

Patient Enrolment Form

Patient Information

Name:	Surname:	Date:
Address:		
City:	Country:	Postcode:
Telephone:		
Email:	Date of Birth:	

Clinic Information

Name:	Referring Clinician:
Email of Clinic or Referring Clinician:	
Comments:	

Payment Options

Cheque or bank transfer is accepted: Please send a copy of your remittance to support.uk@igenomix.com

Bank Details:

SANTANDER BANK
Bootle, Merseyside, L30 4GB

IBAN: GB03ABBY09022210616217
Account No: 10616217

BIC: ABBYGB2LXXX
Sort Code: 09-02-22

Cheques should be sent to:

Igenomix UK Ltd
Unit 5, Surrey Technology Centre
40 Occam Road,
Guildford
GU2 7YG

Please send your cheque and completed form to this address.

Financial Consent

By signing this form, I have read and agreed to the financial terms and policy details below. I fully understand these charges and I am responsible for the total payment of all testing performed by Igenomix UK Ltd. Furthermore, I consent to the collection, use and disclosure of my personal information I have provided above by Igenomix UK Ltd to the extent necessary for the purpose of processing any payments authorised hereby.

Patient Name (Print): _____

Patient Signature: _____ Date: _____

Financial Information for ERA, EMMA, ALICE, ENDOMETRIO, NACE, CGT and POC

Thank you for choosing Igenomix UK. Igenomix UK is part of an international team with broad experience in pioneering genetic and molecular diagnosis. Our goal at Igenomix is to provide genetic testing services to help you in your journey to build a healthy family. We are trusted, based on our expertise and high-quality services. You may have already received information about our tests. If you are interested in more information, please let us know.

If you would like to proceed with ERA, EMMA, ALICE, ENDOMETRIO, NACE, CGT or POC you must e-mail or mail the following completed documents to us, if not already done so by your clinic: Patient Enrolment Form, Test Requisition and Consent Forms with signatures.

The services provided by Igenomix UK are billed separately from the rest of your fertility treatments.

TESTING WILL NOT BE INITIATED WITHOUT PAYMENT. TO MAKE SURE YOUR RESULTS ARE NOT DELAYED, PLEASE ADHERE TO OUR FINANCIAL POLICY.

Financial Policy

Below are the details regarding our Financial Policy. You must read, agree, and sign the above FINANCIAL CONSENT before we can provide you with any services.

General Policy

- ❖ Accurate and current information is required.
- ❖ Advance payment is required for our services.
- ❖ Payment procedures are as follows:
 - ERA, EMMA, ALICE, ENDOMETRIO, NACE, CGT or POC - patient enrolment form and payment must be received prior to the sample. Testing will not be initiated until payment is received. Test requisition and consent form must be sent with the sample.
- ❖ Full payment includes the cost of the test and all shipping and handling/courier fees. Shipping and handling/courier fees may vary. Same day courier fees may be considerably higher.
- ❖ We accept personal cheque or bank transfer. Please make cheques payable to Igenomix UK.

Contact Information:

Igenomix UK LTD

Phone: +44 (0) 208 0688176

E-mail: support.uk@igenomix.com