BC CANCER
Provincial Health Services Authority

PROVINCIAL LABORATORY MEDICINE SERVICES
Provincial Health Services Authority
BC Cancer Lab Operations

CERVICAL CANCER SCREENING LABORATORY

Cervix Screening Test - Private Pay form for laboratory testing

Date: _____

Provincial Health Services Authority (PHSA)
Revenue Services
1795 Willingdon Avenue
Burnaby, BC
V5C 6E3

Dear Revenue Services: please charge $_____ to my Credit Card.

Please ensure the credit card expiration date is more than 3 months from the date the form is signed.
Please note we DO NOT accept Debit Visa cards.

Card #: _____ Expiry Date: _____

In the name of: _____ Contact phone #:

Email address if credit card receipt required: _____

Signature of Card Holder: _____

CODE: **PAPREV** ☐ $70.00 (Non-resident)

☐ $35.00 (Uninsured resident)

PLEASE SEND THIS PAYMENT FORM TO THE LAB ALONG WITH THE SPECIMEN. THANK YOU!