



Certified Lab



Non-Invasive Prenatal Test Payment Authorization Form

After the Payment Authorization form and Laboratory Requisition form have been completed and signed, 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

PATIENT INFORMATION				
Last Name		First Name		Initial
Birth Date (dd/mm/yyyy)	Email	Phone Number		
	ddress		Fax Number	
City		Province Pos		Postal Code
Please select only one of the following options				Private pay
Panorama™ Prenatal Test Testing for chromosomes 21, 18, 13, X, Y and triploidy				\$550
Panorama™ Prenatal Test + 22q11.2 deletion syndrome (Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion)				\$650
Panorama™ Prenatal Test + Microdeletion Extended Panel [5] (Testing of chromosomes 21, 13, 18, X, Y, triploidy, and 22q11.2 deletion, Cri-du-chat, 1p36 deletion, Angelman, Prader-Willi)				an, \$795
NOTE: prices include shipping and collection fee.				
PAYMENT (Patient Use Only)				
☐ MasterCar	d 🔲 VISA			
CREDIT CARD NUMBER EXPIRY DATE CARD SECURITY CODE				
			AMOUNT	\$CAD
CREDIT CARD HOLDER INITIAL SIGNATURE				
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)				