

**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: Specimen Management
 37 Voyager Court
 Toronto, ON
 M9W 4Y2

TEST SELECTED

- Expanded Carrier Screen – 288 genes **\$625.00**
- French Canadian Carrier Screen – 8 genes **\$625.00**

PLEASE PRINT

Last Name	First Name	Initial
Birth Date (dd/mm/yyyy)	Phone Number	
E-mail		
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

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard																									
CREDIT CARD NUMBER	EXP. DATE (MM/YY)	TOTAL AMOUNT																							
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I understand that my credit card will be charged for the full amount of testing.		CVC CODE																							
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CREDIT CARD HOLDER	SIGNATURE	DATE																							

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