



GTG Lab Case #
(for internal use only)
MD.....
Received:.....

HNPCC – Payment Form

Family Name		Given Name(s)	
Date of Birth (dd-mm-yyyy)		Contact Number	
Address			
Suburb		State	Postcode

The full amount of the test fee is charged at the time of sample submission.

Refer to our website for terms and conditions: www.gtmedical.com.au

I wish to pay by credit card Bankcard MasterCard Visa

Card No: _____ Expiry Date ____ / ____

For security purposes - please turn your card over and write the **last three digits** of the number on the signature panel of your card _____

Name as it appears on the card _____

Please debit my card for the following tests: (Please tick where applicable).

Gene Sequencing & MLPA Analysis	Gene Sequencing Only	MLPA Analysis Only
<input type="checkbox"/> <i>MLH1</i> \$1,099	<input type="checkbox"/> <i>MLH1</i> \$949	<input type="checkbox"/> <i>MLH1</i> \$399
<input type="checkbox"/> <i>MSH2</i> \$999	<input type="checkbox"/> <i>MSH2</i> \$849	<input type="checkbox"/> <i>MSH2</i> \$399
<input type="checkbox"/> <i>MSH6</i> \$999	<input type="checkbox"/> <i>MSH6</i> \$799	<input type="checkbox"/> <i>MSH6</i> \$399
<input type="checkbox"/> <i>MLH1 & MSH2 & MSH6</i> \$2,799	<input type="checkbox"/> <i>MLH1 & MSH2 & MSH6</i> \$2,199	<input type="checkbox"/> <i>MLH1 & MSH2 & MSH6</i> \$599
<input type="checkbox"/> Predictive Testing \$299		

Total Payment = \$ _____

Signature of card holder _____ Date _____

Or, _____

I have enclosed my payment with this application Money Order Cheque

All prices current as of 17th May 2010. All prices are in Australian dollars
Cheques can be made out to: Genetic Technologies Corporation

Institutional Billing: The hospital laboratory or referring physician can be billed. Please attach a letter stating the name of the contact person, address to which bill should be submitted, phone and fax number, and information required on the invoice (e.g. order number)