

bionetics test application form



a. name + address

Title:	
First name:	
Surname:	
Address:	
Postcode:	
Telephone:	
Email:	
Date of birth:	

Please ensure that you fill out sections, A, B, C, F (attach hair samples) and enclose your payment. These are the minimum requirements needed to carry out your test. Sections D and E are optional but will help us to provide you with a better level of service if completed.

You can add further relevant information on the reverse of this page. You can also use the credit card payment section if this is your preferred payment method or send in a cheque with your application.

The data you provide on this form will only be used for the purpose of carrying out your test. It will not be supplied to any 3rd party without your prior consent. The data will be stored and used in conjunction with the Data Protection Act (1998).

referred by:

b. please tick as appropriate

Coeliac (Gluten Intolerant)	
Multiple Prescription Medications (5 or more)	
Diabetic	
Taking blood thinners e.g. Warfarin	
Pregnant (or suspect you are)	

c. please Select the test and results service that you would like

1. The bionetics test with results online (requires an email address and includes free 15 minute phone consultation) £59.95	
2. The bionetics test with results via post £62.95 (includes a free 15 minute phone consultation)	
3. The bionetics test with results online (requires an email address and includes 30 minute phone consultation) £89.95	
4. The bionetics test with results via post £92.95 (includes a 30 minute phone consultation)	

d. conditions & symptoms: Please list the known conditions and symptoms below. - optional information

Conditions:	Symptoms:

e. medication and supplements being taken: Please list below. - optional information

Prescription Medication:	Supplements:

f. hair sample for testing: Please use the space below to attach your hair

Place at least 3 hairs preferably from the back of your head but any body hair will do, in the space below. Please make sure that the hair is plucked and that the root is still attached. This appears as a small bulb at the root end of the hair. Please do not tape over the root when attaching the hairs to this form. Once attached please cut off loose hair leaving 1-2 inches of hair and the root on the application form.



When you have completed this form please return it along with your payment for your test selection above made out to Bionetics Ltd to: **Bionetics Ltd, Testing Centre, Po Box 80, Downham Market, PE38 8BG**. Please do not send your application in an A4 envelope unless you pay the large letter price for a stamp. If you do not pay this your application will not arrive.

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additional information

credit card payments	Mastercard	
	Visa Debit, Delta, Connect	
	Visa	
	Switch/ UK Maestro	
	Solo	

Cardholder Name																															
Card Number																															
Expiry date			/																												
Issue (switch/ UK Maestro)																															
CVC (Last 3 digits on signing strip)																															

Please ensure you enclose your cheque payment or fill in the above credit card section and sign below as your consent for us to process your card to pay for your hair test order.

Please sign: _____

The test is not designed to replace a one to one consultation with a practitioner or to diagnose illness or disease. We recommend that you seek the advice of a qualified practitioner for all your healthcare needs. **If you are carrying out this test on behalf of someone else then please ensure that you have the legal consent to do so.**
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