



LAB REQUISITION (international)

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LAB BILL NP

LAB USE ONLY

v10292021int

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 \$60
- Mexico \$60
- All Other Countries \$225

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

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

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

- 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.