

## Oncotype Payment Form



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

Patient Name:		Date of Birth:		
Address:		Telephone (Business Hours):		
	Doct	or Details		
Name of Doctor:				
Address:		Telephone:		
		Email:		
	Sched	ule of Fees†		
□ Onco <i>type</i> DX Breast Test	AUD \$5,000	│ □ Onco <i>type</i> DX	DCIS Test	AUD \$5,000
does not include any additional fees	that may be applied l	by the hospital or pathol	logy laboratory w	here the tissue is stored
		ent Details		
Who is paying for this test?	Name:			
Postal or email address for recei	pt:			
Method of Payment				
1. □ Electronic Funds Transfer (E Please transfer the amount to:				
Please reference the payment wit write the reference: MC3066). Ple paperwork has been received.				
2. □ Online Payment via PayWay Visit www.payway.com.au/make		0024)		
Please reference the payment wit write the reference: MC3066). Ple paperwork has been received.	•		•	_
3. □ Latitude Interest-Free Existing Latitude can Payment Plan (AU Only) Buyer's Edge cards Complete and send		•	•	Visa, CreditLine and
Select Plan Duration (months): ☐ 6 ☐ 12 ☐ 18 ☐ 24	Select Plan Duration (months): customerservice@stbiop.			00 798 820 with your
Amount to charge to Latitude Card:	<b>New Latitude customers:</b> 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.			

**Patient Details** 

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.stabiopharma.com/assets/ files/d-privacypolicy.pdf.

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

Prepared April 2023. 230418\_ODX 062

 $Please\ contact\ Customer\ Service\ on\ (AU)\ 1300\ 798\ 820\ or\ (NZ)\ + 64\ 9801\ 0299\ if\ you\ have\ any\ difficulties\ with\ payment.$ 

## Patient Acknowledgement

- $\hfill \square$  I agree to the release of my tissue to be used for Oncotype DX testing.
- $\square$  I have read and accept these application terms.
- ☐ I acknowledge and agree that the fees included in the 'Schedule of Fees' do not include any additional fees which may be applied by any hospital or pathology laboratory where the tissue is tested or stored and that I will be liable to the relevant service provider directly for any such additional fees.

Patient's signature:

Please complete the above form and send to Specialised Therapeutics via email at <a href="mailto:customerservice@stbiopharma.com">customerservice@stbiopharma.com</a>
For further information, please call (AU) 1300 798 820 or (NZ) +64 9801 0299