



## **PAYMENT OPTIONS**

### **IF PAYING BY CHEQUE OR WITH A CREDIT CARD OFFLINE**

1. Print and fill in the ClarityDX Prostate Payment Authorization Form.
2. If you are paying by cheque, make it payable to Nanostics Inc.
3. Bring the Payment Authorization Form and cheque (if applicable) to your sample collection appointment.

### **IF PAYING BY CREDIT CARD ONLINE**

1. Complete your online payment for the ClarityDX Prostate test
2. Print the ClarityDX Prostate test purchase receipt that was emailed to you.
3. Bring the printed receipt to your sample collection appointment.

## ClarityDX Prostate® Payment Authorization Form

ClarityDX Prostate Test	\$300
Shipping	\$200
<b>Total Cost</b>	<b>\$500</b>



### PATIENT INFORMATION

Legal Last Name	_____	Street Address	_____																				
Legal First Name	_____	City/Town	_____																				
Date of Birth (e.g., 1960-Jan-01)	<table> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>M</td><td>D</td><td>D</td><td></td> </tr> </table>											Y	Y	Y	Y	M	M	M	D	D		Province	_____
Y	Y	Y	Y	M	M	M	D	D															
Referring Doctor	_____	Postal Code	_____																				
Doctor's Phone No.	_____	Phone Number	_____																				

### PAYMENT INFORMATION

Credit card  Cheque

MasterCard

VISA

Other: \_\_\_\_\_

*Complete the fields below if a credit card is used for payment offline.*

Credit card number    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry date            \_\_\_\_\_ / \_\_\_\_\_            Security code    \_\_\_\_\_

                                  M M Y Y

Cardholder name      \_\_\_\_\_

Cardholder signature    \_\_\_\_\_

Date                      \_\_\_\_\_

Online Credit Card Payment

Order Number (found on your ClarityDX Prostate test ordering receipt): \_\_\_\_\_