



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: / /

Title: ____ First name: _____ Last Name: _____ Date of Birth: / /

Title: ____ First name: _____ Last Name: _____ Date of Birth: / /

Title: ____ First name: _____ Last Name: _____ Date of Birth: / /

About Your Order

Name of Purchaser: _____ Order Number: ____HS-_____

Date of Purchase: _____

Please clearly state your ORDER NUMBER with your sample(s) for testing.

Return this completed form with your hair sample in a clearly labelled zip lock bag to a regional centre:

- UK:** The Intolerance Testing Group, PO Box 8164, Castle Donington, Derby, DE74 2BZ, United Kingdom
- USA:** Healthy Stuff Online Ltd, 870 N. Miramar Avenue, 32903, Indialantic, Florida, United States
- CA:** Healthy Stuff Online Ltd, 671 Ave Orly Dorval, QC H9P 1G1, Canada
- AUS:** Allergy Test Australia, Suite 196, 10-12 Flushcombe Road, Blacktown, NSW 2148, Australia
- NZ:** Healthy Stuff Online, Suite 8091, PO Box 13240 Johnsonville, Wellington 6440, New Zealand
- IE:** Healthy Stuff Online, Bracken Road No 51, Carlisle Offices, D18CV48, Sandyford, Dublin, Ireland
- ES:** Healthy Stuff Online, Paseo Castellana 136, Recepción Postal, 28046, Madrid
- SA:** Healthy Stuff Online, No5 Sturdee Avenue, Suite 301, 2196, Rosebank, Johannesburg