

Non-Invasive Prenatal Test Payment Authorization Form

After the Payment Authorization form and Laboratory Requisition form have been completed and signed, they are put into the Panorama Specimen Collection kit as the necessary paperwork must accompany the blood sample. The kit is given to the patient and she is instructed to make an appointment for the blood draw.

PLEASE PRINT

<i>Patient Information</i>		
<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>
<i>Birth Date (dd/mm/yyyy)</i>	<i>Phone Number</i>	
<i>E-mail</i>	<i>Fax Number</i> () -	
<i>Address</i>		
<i>City</i>	<i>Province</i>	<i>Postal Code</i>

Please select only one of the following options	MOH covered	Private pay
<input type="checkbox"/> Panorama® Prenatal Test Testing for chromosomes 21, 18, 13, X, Y and Triploidy	\$0	\$550
<input type="checkbox"/> Panorama® Prenatal Test + 22q11.2 deletion syndrome (Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion)	\$195	\$745
<input type="checkbox"/> Panorama® Prenatal Test + Microdeletion Extended Panel [5] (Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion, Cri-du-chat, 1p36 deletion, Angelman, Prader-Willi)	\$245	\$795
NOTE: prices include shipping and collection fee.		

<i>PAYMENT (Patient Use Only)</i>											
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa											
<small>CREDIT CARD NUMBER</small>	<small>EXPIRY DATE</small>	<small>CARD SECURITY CODE</small>									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%;"></td> <td style="width: 40%;"></td> </tr> </table>				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 60%;"></td> </tr> </table>		/		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%;"></td> <td style="width: 40%;"></td> </tr> </table>			
	/										
		AMOUNT \$ _____ CDN									
<small>CREDIT CARD HOLDER</small>	<small>INITIAL</small>	<small>SIGNATURE</small>									

- Please email me a copy of my receipt to the email address indicated in the Patient Information section
- Please mail me a copy of my receipt to the above mailing address (3-4 weeks delivery)

For more information: 1-844-363-4357

Ask.Genetics@LifeLabs.com

www.lifelabsgenetics.com