



# HAIR TISSUE MINERAL ANALYSIS REQUEST

Please send hair sample accompanied with payment to:  
**Interclinical NZ**  
15 Heaton Terrace, Wellington 6021, New Zealand

**Phone: (04) 801 6436**  
Mobile/Txt: 0274 930 979  
Email: htma@interclinical.co.nz

## Patient Details (Please write clearly)

SURNAME		FIRST NAME	
ADDRESS			
AREA CODE			
TELEPHONE		EMAIL	
AGE	SEX	PREGNANT <input type="checkbox"/> Yes <input type="checkbox"/> No	
HEIGHT	WEIGHT	OCCUPATION	
CURRENT MEDICATIONS			
REASON FOR TEST			

NB: Reference ranges on reports are based on age, gender and scalp hair. The information provided herein may be used for research purposes.

## Hair Sample Details

Samples should not be obtained from hair that is permed, coloured or chemically treated. Untreated hair provides the most reliable result.

DATE OF SAMPLE	DAY	MONTH	YEAR
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LOCATION OF SAMPLE ie Scalp/Pubic/Axillary/Other

Note: Hair treatments and preparations may artificially elevate the result of some elements reported.

NATURAL HAIR COLOUR	HAIR PREPARATION
SHAMPOO	

**\*ALL REFERRED ANALYSIS REPORTS SHALL BE RETURNED IN FULL TO THE CONSULTING PRACTITIONER**

## Referred by

NAME	
TYPE OF PRACTITIONER	PROV/MEM No.
ADDRESS	
SUBURB	STATE PostCODE
TELEPHONE	EMAIL
SIGNATURE	

TYPE OF REPORT *(Please ✓)* PROFILE  1  2  3 **Antimony**  (extra fee applies)

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

## PRACTITIONER USE ONLY

PLEASE TICK  5 MOST PREDOMINANT SYMPTOMS (CLINICAL DIAGNOSIS ONLY)

