Project 3000 Assistance Program
John and Marcia Carver
Nonprofit Genetic Testing Laboratory

Five Major Goals of Project 3000

- Provide hope
- Provide accurate information
- Find the remaining genes
- Find cures
- Make genetic testing the standard of care for LCA

In accordance with the five major goals of Project 3000 the Carver Nonprofit Genetic Testing Laboratory is pleased to be able to provide some financial assistance to families who need genetic testing for Leber congenital amaurosis. This assistance is possible because of generous philanthropic donations to the Project 3000 Fund.

To be eligible for such assistance, families must attest to their inability to pay for the test with their own resources. The reason for this requirement is that our goal is to provide testing to ALL patients with LCA in the United States and for us to be able to accomplish this with our limited philanthropic resources we will need all insured patients and all patients with sufficient personal financial means to pay for their own nonprofit testing.

LCA Test:	Est. Cost
☐ Phase 1	$957.00
Patient Contribution:	_____
Project 3000 Contribution:	_____

Patient Personal Statement
In the space below, please describe your need for financial assistance.

_____

_____

_____

_____

_____

_____

_____

All statements made on this application are true and correct to the best of my knowledge. Project 3000 and the Carver Nonprofit Genetic Testing Laboratory reserve the right to withdraw financial assistance if information provided is misleading or untrue.

Recipient:
I am able to contribute $_____ towards the cost of LCA genetic testing. I will need assistance from Project 3000 for the balance.

Recipient's Signature:_____ Date:_____

Physician:
I certify that _____(patient's name) has been diagnosed with Leber congenital amaurosis and should be considered for financial assistance for LCA genetic testing provided by the Carver Nonprofit Genetic Testing Laboratory.

Physician Signature:_____ Date:_____

Patient Name:_____

Parent / Guardian Name:_____
(if patient is a minor)

Mailing Address:_____

Day Time Phone Number:_____

Email Address:_____

Please fax completed form to the John and Marcia Carver Nonprofit Genetic Testing Laboratory at 319-335-7142 or mail to:

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