



LAB REQUISITION (international)

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frylabs.com CLIA#03D1026968

LAB BILL NP

LAB USE ONLY

v09162021int

HEALTHCARE PROVIDER INFORMATION (Physician signature required)

Physician Name: NPI#:
Facility / Address:
City: State/Prov.: Zip/Postal Code: Phone: Email:

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 understand that test requests without this section completed will not be processed.

Healthcare Provider Signature: Date: / /

PATIENT INFORMATION

Last Name: First Name: Gender: male female
Mailing Address: Phone: DOB: / /
City: State: Zip: Email:

Patient or Gaurdian Signature: Date: / /

PAYMENT INFORMATION

Payment Type: VISA MasterCard Discover American Express Money Order (enclosed)

Card Number: Name On Card:

Card Holder Signature: Expiration: Security Code: Zip:

ADDITIONAL SHIPPING AND HANDLING FEES

Samples shipped from outside of the United States do incur an additional shipping charge depending on the country of origin. Please make the selection below indicating that the shipping fee for the country of origin is authorized. Note, this fee is in addition to the test fees listed below.

Select Country of Origin for Return Shipping:

- Canada and Associated Territories \$50
Mexico \$50
All Other Countries \$150

Samples Sent within the United States and Associated Territories: Please Use Domestic Requisition Forms

TEST ORDER AND SAMPLE INFORMATION (Diagnosis information and collection date are required)

ICD-10 Codes: Collection Date: Time:

NEXT-GENERATION DNA SEQUENCING

- Pan-Bacterial DNA Sequencing \$895
Bacteria and Archaea by Next-Generation Sequencing
Pan-Eukaryotic DNA Sequencing \$895
Fungi and Protozoa by Next-Generation Sequencing

Both sequencing tests \$1,195

- Blood (submit lavender top tube)
Fluids (submit red top tube)
Respiratory (submit sputum kit)
Stool (submit stool kit)
Tissue (submit tissue kit)
Other: (contact lab)

MICROSCOPY TESTS (lavender top tube)

- Modified May-Grünwald & Giemsa Stains \$199
Fixed Giemsa and Jenner Stains (Special Stains)
Fluorescent DNA Stain Test \$199
Wet-Mount Hoechst DNA Stain (Advanced Stain)
Fungal Stain Test \$199
Wet-Mount Calcofluor and DNA Stains (Mosaic Stain)

- Any two microscopy tests (mark above) \$299
All three microscopy tests \$399

SEROLOGY TESTS (tiger top SST tube)

- Anaplasma phagocytophilum IFA IgM/IgG \$199
Babesia microti IFA IgM/IgG \$199
Bartonella quintana/henselae IFA IgM/IgG \$199
Ehrlichia chaffeensis IFA IgM/IgG \$199
Lyme Line Blot IgM/IgG \$199
Q-Fever (Coxiella burnetii) IFA IgM/IgG \$199
Rickettsia rickettsii/typhi IFA IgM/IgG \$199
Toxoplasma gondii IFA IgM/IgG \$199

- Any two serology tests (mark above) \$299
Any three serology tests (mark above) \$399
All eight serology tests \$999

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

- SARS-CoV-2 Immunoglobulin Serology \$165

LAB USE



Some tests use components that are for "Research Use Only", but have been developed and validated by Fry Laboratories, LLC. Please visit our website for more information about each assay.