

Expanded Carrier Screening Genetic Test- Saliva Sample Collection Payment Authorization Form

(To be completed and signed by the patient)

For private pay samples, please send this credit card payment form with the laboratory requisition and sample to:				
LifeLabs Attn: Specin 37 Voyager Toronto, ON M9W 4Y2				
TEST SELE	CTED			
	Expanded Carrier Screen – 569 genes		\$813.00	
	French Canadian Carrier Screen – 8	8 genes \$813.00		
PLEASE PI	RINT			
Last Name		First Name		Initial
Birth Date (dd/mm	n/vvvv)	Phone Number		
E-mail		I		
Address				
City			Province	Postal Code
□ Please email me a copy of my receipt to the above email address				
	OR			
☐ Please mail me a copy of my receipt to the above mailing address (3-4 weeks delivery)				
PAYMENT				
☐ Visa	☐ Mastercard			
CREDIT CARD NUMBER				
EXP. DATE (MM/YY) TOTAL AMOUNT				
I understand that my credit card will be charged for the full amount of testing.				
CREDIT CARD	HOLDER SIGN	IATURE		DATE

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

ECS credit card payment form Feb 2023