InterClinical Laboratories

HAIR TISSUE MINERAL ANALYSIS REQUEST

Please send hair sample accompanied with this form to:
InterClinical Laboratories Pty Ltd
PO Box 6474 Alexandria NSW 2015 Australia
info@interclinical.com.au
+61 2 9693 2888

Patients Details (Please write clearly)

SURNAME FIRST NAME

EMAIL

MOBILE AGE SEX

HEIGHT WEIGHT OCCUPATION

ADDRESS

STATE POSTCODE PREGNANT? ☐ YES

REASON FOR TEST

CURRENT MEDICATIONS/SUPPLEMENTS

TYPE OF SAMPLE: ☐ SCALP ☐ PUBIC ☐ AXILLARY ☐ OTHER

TREATMENTS/DYES:

SHAMPOO:

SAMPLE DATE: DD MM YY

Samples should not be obtained from any portion of hair that was permed, chemically or coloured. Reference levels are based on hair obtained from several areas of the occipital region of the scalp.

Previous Report? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE
LAB NO.
DATE

Referred by

***REFERRED REPORTS WILL BE EMAILED TO THE CONSULTING PRACTITIONER**

NAME CLINIC:

MODALITY: PROV/MEM NO. ATO GST EXEMPT ☐ YES

ADDRESS

SUBURB STATE POSTCODE

PHONE EMAIL

SIGNATURE DATE:

TYPE OF REPORT **PROFILE** ☐ 1 ☐ 2 ☐ 3 ☐ **Add Antimony** additional $38

INFORMATION ON PROFILE TYPES & TAKING THE SAMPLE : interclinical.com.au/hair/

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)

- ☐ 101 ALLERGIES (RESP)
- ☐ 102 ALLERGIES (FOOD)
- ☐ 103 ALLERGIES (ECOL)
- ☐ 104 ANAEMIA
- ☐ 105 ASTHMA
- ☐ 106 CANCER.....(TYPE)
- ☐ 107 CANDIDIASIS
- ☐ 108 CATARACTS
- ☐ 109 CYSTIC FIBROSIS
- ☐ 110 DERMATITIS
- ☐ 111 DIABETES
- ☐ 112 ECZEMA
- ☐ 113 EMPHYSEMA
- ☐ 114 EPILEPSY
- ☐ 115 FATIGUE
- ☐ 116 GLAUCOMA
- ☐ 117 HEADACHES
- ☐ 118 HYPERKINESIS
- ☐ 119 HYPERCALCEMIA
- ☐ 120 HYPOGLYCEMIA
- ☐ 121 INFECTIONS (BACTERIAL)
- ☐ 122 INSOMNIA
- ☐ 123 IMMUNE DEFICIENCY (AIDS)
- ☐ 124 MONONUCLEOSIS
- ☐ 125 PSORIASIS
- ☐ 126 PERIODONTAL DISEASE
- ☐ 127 SCLERODERMA
- ☐ 128 VIRUSES
- ☐ 130 CHRONIC FATIGUE SYNDROME
- ☐ 132 HEMACHROMATOSIS

MUSCULO-SKELETAL

- ☐ 201 ARTHRITIS - OSTEO
- ☐ 202 ARTHRITIS - RHEUMATOID
- ☐ 203 BURSITIS
- ☐ 204 CRAMPS (NIGHT)
- ☐ 205 CRAMPS (EXERTION)
- ☐ 206 DISC DEGENERATION
- ☐ 207 MUSCULAR DYSTROPHY
- ☐ 208 JOINT STIFFNESS
- ☐ 209 JOINT DISEASE
- ☐ 210 OSTEOPOROSIS
- ☐ 211 OSTEOMALACIA
- ☐ 212 OSTEOSARCOMA
- ☐ 213 PAGET'S DISEASE
- ☐ 214 SCOLIOSIS
- ☐ 216 FIBROMYALGIA
- ☐ 218 LUPUS

