



**ALLERGY LINK**  
INTOLERANCE TESTING BY POST

**Independent Alternative Specialist**

Mrs.Ute Eden, Strandstr.16, 25938 Wyk Auf Föhr, Germany  
info@allergylink.co.uk / www.allergylink.co.uk

**Mother & Baby**

**150 Plus**

**Delivery:**  
as ordered / paid for:

by post   
by email

Please attach  
**2x Hair-Samples:**

**Mother**

20-30 strands  
1-3cm / 1 inch  
with Sellotape or in bag

**Baby:**

## Test Application Form

- Please complete in CAPITAL LETTERS and sign the form -

**Date:** .....

**Mother & Baby** Please specify if your baby is still **breastfeed**  or has already been **weaned:** partially  fully . Please list **Formula & solid foods overleaf.**

**Order-No:** .....

**First Name**

**Mother:** .....

**Baby:** .....

**Surname:** .....

**Year of Birth:** .....

**or Age:** .....

**born:** .....

**Gender:**

Female

Male

Female

Male

**Email address:** if different from online order .....

Office use only:

received:

processed:

I have read and understand, that the information I give is for the purpose of testing only; and that all personal details are kept secure and strictly confidential. By submitting this form you agree to the **Terms & Conditions** as outlined on our website [www.allergylink.co.uk](http://www.allergylink.co.uk) as well as our **Privacy Policy** and **Disclaimer**; and that you are aware that AllergyLink provides an alternative testing service that is not medically validated or approved. If you are ordering the test for someone else - other than yourself - please ensure that you do have legal consent to do so. **This form will be destroyed after testing** (within 3 weeks). Electronic data 'Test-Reports' will be kept safe and secure for 6 years, unless deletion is requested - please let us know.

Current processing time is app. 7-10 working days from date received. Delays can occur in times of high demand / unforeseen circumstances.

Signature: .....

Please indicate: **M** for mother, and **B** for baby, or use different colour pencils.

**Please complete both sections** (medical history) ↓ →

**1. Main reason / condition for taking the test:** .....

acute  constant  often  incident  serious concern

**2. Do you have any known  allergies or  intolerances?** e.g.

✓ Penicillin, Dairy, Gluten, Egg, Shellfish, Fish, Nuts, Latex, Pollen, Dust mite,

No  Yes : .....

**3. Did you ever experience an Anaphylactic Shock?**

✓ Penicillin, Egg, Shellfish, Fish, Nuts, Peanuts, Soya, Corn, Bee/Wasp, Latex, ...

No  Yes : .....

**4. Did you avoid any foods for more than 3 months?**

If you have been avoiding known 'allergens' - foods or substances, these may not show in the allergy report.

No  Yes : .....

**5. In the last 3 years - did you have:**

A course of Antibiotics .....  Vaccination .....

Medication .....

Operation .....  Metal 'implant' .....

**6. Are you :**  Pet owner .....  Smoker .....

drinking Alcohol .....  drinking Diet Soda .....

Vegetarian  Vegan

on a special diet .....

**7. Are you taking any Vitamins/Supplements** No  Yes : .....

**8. Medical condition /History:** .....

..... use space overleaf

Indicate the **Main Symptoms** you are **currently experiencing**

**A**=acute **C**=chronic **O**=often **S**=sometimes

**Digestive Symptoms:**  **None**

Itchy mouth  tingling mouth/tongue  mouth ulcers

IBS  constipation  bloating  wind

Diarrhoea  nausea  vomiting  reflux (GERD)

Stomach cramps  abdominal pain  heartburn

Celiac  Crohn's disease  Colitis /Diverticulitis

**Skin conditions:**  **None**

Eczema  Dermatitis  Psoriasis

Rashes  red / itchy spots  Rosacea

Itchy ears  red ears  dark circles under eyes

Hives / Urticaria:  acute  chronic  Boils/Acne

**Swelling of:**  mouth  tongue  lips  throat  face

**Respiratory conditions:**  **None**

Asthma  acute  Breathing problems  acute

coughing  wheezing  Catarrh  Nasal Congestion

Sinusitis  Rhinitis  Tinnitus

**Hay Fever** **Eyes:**  itchy/red  watery  swollen

**Nose:**  itchy  sneezing  runny

**Other conditions present:**  **None**

CFS / ME (chronic fatigue syndrome)

Hyperactivity  Palpitations  Panic attacks

Migraines  Dizziness / Vertigo

Extreme mood swings  Depression  Stress

Cystitis/UTI  Thrush.....  Painful joints .....

Weight loss  Weight gain

other .....

.....Any other symptoms - use space overleaf

Additional information (optional): .....

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**Friendly Disclaimer:**

The Term 'Allergy', as utilized by Allergy Link, refers to the generic term used by the general public describing any form of adverse or negative reaction. This unique combination Food Intolerance & Substance Sensitivity Test is intended as information only. It is not a substitute for professional medical advice and is not to be used as a diagnosis. Any symptom or reaction can always point to underlying - sometimes serious health problems. For the treatment or diagnosis of any medical condition, we strongly recommend consultation with your doctor or health care professional. **People with probable allergy** - immediate reactions, swelling, hives, etc. should consult their GP to discuss testing for type 1 allergy (IgE mediated), risk assessment for anaphylaxis and emergency medication. **We make no medical claims as to the benefits of the test** or any suggestions to improve medical conditions. We always recommend that you work in conjunction with your primary medical advisor, particularly if you have an existing medical condition and that you do continue to take any prescribed medication. Allergy Link Testing Services are not responsible for any adverse effects or any results that may occur from the usage of the information contained in the test report or advice notes. The test/s are further not designed to diagnose or forecast reactions, nor will the results indicate that the individual will or may suffer any adverse or negative reaction to the indicated foods or substances.

