

Prenatal Testing Payment Authorization Form

Patient Information

Last Name: _____

First Name: _____

Date of Birth: _____
(YYYY/MM/DD)

Referring Physician: _____

Address: _____
No. Street Apt.

_____ City Province Postal Code

Tel. (home): _____

Tel. (daytime): _____

Referring Physician: _____

Test Information

harmony
performed in Canada

¹ Singletons only. ² Fetal sex not reported.

Harmony Prenatal Test (T21, T18, T13) \$495

Additional options:

- Fetal Sex
- Monosomy X
- Sex Chromosome Aneuploidy Panel^{1,2}
- 22q11.21 (additional cost for this option)^{1,2} \$185

MaterniT
21 PLUS + GENOME

MaterniT 21 Plus (T21, T18, T13, Fetal sex) \$695

Additional options:

- ESS \$795
- SCA \$695
- ESS + SCA \$795
- Genome Flex *With MAT1/MAT2* \$655
- Genome Flex *With MAT3/MAT4* \$555
- Opt-out of Fetal sex
- MaterniT Genome \$1,350
Genome-wide fetal aneuploidies (singleton only)

Payment

VISA AMEX (No personal cheques accepted)

MasterCard Certified cheque

Credit Card Number: _____ / _____ / _____

Expiry date: MM / YY Security Code: _____
(3 digits)

Cardholder: _____ Name Signature

Date: _____
(Year/Month/Day)

INTERNAL USE

Date: _____ Lab#: _____