

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

Expanded Carrier Screen (Counsyl Foresight™) - DEB patient

\$ 495.00

Carrier screening panel that performs full sequencing of over 175 clinically significant genes

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

PAYMENT

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			
CREDIT CARD NUMBER		EXP. DATE (MM/YY)	TOTAL AMOUNT
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	\$ <u>495.00</u> 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