1-844-363-4357· Ask.Genetics@LifeLabs.com

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:

Ontario Patients
LifeLabs
Attn: Specimen Management
37 Voyager Court
Toronto, ON
M9W 4Y2

All other provinces & territories
LifeLabs
Attn: Specimen Management
3638 Gilmore Way
Burnaby, BC
V5G 4V8

TEST SELECTED

☐ Whole Exome Sequencing + CNV – Solo	**$1,500.00**
☐ Whole Exome Sequencing + CNV – Trio	**$3,500.00**
☐ Other: _____	**$_____**

Add-ons

☐ Fast Processing Fee (non-prenatal samples)	**+ $350.00**
☐ Prenatal Processing Fee (single genes or panels)	**+ $500.00**
☐ Prenatal Processing Fee (WES + CNV – solo)	**+ $600.00**
☐ Prenatal Processing Fee (WES + CNV – trio)	**+ $1,500.00**
☐ Index Mitochondrial Genome Sequencing	**+ $950.00**
☐ Additional Family Member - Whole Exome Sequencing	**+ $800.00**

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

☐ 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.

CVC CODE ☐☐☐

CREDIT CARD HOLDER _____ SIGNATURE _____ DATE _____