

Oncotype Payment Form



PO BOX 2299 Kew Victoria 3101 Australia Telephone 1300 798 820 www.stbiopharma.com

	rau	ent Details			
Patient Name:		Date of Birth:			
Address:	Telephone (Business Hours):				
	Patie	ent Consent			
I agree to the release of my tiss		otype DX testing. ent's signature:			
	Doc	tor Details			
Name of Doctor:					
Address: Telephone:					
		Email:			
	Sche	dule of Fees†			
□ Onco <i>type</i> DX Prostate Test	AUD \$5,000	□ Onco <i>type</i> D	X Colon Test	AUD \$5,000	
does not include any additional fe	es that may be applied	by the hospital or patho	ology laboratory w	here the tissue is stored	
	Payr	nent Details			
Who is paying for this test?	Name:				
Postal or email address for red	eeipt:				
□ Electronic Funds Transfer	BSB	ransfer the amount to Account Number 3 45-0372		ternational Orders)	
Please reference the payment with the reference: MC3066). Please paperwork has been received.					
2. □ Online Payment via PayWa Visit www.payway.com.au/make		0024)			
Please reference the payment with the reference: MC3066). Please paperwork has been received.					
3. Latitude Interest-Free Existing Latitude cardholders: Complete and send this form via email to customerservice@stbiopharma.com. Then call ST on 1300 798 820 with your card number to complete payment.					
Amount to charge to Latitude Card:	New Latitude customers: Apply for a Latitude card at <i>gemvisa.com.au/health</i> . Once card is approved, send this form to <i>customerservice@stbiopharma.com</i> and provide your new reference number via phone to ST on 1300 798 820.				
Please contact Customer Service	on (AU) 1300 798 820	or (NZ) +64 9801 0299	if you have any di	ifficulties with payment	
	Patient A	knowledgement			
	e application terms.				

Fees subject to change and published at www.stbiopharma.com

Privacy Statement: At Specialised Therapeutics we recognise the importance of your privacy and understand your concerns regarding the security of the personal information which you provide to us. Our Privacy Policy details the type of personal information we collect when you use our websites, products and services, how we store and process personal information about you, with whom we may share it and the choices available to you regarding our use of the information. It also describes the measures we take to safeguard your personal information and tells you how to contact us regarding our privacy practices. We will only use the personal information collected from you in accordance with this Privacy Policy. By using our website, products and/or services you consent to our use of personal information in accordance with our Privacy Policy. For more information please view our Privacy Policy which is available at https://www.stbiopharma.com/index. php?q=privacy-policy.html.

Oncotype DX Breast Recurrence Score® is a registered trademark of Genomic Health, Inc., and is used under license from Genomic Health, Inc.

Patient's signature:

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Please complete the above form and send to Specialised Therapeutics via email at customerservice@stbiopharma.com For further information, please call

☐ I acknowledge and agree that the fees included in the 'Schedule of Fees' do not include any additional fees

I will be liable to the relevant service provider directly for any such additional fees.

which may be applied by any hospital or pathology laboratory where the tissue is tested or stored and that

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