



genetic technologies

GTG Lab Case #
(Internal use only)

MD _____

Received _____

Medical/Diagnostic Payment Form

GTG 08 2395 A . 02/2010

Applicant Details

Given Names

Family Name

Date of Birth (dd/mm/yyyy) / / Contact Number

Address

Suburb Postcode State

Payment Details

I wish to pay by credit card MasterCard Visa

Card No Expiry Date /

For security purposes, please write the last three digits of the number on the signature panel on the reverse side of your card

Name as it appears on card

Genetic Analysis

miRview™ meso (\$3900.00) miRview™ mets (\$4500.00) miRview™ squamous (\$ 3900.00)

Total I agree to the Terms & Conditions of sale

Signature of card holder Date

OR

I have enclosed payment with this application Money Order Cheque

OR

I will pay online at <http://www.gtmedical.com.au/order/>

OR

I will fax this to Medical Payment Department on (+61 3) 8412 7041

Prices current as of January 2010. All prices in Australian Dollars. Please see website for full Terms & Conditions