



## Request for Hair Mineral & Toxic Element Analysis

Patient	Referring clinician
Title Mr / Mrs / Master / Miss / Other: _____	Name: _____
Forenames: _____	Address: _____
Surname: _____	
Date of birth / / _____	
Sex: M / F Pregnant? No / Yes Weeks _____	Telephone: _____
Address: _____	Fax: _____
	E-mail: _____
	Your reference: _____
	GP's name and address: _____
Telephone: _____	
E-mail: _____	Last Biolab reference: / / _____

*In the event of a referral by a non-medical practitioner please include practitioner AND GP's details*

### Sample details:

Hair sample date: \_\_\_\_\_ Natural hair colour: \_\_\_\_\_  
Patient's height: \_\_\_\_\_ Brand of shampoo: \_\_\_\_\_  
Patient's weight: \_\_\_\_\_ Brand of conditioner: \_\_\_\_\_

In the last three months has the hair been (if yes, tick box and provide date):

Bleached:  Date: \_\_\_\_\_ Highlighted:  Date: \_\_\_\_\_  
Permed:  Date: \_\_\_\_\_ Coloured/tinted:  Date: \_\_\_\_\_

### Does the patient:

Drink alcohol?  Smoke?  Take mineral supplements?  Use other medications?

### Instructions for collection of hair sample:

If the hair has been permed, bleached, or otherwise permanently coloured none of the treated hair should be included in the sample for analysis. If the treatment has been carried out recently, we recommend a period of 12 weeks should be allowed to elapse before sampling. The patient may continue to take nutritional supplements, which will not distort the hair results.

Hair should be cut from the back of the head, or nape of the neck, as close to the scalp as possible. At least 0.5gm of hair is required, which is about one heaped tablespoon full. Only hair up to 1½" (4cm) from the scalp can be used. Please allow for this when the hair is long by sending in a larger total sample, for example 2 tablespoons-full of hair.

Place the hair sample in a plain paper envelope, seal and label clearly with the patient's name, date of birth and address. Fully complete this request form and attach the hair sample to it. Return to Biolab at the address below by First Class post.

**ACCOUNT TO:**  CLINICIAN  PATIENT (please include cheque or card details below)

Patients are requested to settle their account at the time of testing. For postal samples please include a cheque (made payable to Biolab Ltd) or your debit/credit card details:

Cardholder's name (as it appears on the card): \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ CCV (3 digits from reverse of card): \_\_\_\_\_

Signature: \_\_\_\_\_

**If you have any questions please do not hesitate to contact us.**