GENETIC ANALYSIS CORP

123 Helix Way, Biotech Park
San Francisco, CA 94103
contact@genelab.example

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Institution/Patient: _____
Address: _____
City, State, Zip: _____

SPECIMEN DETAILS

Patient ID: _____
Accession #: _____
Collection Date: _____

Test Code	Description of Genetic Service	Qty	Unit Price	Amount
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____

Subtotal: $ _____

Tax/Fees: $ _____
Total Due: $ _____

Payment Instructions: Please include Invoice Number with your payment. We accept Wire Transfers and Corporate Checks.

Confidentiality Note: This document contains protected health information (PHI). Handle in accordance with HIPAA regulations.