

bionetics hair test application



A. Name + Address	
Title:	
First name:	
Surname:	
Address:	
Postcode:	
Telephone:	
Email:	
Date of birth:	

Please ensure that you fill out sections, A, B, C, F (attach hair samples) and enclose your payment. These are the minimum requirements needed to carry out your test. Sections D and E are optional but will help us to provide you with a better level of service if completed.

The data you provide on this form will only be used for the purpose of carrying out your test. It will not be supplied to any 3rd party without your prior consent. The data will be stored and used in conjunction with the Data Protection Act (1998).

The test is not designed to replace a one to one consultation with a practitioner or to diagnose illness or disease. We recommend that you seek the advice of a qualified practitioner for all your healthcare needs. **If you are carrying out this test on behalf of someone else then please ensure that you have the legal consent to do so.**

Referred by: Callie Carling

B. Please tick as appropriate	
Coeliac (Gluten Intolerant)	<input type="checkbox"/>
Multiple Prescription Medications (5 or more)	<input type="checkbox"/>
Diabetic	<input type="checkbox"/>
Taking blood thinners e.g. Warfarin	<input type="checkbox"/>
Pregnant (or suspect you are)	<input type="checkbox"/>

C. Please Select the test and results service that you would like	
1. Standard Application with results online (requires an email address) £48.00	<input type="checkbox"/>
2. Standard Application with results via post £51.00	<input type="checkbox"/>
3. Standard Application with results online (requires an email address) + Practitioner phone consultation (30 minutes) £78.00	<input type="checkbox"/>
4. Standard Application with results via post + Practitioner phone consultation (30 minutes) £81.00	<input type="checkbox"/>

D. Conditions & symptoms: Please list the known conditions and symptoms below. - optional information	
Conditions:	Symptoms:

E. Medication and supplements being taken: Please list below. - optional information	
Prescription Medication:	Supplements:

F. Hair sample for testing: Please use the space below to attach your hair
Place at least 3 hairs preferably from the back of your head but any body hair will do, in the space below. Please make sure that the hair is plucked and that the root is still attached. This appears as a small bulb at the root end of the hair. Please do not tape over the root when attaching the hairs to this form. Once attached please cut off loose hair leaving 1-2 inches of hair and the root on the application form.

When you have completed this form please return it along with your payment for your test selection above made out to Bionetics Ltd to: **Bionetics Ltd, Testing Centre, Po Box 865, Camberley, Surrey GU15 9XS.**