

3 Simple Steps - to Complete your Test Order



Now that you have successfully chosen and ordered the right test(s), simply follow the 3 Steps below to complete your order of the combination Allergy & Intolerance Test.

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 message: 'Please post **test application form**'; or by phone 0345 094 3298. 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
Tripenhad
Tripenhad Road
Ferryside
SA17 5RS
United Kingdom**

1st class postage is advised
(2nd class can sometimes take 3-5 days).
You don't have to send by recorded delivery unless you prefer to do so.

What happens next?

Once we receive your **Test Application Form(s)** your test(s) will usually be processed within 7-14 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/paid on the website.

Reports by E-mail:

Once completed, your Allergy Intolerance Test Report will be sent digitally (in PDF format) to the e-mail address you gave when you placed your order.

Spam / Junk filter: Please ensure 'info@allergylink.co.uk' is configured as permitted sender in your email program. 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.

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 or call: **0345 094 3298** (local rate) www.allergylink.co.uk

Please attach
**Hair-Sample
here**



20-30 strands
1-3cm/1 inch

ALLERGY LINK

Allergy & Intolerance Test

Tripenhad, Tripenhad Road, Ferryside, SA17 5RS

☎ 0845 094 3298

Email: info@allergylink.co.uk Website: www.allergylink.co.uk

Delivery:

as ordered/paid
by post by email

Test Format:

- Basic 75
- Stand 150
- Complex 250+
- Digestion D300
- Comprehensive 500

Test Application Form

Current processing time is 10-14 working days + posting time. Delays in test processing can occur in times of high demand.

Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Title: Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> / Mr <input type="checkbox"/>	Test for Baby? Please specify if breastfeed <input type="checkbox"/> weaned <input type="checkbox"/> and list Formula & solid foods .	Office use: Ref-No: AL- Date received: Date processed:
FIRST name: <input type="text"/>			
SUR name: <input type="text"/>	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		
Date of Birth: <input type="text"/> - <input type="text"/> - <input type="text"/>	Age: <input type="text"/>	Height: <input type="text"/>	Weight: <input type="text"/>
Address: <input type="text"/>			
Delivery Address <input type="checkbox"/>			
			Postcode: <input type="text"/>
Occupation: <input type="text"/>		Tel: <input type="text"/>	
Email <input type="text"/>			
Delivery Email <input type="checkbox"/>			

I understand, that the information I give is for the purpose of allergy testing only; and that all personal details are kept strictly confidential.

Signature:

Friendly Disclaimer: The Allergy Analysis/Test is intended as information only. It is not a substitute for professional medical advice and is not to be used as a diagnosis. For the treatment or diagnosis of any medical condition, we strongly recommend consultation with your doctor or health care provider. 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 allergy test report or advice notes and shall not be held responsible for any claims made about this test by the clinic using our services.

Please complete both sections (medical history) ↓ →
Incomplete forms may be returned.

1. Main reason (condition) for taking the test:

acute constant often incident serious concern

2. Medical condition/s (History):

3. Is there a history of Allergies in your Family?

No Yes :

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

✓ penicillin, milk, egg, shellfish, fish, nuts, wasps, latex, pollen, dust mite, ...

No Yes :

5. Did you ever experience an Anaphylactic Shock?

e.g. penicillin, egg, shellfish, fish, nuts, wasps, latex, corn, tomatoes

No Yes :

6. Are you currently taking any Medication? No Yes :

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7. In the last 3 years, did you have:

a course of Antibiotics vaccination

medication

operation metal 'implant'

8. Are you : a smoker pet owner

vegetarian vegan on a special diet

drinking Alcohol drinking Diet Soda

9. Are you taking any Vitamins/Supplements No Yes :

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Please your **Current Symptoms**, which you experience at least once or twice per week: **A**=acute / **C**=chronic / **O**=often / **S**=sometimes

Digestive Symptoms:

- ...tingling mouth/tongue ...Itchy mouth ...mouth ulcers
- ...Diarrhoea ...nausea ...vomiting ...reflux (GERD)
- ...Stomach cramps ...abdominal pain ...heartburn
- ...IBS ...constipation ...bloating ...wind
- ...Celiac ...Colitis ...Diverticulitis ...Crohn's disease

Skin conditions:

- ...Eczema ...Dermatitis ...Psoriasis
- ...Hives/Urticaria ...Boils/Acne ...Rosacea
- ...Rash ...itchy/irritated skin ...red / itchy spots
- ...Itchy ears ...red ears ...dark circles under eyes

Swelling of: mouth tongue lips throat face

Respiratory conditions:

- ...Asthma (acute) ...Breathing problems ...Catarrh
- ...Bronchitis ... cough ...wheezing ...COPD
- ...Sinusitis ...nasal congestion ...Rhinitis ...Tinnitus
- ...Hay Fever **Eyes:** ...itchy ...watery ...swollen
- Nose:** ...runny ...itchy ...sneezing

Other conditions present:

- ...CFS / ME (chronic fatigue syndrome) ...MCS
- ...Hyperactivity ...Palpitations ...Panic attacks
- ...Depression ...Anxiety ... extreme mood swings
- ...Headaches / Migraines ...Dizziness/foggy head
- ...Fatigue / chronic fatigue ...Insomnia ...Stress
- ...Cystitis/UTI ...Thrush ...Painful joints ...Arthritis
- ... Water retention ...Weight gain ...Weight loss
- other

