



HAIR TISSUE MINERAL ANALYSIS REQUEST

Please send hair sample accompanied with this form to:

info@interclinical.com.au

InterClinical Laboratories Pty Ltd

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PO Box 6474 Alexandria NSW 2015 Australia

Patients Details (Please write clearly)

SURNAME		FIRST NAME	
EMAIL			
MOBILE		AGE	SEX
HEIGHT	WEIGHT	OCCUPATION	
ADDRESS			
STATE	POSTCODE	PREGNANT? <input type="checkbox"/> YES	
REASON FOR TEST			
CURRENT MEDICATIONS/SUPPLEMENTS			

TYPE OF SAMPLE: SCALP PUBIC AXILLARY OTHER _____

TREATMENTS/DYES: _____

SHAMPOO: _____

SAMPLE DATE: DD MM YY

Samples should not be obtained from any portion of hair that was permed, chemically or coloured. Reference levels are based on hair obtained from several areas of the occipital region of the scalp.

Previous Report? Yes No

IF YES, PLEASE PROVIDE

LAB NO. _____

DATE _____

Referred by *REFERRED REPORTS WILL BE EMAILED TO THE CONSULTING PRACTITIONER

Kimballe Robyzen

Naturopath

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TYPE OF REPORT **PROFILE** 1 2 3 **Add Antimony**

INFORMATION ON PROFILE TYPES & TAKING THE SAMPLE : interclinical.com.au/hair/

additional \$38

OFFICE USE ONLY	LAB NUMBER	BATCH NUMBER
DATE RECEIVED	SAMPLE WEIGHT	AMOUNT RECEIVED

