

Web & email

www.daphnelab.com - info@daphnelab.com

Phone numbers

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Requests to be sent to:

DAPHNE LAB c/o Eldavia

Via Milano, 2 - 81030 Lusciano CE - ITALY



DAPHNE POINT stamp or Barcode



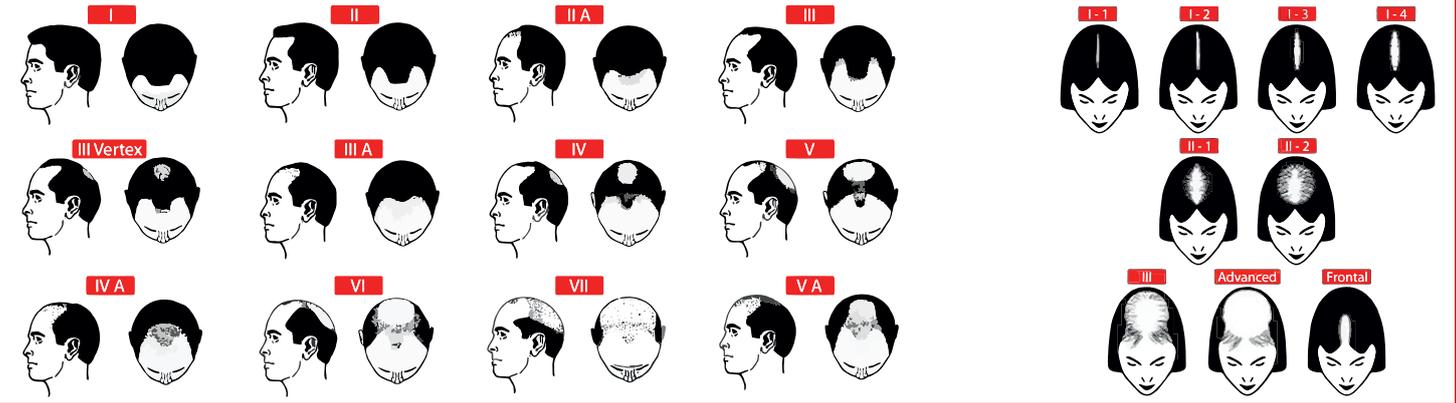





Space reserved to DAPHNE LAB

NOTES: Fill in all the required data in this form (form 70). Contact DAPHNE LAB for payment instructions. Ship the form with the sample to be analyzed and the payment receipt to the address indicated. Sign legible and date the requests. The data must be written in block letters and must be legible. The client accepts all the legal notes of the BioMetaTests, described in the «Legal Notice» and the Privacy Policy that can be viewed on the website or at any Daphne Point. The BioMetaTests are not diagnostic tests, neither clinical, nor medical, nor prescriptive, neither sanitary nor genetic, they do not indicate clinical intolerances to lactose, or to gluten, or any allergies of any gender. BioMetaTests should NOT be performed on pregnant women. Every BioMetaTest request must always be recommended by your doctor. The test reports must always be checked and approved by their own doctor before following any suggested program. The validity of each BioMetaTest is 90 days. View examples of all BioMetaTests available and instructions for completing Form 70 on the website www.daphnelab.com

Family name *	First name *	Age *	Address *
Postal code *	Town *	Country *	Landline phone number *
Mobile number *	Occupation	VAT number or tax code *	
Email address *		Place and date of birth * DAY MONTH YEAR	



Current weight (kg) *	Current height (cm) *	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Do you drink a much water?* * <input type="radio"/> YES <input type="radio"/> NO How many liters in a day? _____
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Do you suffer from insomnia? <input type="radio"/> YES <input type="radio"/> NO	Do you practise sports? (Which one and how many times a week) <input type="radio"/> YES <input type="radio"/> NO	Do you have permanent tattoos? <input type="radio"/> YES <input type="radio"/> NO
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Do you have: * <input type="radio"/> dental amalgams _____ <input type="radio"/> dental sealants _____ <input type="radio"/> dental fillings _____ <input type="radio"/> other? _____	(Also indicate the quantity)	How many cigarettes do you smoke per day? *
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Has your hair undergone coloring, perm, dyeing, or other treatment? * <input type="radio"/> YES <input type="radio"/> NO	(If yes, please specify)	Did you notice hair weakening or hair loss during pregnancy? * <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> A LITTLE
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Do you have family members with baldness? *	What are family members affected by baldness? * (Indicate the degree of relationship)
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Following which specific episode did you notice the beginning of your hair problem? *

