Counsyl Family Prep Screen – Payment Authorization

(To be completed and signed by the patient)

Please send this credit card payment form with the laboratory requisition and sample to:

LifeLabs (Attn: CDS)
100 International Blvd,
Toronto, ON M9W 6J6

PLEASE PRINT (Patient 1):

Last Name	First Name	Initial
Birth Date (dd/mm/yyyy)	Phone Number	
E-mail		
Address		
City	Province	Postal Code

☐ **Counsyl Family Prep Screen** — **$ 995.00**
Carrier screening panel that performs full sequencing of 102 clinically significant genes

PLEASE PRINT (Patient 2 – to be completed when a couple is being tested simultaneously):

Last Name	First Name	Initial
Birth Date (dd/mm/yyyy)	Phone Number	
E-mail		
Address		
City	Province	Postal Code

☐ **Counsyl Family Prep Screen** — **$ 795.00**
Carrier screening panel that performs full sequencing of 102 clinically significant genes

PAYMENT

❑ Visa ❑ Mastercard

CREDIT CARD NUMBER

EXP. DATE (MM/YY)

TOTAL AMOUNT

$ _____ Cdn

I understand that my credit card will be charged for the full amount of testing.

CREDIT CARD HOLDER _____ SIGNATURE _____ DATE _____

For more information: 1-844-363-4357 - Ask.Genetics@LifeLabs.com - www.lifelabsgenetics.com