



## 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 faxed to LifeLabs, 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>Address</i>			
<i>City</i>	<i>Province</i>	<i>Postal Code</i>	

<input type="checkbox"/> <b>Panorama™ Prenatal Test</b> (Testing for chromosomes 21, 18, 13, X, Y and Triploidy)	<b>\$550</b>
<input type="checkbox"/> <b>Panorama™ Prenatal Test + 22q11.2 deletion syndrome</b> (Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion)	<b>\$745</b>
<input type="checkbox"/> <b>Panorama™ Prenatal Test + Microdeletion Extended Panel [5]</b> (Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion, Cri-du-chat, 1p36 deletion, Angelman, Prader-Willi)	<b>\$795</b>
NOTE: This pricing is effective May 27, 2015 and includes shipping and collection fee.	

<i>PAYMENT (Patient Use Only)</i>									
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa									
<i>CREDIT CARD NUMBER</i>	<i>EXP.</i>	<i>DATE</i>							
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<i>CREDIT CARD HOLDER</i>	<i>INITIAL</i>	<i>SIGNATURE</i>							

For more information: Tel.: 1-844-363-4357 Fax: 1-647-943-2804 [Ask.Genetics@LifeLabs.com](mailto:Ask.Genetics@LifeLabs.com)  
[www.lifelabsgenetics.com](http://www.lifelabsgenetics.com)

