IgM/IgG | \$199 |
| <input type="radio"/> Any Two Serology Tests (mark from above) | \$299 |
| <input type="radio"/> Any Three Serology Tests (mark from above) | \$399 |
| <input type="radio"/> All Eight Serology Tests | \$999 |