**Order Details / Payment made by:**

**Online order:** I have ordered and paid through website **Order NO:** ..... **Order Date:**.....  
to the amount of £ ....., for .....test/s . Ordered by:.....  
(name as on payment receipt)

**PayPal** or ( by 'Send Money' to info@allergylink.co.uk )

**Cheque:** I include a cheque made payable to 'AllergyLink' to the amount of £ ....., for ..... Test/s.

**BACS Bank Transfer** or  **TransferWise** Please state **Reference:** #AL-Test ordered and/or name of person test  
HSBC - Sort Code: **40-13-24** Account No: **51453289** | **IBAN:** GB80HBUK40132451453289 **BIC:** HBUKGB4121M

to the amount of £ ....., for .....test/s, date:..... name: .....

(We need this information in case the name for the allergy test/s are different from the person who made the payment, or if you are ordering a test on behalf of someone other than yourself.)

**I have downloaded the Form/s** and chosen the  **test format and return option** on the front of the form.

**Delivery of Test Result:** The test result will usually be emailed or posted to the address provide online.  
If you require the test result to be sent to a different address, please specify this on the front of the form - delivery email / deliver address.  
**@mail deliveries:** please check your **junk/spam folder** for the email from **info@allergylink.co.uk** before contacting us.

**Posting:** Please write your #Order Number (#23...) on the envelope,  
so we can identify your letter and send you a confirmation email that it has arrived.

Please post to:  
Allergy Link - Testing Service  
Mrs. Ute Eden  
Strandstr. 16  
25938 Wyk Auf Föhr  
Germany

Pre-Payment made by: online / chq / bacs / paypal  
Received:  
Office use only





## 3 Simple Steps - to Complete your Test Order



**Online Order:** Now that you have successfully chosen and ordered your test/s, **simply follow the 3 Steps below to complete your order.**

**Ordering directly:** you can print and post your form directly to us and make a BACS payment. Please make sure you include your full contact details for delivery (email and postal address) and use the **Order Reference:** AL#DIRECT.

### Step 1



#### Print and Complete

Please print and fully complete the **Test Application Form** (below), printing in CAPITAL LETTERS and in your own handwriting. Don't forget to sign and date it.

**Can't print?** You can order the **test application form** from us and we will post it to you.

Contact us: by email [info@allergylink.co.uk](mailto:info@allergylink.co.uk) message: 'Please post **test application form**'; or by phone 0345 094 3298 / Mob **07866 835708**. Don't forget to quote your address or order reference no.

### Step 2



#### Provide a Hair Sample

Cut a small sample of hair from your head (20-50 strands - approximately 1-3cm long) Attach the hair to the **Test Application Form** with clear tape.

**No hair?** If no hair is available you can send us nail clippings. For babies you can use a cotton bud to send us a saliva swab from the mouth. For hygiene reason please place nail-clippings or saliva swab in a plastic bag or wrap in cling film.

**Hair coloured?** It doesn't matter if the hair has been previously coloured.

**Hair care products?** Foam, gel or spray products are best to be avoided. Conditioners are fine.

### Step 3



#### Post the Test Application Form & Hair Sample

Put the completed **Test Application Form** with **hair sample** in a standard sized envelope and post it to us at:

Allergy Link - Testing Service  
Mrs. Ute Eden  
Strandstr. 16  
25938 Wyk Auf Föhr  
Germany

#### EU-Zone postage - 1st class is advised.

You don't have to send by recorded delivery unless you prefer to do so.

**Please write your #Order Number** - as provided by your order-confirmation email: **#23...** - **on the envelope**, so we can send you a confirmation email that we have received your test-form letter.

### What happens next?

Once we receive your **Test Application Form/s** your test/s will usually be processed within 7-10 working days. Please allow up to 21 days for your report(s) to be produced.

#### Need your test urgently?

Under some circumstances your Test can be processed within 2 working days. (Subject to demand and excluding weekends & public holidays). **If you require an urgent test please contact us first.**

**Please Note:** The 'urgent test service' was introduced as an option for people with genuine 'urgent circumstances', serious and acute health conditions. So far this option has been free of charge, regulated by sensible use.

However, there is a limit, and not every test request can be accepted as urgent. Thus a prompt return can not be guaranteed.

### Delivery - Receiving Your Test Report/s - as ordered and paid for - on the website.

**Reports by E-mail:** Once completed, your Allergy Intolerance Test Report will be sent digitally (PDF) to the e-mail address you gave when you placed your order. Look out for the email from [info@allergylink.co.uk](mailto:info@allergylink.co.uk). If you provided a different email address **checking your spam/junk folder** before contacting us has proven successful in many cases :)

**Reports by Post:** If you chose to receive your report by post the report will be sent via 1st class Royal Mail to the postal address you gave when you placed your order. You will also receive the test report by email.

### Still need some help with your order?

If you have any questions regarding your order please **contact Mrs.Ute Eden** at Allergy Link by email: [info@allergylink.co.uk](mailto:info@allergylink.co.uk) or call: **0049 4681 7479 238** WhatsApp 07866 835 708