

## Payment Authorization Form

(To be completed and signed by the patient)

### STEP 1

Please complete and sign this form and email it to: [Ask.Genetics@Lifelabs.com](mailto:Ask.Genetics@Lifelabs.com)

### STEP 2

Someone from Lifelabs Genetics will then contact you by phone to confirm payment.

### STEP 3

Once payment is processed and confirmed with Lifelabs Genetics, please ensure that this credit card payment form accompanies the Signatera requisition form for your blood draw.

- |                          |                            |                   |
|--------------------------|----------------------------|-------------------|
| <input type="checkbox"/> | Signatera™ Initial Test    | <b>\$4,500.00</b> |
| <input type="checkbox"/> | Signatera™ Subsequent Test | <b>\$2,000.00</b> |

### 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 email address indicated in the Patient Information section**
- 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)		TOTAL AMOUNT	
I understand that my credit card will be charged for the full amount of testing.				CVC CODE		\$ _____ CDN	
CREDIT CARD HOLDER				SIGNATURE		DATE	