

Prosigna Test Payment Authorization

(To be completed and signed by the patient)

Please send this credit card payment form with the laboratory requisition and tissue samples to:

LifeLabs, Histology Department (Attn: QMP)
100 International Blvd, Toronto, ON M9W 6J6

PLEASE PRINT

Last Name		First Name	Initial
Birth Date (dd/mm/yyyy)		Phone Number	
E-mail			
Address			
Address			
City		Province	Postal Code

Prosigna™ Breast Cancer Prognostic Gene Signature Assay \$ 4200.00

PAYMENT

Visa Mastercard

CREDIT CARD NUMBER

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EXP. DATE (MM/YY)

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AMOUNT

\$ 4200.00 Cdn

I understand that my credit card will be charged for the full amount of testing.

CREDIT CARD HOLDER

SIGNATURE

DATE

For more information: Tel.: 1-844-363-4357 or Ask.Genetics@LifeLabs.com

www.lifelabs.com