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**Hereditary Cancer Genetic Testing with Genetic Counselling**

**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:

|  |
| --- |
| **All provinces & territories** |
| LifeLabs  Attn: Specimen Management  37 Voyager Court  Toronto, ON  M9W 4Y2 |

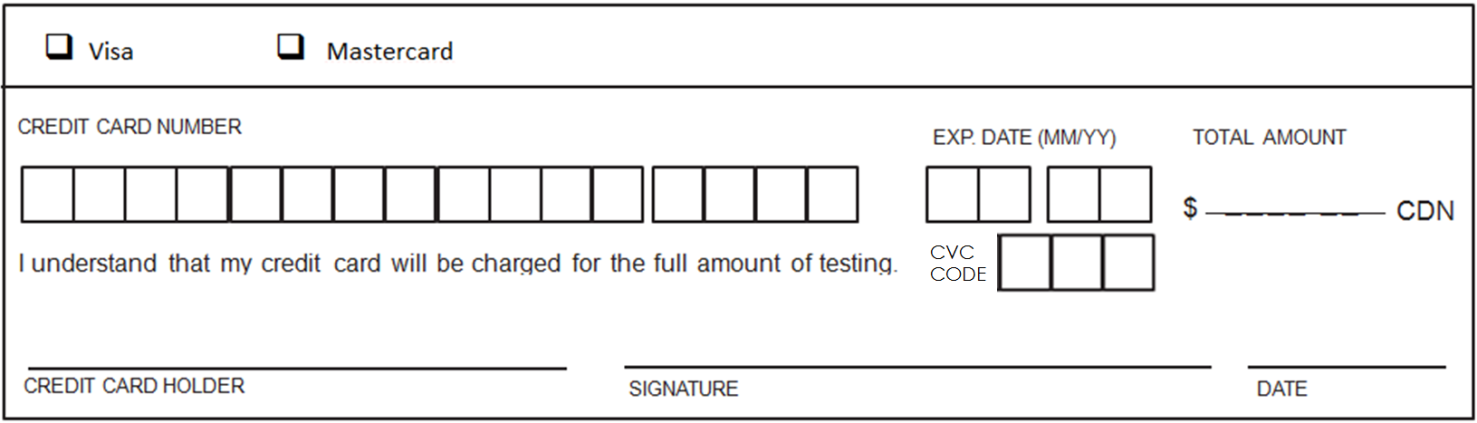
**TEST SELECTED**

* BRCA1/2 Screen + Genetic Counselling $630.00
* Breast Cancer Panel + Genetic Counselling $998.00
* Breast/Gynecologic Cancer Panel + Genetic Counselling $998.00
* Colorectal Cancer Panel + Genetic Counselling $998.00
* Prostate Cancer Panel + Genetic Counselling $998.00
* Hereditary Cancer Panel + Genetic Counselling $998.00

**PLEASE PRINT**

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

* **Yes, please mail me a copy of my receipt to the above address**

**PAYMENT**

For more information: 1-844-363-4357 - Ask.Genetics@LifeLabs.com - www.lifelabsgenetics.com   
BRCA1/2 credit card paymt form Nov 2019 v5