

REQUEST FOR TEST CANCELLATION FORM

PATIENT INFORMATION

Last name _____ First name _____ MI _____ Patient ID (assigned by CEN4GEN) _____ DOB (mm/dd/yyyy) _____ Sex _____ <input type="radio"/> F <input type="radio"/> M <input type="radio"/> Unknown <input type="radio"/> Ambiguous	Street Address _____ City _____ State/Province _____ Zip/Postal code _____ Country _____ Preferred Phone _____	FOR CEN4GEN ADMINISTRATION USE ONLY REQUEST GRANTED: <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING
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ORDERING INFORMATION

<input type="checkbox"/> PHYSICIAN Name _____ Phone _____ Fax (required to receive a copy of the report) _____ Street Address _____ City _____ State/Province _____ Zip/Postal code _____ Country _____ Email address _____ Physician license number _____	<input type="checkbox"/> INSTITUTION Name _____ Phone _____ Fax (required to receive a copy of the report) _____ Street Address _____ City _____ State/Province _____ Zip/Postal code _____ Country _____ Email address _____	<input type="checkbox"/> GENETIC COUNSELOR Name _____ Phone _____ Fax (required to receive a copy of the report) _____ Email address _____
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TEST INFORMATION

Please provide all of the following information:

CEN4GEN Test Code(s) _____

CEN4GEN Test Name(s) _____

CEN4GEN Quotation/Invoice Number _____

Refunds shall be returned to the Client by Bank Wire transfer. Please note that applicable refund fees set by CEN4GEN could potentially apply prior to issuing a refund and shall be deducted from the amount to be refunded. This authorization for test cancellation is subject to the Client's agreement with CEN4GEN's Terms and Condition of Diagnostic Services (<http://cen4gen.org/index.php/diagnostic-services/terms-and-conditions-of-diagnostic-services/>).

I hereby request the cancellation of the above mentioned test(s).

(TO BE COMPLETED BY CLIENT OR AUTHORIZED PERSONNEL OF CLIENT)

FULL NAME (Print): _____

SIGNATURE: _____

DATE: _____

(TO BE COMPLETED BY CEN4GEN)

DATE CANCELLATION REQUEST IS RECEIVED BY CEN4GEN: _____