

**Hereditary Testing – 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:

**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

**TEST SELECTED**

- Whole Exome Sequencing – Gold Solo **\$1,550.00**
- Whole Exome Sequencing – Gold Trio **\$3,500.00**
- Whole Exome Sequencing – Platinum Solo **\$2,300.00**
- Whole Exome Sequencing – Platinum Trio **\$5,300.00**
- Other: \_\_\_\_\_ **\$ \_\_\_\_\_**

**Add-ons**

- Index Deletion/Duplication by High Density aCGH **+ \$1,000.00**
- Index Mitochondrial Genome Sequencing **+ \$950.00**
- Additional Family Member **+ \$750.00**

**PLEASE PRINT**

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

- Yes, please mail me a copy of my receipt to the above address**

**PAYMENT**

|   |  |  |                                     |                   |  |              |  |  |  |  |  |  |  |  |  |  |  |              |  |
|---|--|--|-------------------------------------|-------------------|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--------------|--|
| <input type="checkbox"/> Visa   |  |  | <input type="checkbox"/> Mastercard |                   |  |              |  |  |  |  |  |  |  |  |  |  |  |              |  |
| CREDIT CARD NUMBER  |  |  |                                     | EXP. DATE (MM/YY) |  | TOTAL AMOUNT |  |  |  |  |  |  |  |  |  |  |  |              |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table> |  |  |                                     |                   |  |              |  |  |  |  |  | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table> |  |  |  |  |  | \$ _____ CDN |  |
|   |  |  |                                     |                   |  |              |  |  |  |  |  |  |  |  |  |  |  |              |  |
|   |  |  |                                     |                   |  |              |  |  |  |  |  |  |  |  |  |  |  |              |  |
| I understand that my credit card will be charged for the full amount of testing.  |  |  |                                     |                   |  | CVC CODE     |  |  |  |  |  |  |  |  |  |  |  |              |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>  |  |  |                                     |                   |  |              |  |  |  |  |  |  |  |  |  |  |  |              |  |
|   |  |  |                                     |                   |  |              |  |  |  |  |  |  |  |  |  |  |  |              |  |
| CREDIT CARD HOLDER _____  |  |  | SIGNATURE _____                     |                   |  | DATE _____   |  |  |  |  |  |  |  |  |  |  |  |              |  |

For more information: 1-844-363-4357 - [Ask.Genetics@LifeLabs.com](mailto:Ask.Genetics@LifeLabs.com) - [www.lifelabsgenetics.com](http://www.lifelabsgenetics.com)