



Non-Invasive Prenatal Test Payment Authorization Form

Please fax this form to LifeLabs at 1-647-943-2804

After the Payment Authorization form and Laboratory Requisition form have been completed, signed and <u>faxed to LifeLabs</u>, 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.

Patient Information		······	
		Santa de la companya	
Last Name	First Name		Initial
Birth Date (dd/mm/yyyy)	Phone Number		L
E-mail	Fax Number		
		-	
Address			
Address		***************************************	
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City	Province	Postal Code	,
			·
☐ Panorama™ Prenatal Test			
(Testing for chromosomes 21, 18, 13, X, Y and Triploidy)		\$59	i0
☐ Panorama™ Prenatal Test + 22q11.2 deletion syndrome		\$74	15
(Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion))	Ψ,-	-
☐ Panorama [™] Prenatal Test + Microdeletion Extended Panel [5]	,	\$75	45
(Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion,	_	٠٠٠,	
Cri-du-chat, 1p36 deletion, Angelman, Prader-Willi)	•		
NOTE: This pricing is effective May 27, 2015 and includes shipping	ng and collection for		
The test time priority to choose into any ary and intolled somephi	ng bita collection tee.		
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PAYMENT (Patient Use Only)			
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CREDIT CARD NUMBER EXP. DATE	<u>:</u>		
	\$	с	dn

For more information: Tel.: 1-844-363-4357 Fax: 1-647-943-2804 <u>Ask.Genetics@LifeLabs.com</u> www.lifelabsgenetics.com

