



REQUEST FOR TEST CANCELLATION FORM

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.

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

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

FULL NAME (Print): _____

INSTITUTION/COMPANY: _____

SIGNATURE: _____

DATE: _____

(TO BE COMPLETED BY CEN4GEN)

DATE CANCELLATION REQUEST IS RECEIVED BY CEN4GEN: _____

Complete and transmit this form to CEN4GEN's billing division by:

- a) Email at accounts@cen4gen.org or;*
- b) Fax to +1-587-329-9566.*