

Consent and Payment Form



Patient Information	
Surname:	First name:
Date of Birth:	Phone number:
Postal Address:	
Primary tissue laboratory:	Unique laboratory number(s):
Requesting Doctor (Print):	

Laboratory testing

The presence or absence of a specific gene mutation has been identified as a predictor of drug response. Testing for gene mutations prior to treatment ensures that the patient receives a drug that has the potential to work for them. This testing is generally performed on paraffin-embedded tissue.

Patient Consent

I understand that laboratory testing on my tissue is part of a clinical workup for my condition and I give permission for my tissue to be used for the following laboratory test(s) [circle appropriate].

Melanoma panel (BRAF KRAS NRAS KIT)	Lung panel (EGFR KRAS NRAS BRAF)
Colorectal panel (NRAS KRAS BRAF)	Other (please state):

Ensure a "Referral Form" is completed for each "Consent and Payment Form"
Payment is required before testing

Patient Signature:	Date:
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Payment Details (please indicate method of payment)

Total \$ (including GST)

Payment—Credit Card

I hereby authorise IGENZ Ltd to debit my credit card for payment as indicated above.

Card Type: Visa Mastercard (circle one)

Card Number: Card Expiry: /

Card Security Code: Name on Card:

Signature: Date:

Alternatively — Website: http://www.igenz.co.nz/payment-details/payment/	Alternatively — Internet banking: Bank: WestPac Account: IGENZ Limited Account details: 03-0175-0262563-000
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