Ontario

Ministry of Health

Laboratory Licensing and X-Ray Inspection Services Fees Payment

Fields marked with an asterisk (*) are mandatory.

You are filling out a responsive form, where available options may change based on previous responses.

Please choose the type of application you wish to submit*

☐ Active Clinical Laboratory Paying Licensing Fee

☐ New or Registered X-Ray Facility Paying Application Fee

Clinical Laboratory Information

Organization Account ID and Owner*

If Other, specify*

Payment Submitter

Telephone Number*

Email Address* | Confirm Email Address*

Payment Information

Invoice Number (example 00147-2023)* | Invoice Date (yyyy/mm/dd)*

Payment Amount ($)*

New or Registered X-Ray Facility Paying Application Fee

Please confirm if you are:*

☐ New X-Ray Facility Paying for Application Fee

☐ Registered X-Ray Facility Paying for Application Fee

New X-Ray Facility Paying for Application Fee

Facility Owner (may be a corporation or an individual(s))*

Payment Submitter

Telephone Number*

Email Address* | Confirm Email Address*

Payment Information

Payment Amount ($)*

Registered X-Ray Facility Paying for Application Fee

Registration Number (for existing facility)*

Facility Owner (may be a corporation or an individual(s))*

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Payment Submitter

Telephone Number*

Email Address*	Confirm Email Address*

Payment Information

Payment Amount ($)*