

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 **\$813.00**
- French Canadian Carrier Screen – 8 genes **\$813.00**

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)																							
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			TOTAL AMOUNT																							
			\$ _____ CDN																							
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																								
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DATE		_____																								

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