CARDIOVASCULAR

- ☐ 301 ANGINA
- ☐ 302 ARTIOSCLEROSIS
- ☐ 303 ATHEROSCLEROSIS
- ☐ 304 HYPERCHOLESTEROLEMIA
- ☐ 305 HYPERLIDIPEMIA
- ☐ 306 HYPERTENSION
- ☐ 307 HYPERTENSION (SYST)
- ☐ 308 HYPERTENSION (DIAS)
- ☐ 309 TACHYCARDIA
- ☐ 310 BRADYCARDIA
- ☐ 311 CORONARY OCCLUSION

GASTRO-INTESTINAL

- ☐ 400 CROHN'S DISEASE
- ☐ 401 COLITIS
- ☐ 402 CONSTIPATION
- ☐ 403 DIARRHOEA
- ☐ 404 DIVERTICULOSIS
- ☐ 405 GASTRITIS
- ☐ 406 GALL STONES
- ☐ 407 HEPATITIS
- ☐ 408 LIVER DYSFUNCTION
- ☐ 409 LIVER CANCER
- ☐ 410 ULCERS – GASTRIC
- ☐ 411 ULCERS – DUODENAL
- ☐ 413 IRRITABLE BOWEL SYNDROME

RENAL

- ☐ 500 BLADDER DISTURBANCES
- ☐ 501 CALCUM OXALATE STONES
- ☐ 502 CALCIUM PHOSPHATE STONES
- ☐ 503 FREQUENT URINATION
- ☐ 504 GOUT
- ☐ 506 RENAL DISEASE

NEUROLOGICAL

- ☐ 600 ALZHEIMERS DISEASE
- ☐ 601 A.L.S
- ☐ 602 DYSLEXIA
- ☐ 603 MULTIPLE SCLEROSIS
- ☐ 604 MYESTHENIA GRAVIS
- ☐ 605 PARKINSONS DISEASE
- ☐ 607 DEMENTIA
- ☐ 609 STROKE
- ☐ 611 TOURETTE'S SYNDROME

EMOTIONAL

- ☐ 701 ANXIETY
- ☐ 702 ATTENTION DEFICIT
- ☐ 703 AUTISM
- ☐ 704 DEPRESSION
- ☐ 705 HOSTILITY
- ☐ 706 LEARNING DISABILITY
- ☐ 707 MEMORY LOSS
- ☐ 708 SCHIZOPHRENIA
- ☐ 710 MANIC DEPRESSION

ENDOCRINE

- ☐ 801 HYPERADRENIA
- ☐ 802 HYPERPARATHYROID
- ☐ 803 HYPERTHYROID
- ☐ 804 HYPOADRENIA
- ☐ 805 HYPOPARATHYROID
- ☐ 806 HYPOTHYROID

MALE

- ☐ 901 IMPOTENCE
- ☐ 902 PROSTATE CANCER
- ☐ 903 PROSTATE ENLARGEMENT
- ☐ 904 PROSTRATITIS

FEMALE

- ☐ 1001 AMMENORRHEA
- ☐ 1002 BREAST TUMORS (BENIGN)
- ☐ 1003 BREAST TUMORS (MALIGNANT)
- ☐ 1004 MENSTRUAL BREAST SORENESS
- ☐ 1005 MENSTRUAL CRAMPS
- ☐ 1006 MENSTRUAL IRREGULARITY
- ☐ 1007 PROLONGED MENST. FLOW
- ☐ 1008 DECREASED MENST. FLOW
- ☐ 1009 PREMENSTRUAL SYNDROME
- ☐ 1011 FIBROCYSTIC DISEASE
- ☐ 1013 ENDOMETRIOSIS
- ☐ 1014 OVARIAN CYSTS

ADDITIONAL INFORMATION:

COVID VACC.? ☐ YES ☐ NO

Payment Details

Overseas Cheques are Not Accepted

☐ Credit Card ☐ Direct Deposit ☐ Cheque ☐ Money order

CREDIT CARD INFORMATION ☐ MasterCard ☐ Visa

CREDIT CARD No. Expiry Date /

Card Holders Name CCV

Signature Date **Total $**

DIRECT DEPOSIT TO: **InterClinical Labs** BSB: **062 123** Account no. **10105945**

Please use your mobile number as a **reference**.

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