

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:	

Test Information

Service required ERA EMMA EndomeTRIO CGT Genetic Counselling

(Tick as appropriate)

Other (Please specify) _____

Please note: The cost of Genetic Counselling is determined by the length of the session. The cost of testing should be confirmed with Igenomix before proceeding with payment.

Payment amount: £ _____

Payment Options

Payments can be made using a credit/ debit card via our online payment service.

Online Payment:

Please tick the appropriate box if your billing address matches the above: YES NO

Our customer support team will email a **payment link** for online payment.

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

Thank you for choosing Igenomix UK. Igenomix UK is part of an international team with broad experience in genetics and molecular diagnosis. Our goal 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 testing or genetic counselling, you must e-mail or mail a completed and signed Patient Enrolment Form.

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:
 - 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.
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Contact Information

 (+44) 020 8068 8176

 support.uk@igenomix.com