



## TEST SUBMISSION FORM

Please complete the following details and enclose this form with your sample(s):

### PERSONAL DETAILS

Please enter the details of the person(s) being tested:

Title: \_\_\_ First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: / /

Postal / Zip Code: \_\_\_\_\_ Client email (if required): \_\_\_\_\_

Title: \_\_\_ First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: / /

Postal / Zip Code: \_\_\_\_\_ Client email (if required): \_\_\_\_\_

Title: \_\_\_ First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: / /

Postal / Zip Code: \_\_\_\_\_ Client email (if required): \_\_\_\_\_

Title: \_\_\_ First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: / /

Postal / Zip Code: \_\_\_\_\_ Client email (if required): \_\_\_\_\_

### PLEASE PROVIDE AN EMAIL ADDRESS TO RECEIVE TEST RESULTS:

Primary email address: \_\_\_\_\_

### ABOUT YOUR ORDER

Name of Purchaser: \_\_\_\_\_ Transaction Number: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

*Please clearly state your ORDER NUMBER and POSTCODE / ZIP CODE with your sample(s) for testing.*

### RETURN THIS COMPLETED FORM WITH YOUR CLEARLY LABELLED HAIR SAMPLES TO YOUR REGIONAL CENTRE:

- UK:** The Intolerance Testing Group, PO Box 8164, Castle Donington, Derby, DE74 2BZ, United Kingdom
- USA:** Allergy Test, Healthy Stuff Online Ltd, 870 N. Miramar Avenue, 32903, Indialantic, Florida, United States
- CA:** Healthy Stuff Online Ltd, 1920 St.Regis Blvd, Dorval QC, H9P 1H6, Canada
- AUS:** Allergy Test Australia, Suite 196, 10-12 Flushcombe Road, Blacktown, NSW 2148, Australia
- NZ:** Test Your Intolerance, # 8091, PO Box 13240, Johnsonville, Wellington 6440, New Zealand
- SA:** Healthy Stuff Online, N°5 Sturdee Avenue, Suite 301, 2196, Rosebank, Johannesburg