

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

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LAB BILL NP

LAB USE ONLY

v12.09.2020i

**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 \$150.00 USD for international shipping outside of the US/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 |