

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: The Allergy Testing Group, 10685-B Hazelhurst Dr. #19057, Houston, TX 77043, 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
