Expanded Carrier Screen (Counsyl Foresight™) – Payment Authorization

(To be completed and signed by the patient)

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

B.C. Patients
LifeLabs
Attn: Specimen Management
3680 Gilmore Way
Burnaby, BC
V5G 4V8

All other provinces & territories
LifeLabs
Attn: Specimen Management
37 Voyager Court
Toronto,ON
M9W 4Y2

PLEASE PRINT (Patient 1):

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

☐ **Expanded Carrier Screen (Counsyl Foresight™)** **$ 995.00**
Carrier screening panel that detects specific mutations across more than175 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

☐ **Expanded Carrier Screen (Counsyl Foresight™)** **$ 795.00**
Carrier screening panel that detects specific mutations across more than175 clinically significant genes

PAYMENT

❑ Visa ❑ Mastercard

CREDIT CARD NUMBER

EXP. DATE (MM/YY)

TOTAL AMOUNT

$ _____ CAD

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

CREDIT CARD HOLDER _____ SIGNATURE _____ DATE _____