<input type="checkbox"/> 101 ALLERGIES (RESP)	<input type="checkbox"/> 214 SCOLIOSIS	<input type="checkbox"/> 604 MYESTHENIA GRAVIS
<input type="checkbox"/> 102 ALLERGIES (FOOD)	<input type="checkbox"/> 216 FIBROMYALGIA	<input type="checkbox"/> 605 PARKINSONS DISEASE
<input type="checkbox"/> 103 ALLERGIES (ECOL)	<input type="checkbox"/> 218 LUPUS	<input type="checkbox"/> 607 DEMENTIA
<input type="checkbox"/> 104 ANAEMIA		<input type="checkbox"/> 609 STROKE
<input type="checkbox"/> 105 ASTHMA	<b>CARDIOVASCULAR</b>	<input type="checkbox"/> 611 TOURETTE'S SYNDROME
<input type="checkbox"/> 106 CANCER.....(TYPE)	<input type="checkbox"/> 301 ANGINA	<b>EMOTIONAL</b>
<input type="checkbox"/> 107 CANDIDIASIS	<input type="checkbox"/> 302 ARTIOSCLEROSIS	<input type="checkbox"/> 701 ANXIETY
<input type="checkbox"/> 108 CATARACTS	<input type="checkbox"/> 303 ATHEROSCLEROSIS	<input type="checkbox"/> 702 ATTENTION DEFICIT
<input type="checkbox"/> 109 CYSTIC FIBROSIS	<input type="checkbox"/> 304 HYPERCHOLESTEROLEMIA	<input type="checkbox"/> 703 AUTISM
<input type="checkbox"/> 110 DERMATITIS	<input type="checkbox"/> 305 HYPERLIDIPEMIA	<input type="checkbox"/> 704 DEPRESSION
<input type="checkbox"/> 111 DIABETES	<input type="checkbox"/> 306 HYPERTENSION	<input type="checkbox"/> 705 HOSTILITY
<input type="checkbox"/> 112 ECZEMA	<input type="checkbox"/> 307 HYPERTENSION (SYST)	<input type="checkbox"/> 706 LEARNING DISABILITY
<input type="checkbox"/> 113 EMPHYSEMA	<input type="checkbox"/> 308 HYPERTENSION (DIAS)	<input type="checkbox"/> 707 MEMORY LOSS
<input type="checkbox"/> 114 EPILEPSY	<input type="checkbox"/> 309 TACHYCARDIA	<input type="checkbox"/> 708 SCHIZOPHRENIA
<input type="checkbox"/> 115 FATIGUE	<input type="checkbox"/> 310 BRADYCARDIA	<input type="checkbox"/> 710 MANIC DEPRESSION
<input type="checkbox"/> 116 GLAUCOMA	<input type="checkbox"/> 311 CORONARY OCCLUSION	
<input type="checkbox"/> 117 HEADACHES		<b>ENDOCRINE</b>
<input type="checkbox"/> 118 HYPERKINESIS	<b>GASTRO-INTESTINAL</b>	<input type="checkbox"/> 801 HYPERADRENIA
<input type="checkbox"/> 119 HYPERCALCEMIA	<input type="checkbox"/> 400 CROHN'S DISEASE	<input type="checkbox"/> 802 HYPERPARATHYROID
<input type="checkbox"/> 120 HYPOGLYCEMIA	<input type="checkbox"/> 401 COLITIS	<input type="checkbox"/> 803 HYPERTHYROID
<input type="checkbox"/> 121 INFECTIONS (BACTERIAL)	<input type="checkbox"/> 402 CONSTIPATION	<input type="checkbox"/> 804 HYPOADRENIA
<input type="checkbox"/> 122 INSOMNIA	<input type="checkbox"/> 403 DIARRHOEA	<input type="checkbox"/> 805 HYPOPARATHYROID
<input type="checkbox"/> 123 IMMUNE DEFICIENCY (AIDS)	<input type="checkbox"/> 404 DIVERTICULOSIS	<input type="checkbox"/> 806 HYPOTHYROID
<input type="checkbox"/> 124 MONONUCLEOSIS	<input type="checkbox"/> 405 GASTRITIS	
<input type="checkbox"/> 125 PSORIASIS	<input type="checkbox"/> 406 GALL STONES	<b>MALE</b>
<input type="checkbox"/> 126 PERIODONTAL DISEASE	<input type="checkbox"/> 407 HEPATITIS	<input type="checkbox"/> 901 IMPOTENCE
<input type="checkbox"/> 127 SCLERODERMA	<input type="checkbox"/> 408 LIVER DYSFUNCTION	<input type="checkbox"/> 902 PROSTATE CANCER
<input type="checkbox"/> 128 VIRUSES	<input type="checkbox"/> 409 LIVER CANCER	<input type="checkbox"/> 903 PROSTATE ENLARGEMENT
<input type="checkbox"/> 130 CHRONIC FATIGUE SYNDROME	<input type="checkbox"/> 410 ULCERS - GASTRIC	<input type="checkbox"/> 904 PROSTRATITIS
<input type="checkbox"/> 132 HEMACHROMATOSIS	<input type="checkbox"/> 411 ULCERS - DUODENAL	
	<input type="checkbox"/> 413 IRRITABLE BOWEL SYNDROME	<b>FEMALE</b>
<b>MUSCULO-SKELETAL</b>	<b>RENAL</b>	<input type="checkbox"/> 1001 AMMENORRHEA
<input type="checkbox"/> 201 ARTHRITIS - OSTEO	<input type="checkbox"/> 500 BLADDER DISTURBANCES	<input type="checkbox"/> 1002 BREAST TUMORS (BENIGN)
<input type="checkbox"/> 202 ARTHRITIS - RHEUMATOID	<input type="checkbox"/> 501 CALCIUM OXALATE STONES	<input type="checkbox"/> 1003 BREAST TUMORS (MALIGNANT)
<input type="checkbox"/> 203 BURSITIS	<input type="checkbox"/> 502 CALCIUM PHOSPHATE STONES	<input type="checkbox"/> 1004 MENSTRUAL BREAST SORENESS
<input type="checkbox"/> 204 CRAMPS (NIGHT)	<input type="checkbox"/> 503 FREQUENT URINATION	<input type="checkbox"/> 1005 MENSTRUAL CRAMPS
<input type="checkbox"/> 205 CRAMPS (EXERTION)	<input type="checkbox"/> 504 GOUT	<input type="checkbox"/> 1006 MENSTRUAL IRREGULARITY
<input type="checkbox"/> 206 DISC DEGENERATION	<input type="checkbox"/> 506 RENAL DISEASE	<input type="checkbox"/> 1007 PROLONGED MENST. FLOW
<input type="checkbox"/> 207 MUSCULAR DYSTROPHY		<input type="checkbox"/> 1008 DECREASED MENST. FLOW
<input type="checkbox"/> 208 JOINT STIFFNESS	<b>NEUROLOGICAL</b>	<input type="checkbox"/> 1009 PREMENSTRUAL SYNDROME
<input type="checkbox"/> 209 JOINT DISEASE	<input type="checkbox"/> 600 ALZHEIMERS DISEASE	<input type="checkbox"/> 1011 FIBROCYSTIC DISEASE
<input type="checkbox"/> 210 OSTEOPOROSIS	<input type="checkbox"/> 601 A.L.S	<input type="checkbox"/> 1013 ENDOMETRIOSIS
<input type="checkbox"/> 211 OSTEOMALACIA	<input type="checkbox"/> 602 DYSLEXIA	<input type="checkbox"/> 1014 OVARIAN CYSTS
<input type="checkbox"/> 212 OSTEOSARCOMA	<input type="checkbox"/> 603 MULTIPLE SCLEROSIS	
<input type="checkbox"/> 213 PAGET'S DISEASE		

## ADDITIONAL NOTES

**Payment Details** Please charge my account number \_\_\_\_\_ or make cheque or money order payable to Gold Quest Ltd T/A Interclinical NZ

15 Heaton Terrace, Wellington 6021, New Zealand

Alternatively please charge my Credit Card as payment for the Hair Tissue Analysis Report(s) requested

Pay via Internet Banking: Bank Acc NO: 02 0576 0012987 00, BNZ Wellington. Please include the sample name as a reference.

### Credit Card Payment Authority

CREDIT CARD NUMBER

EXPIRY DATE / /  MasterCard  VisaCard

CARD HOLDERS NAME

SIGNATURE

DATE

**Please Note: A 15% administration and processing fee is applicable upon cancellation prior to laboratory work.**