Are you allergic or intolerant? * <input type="radio"/> YES <input type="radio"/> NO	To what? *	Who is filling in the request form 70? * <input type="radio"/> Daphne Point <input type="radio"/> customer <input type="radio"/> another person
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Have you already had a Daphne BioMetaTest™ analysis? <input type="radio"/> YES <input type="radio"/> NO		Fill in the boxes only if the first question is yes	
Which BioMetaTest have you already had with DAPHNE LAB?	Report the numeric barcode on the test you have already had	Indicate the date you had the last BioMetaTest	After following the protocol, you felt: <input type="radio"/> better <input type="radio"/> worse <input type="radio"/> as before On which level: <input type="radio"/> physical <input type="radio"/> psychological <input type="radio"/> both

EN

REQUEST FORM FOR BIOMETATEST™ ANALYSIS DAPHNE METHOD MOD.70 TRICO - Vers. 1.1 if 11/11/2019®

Form owned by Unizenic Limited.

Daphne Lab, BioMetaTest and Daphne Point are trademarks granted in use to local companies.

Current disorders and diseases * For diagnosed diseases, attach a copy of any analysis or diagnosis

<input type="radio"/> Acidity	<input type="radio"/> Hyperglycemia
<input type="radio"/> Acne	<input type="radio"/> Hyperthyroidism
<input type="radio"/> Anemia	<input type="radio"/> Hypothyroidism
<input type="radio"/> Cancer	<input type="radio"/> Autoimmune diseases or presence in the family of them
<input type="radio"/> Candidiasis	<input type="radio"/> Obesity
<input type="radio"/> Ovarian cysts	<input type="radio"/> Pancreatitis
<input type="radio"/> High cholesterol	<input type="radio"/> Continuous itching
<input type="radio"/> Depression	<input type="radio"/> Psoriasis
<input type="radio"/> Dermatitis	<input type="radio"/> Stress
<input type="radio"/> Diabetes: type _____	<input type="radio"/> Thalassemia
<input type="radio"/> Gastrointestinal disorders	<input type="radio"/> High triglycerides
<input type="radio"/> Gastritis / Peptic ulcer	<input type="radio"/> Vitiligo
<input type="radio"/> Immunitary defense	

Hormonal dysfunctions *

- Hyperprolactinemia in women
- Menopause in women
- Polycystic ovary syndrome in women
- Andropause in men

Eating disorders *

- Strict diet
- High-calorie diet rich in saturated fats and simple

Notes _____

Do you take or have you taken the following drugs, noticing a problem with your hair? *

- Anticoagulants such as heparin or warfarin
- Beta blockers
- ACE inhibitors
- Antidepressants
- Birth control pills

Notes _____

Are you taking medication? * YES NO | What drugs are you taking? *

Notes



Shipping of the form

- First submission
- Second submission

Family name *

First name *



Indicate the reason why you request the BioMetaTest:

Indicate the requested DAPHNE BioMetaTest™ *, if no choice is made, the Thema 13 will be processed. See www.daphnelab.com/en/the-biometatests/ to view the languages available for each test.

- thema **13** Trichological BioMetaTest, bio-energetic metabolic analysis
- thema **13 Plus with a personalized Premium diet** Trichological BioMetaTest with additional personalized diet service
- other _____

The discipline of the services and / or products provided by Daphne Lab is contained in the "legal notes", in the "general conditions of supply of the product / service (LN)", as well as in all annexes and documents related to the LN and available on the legal section of the website www.daphnelab.com. The undersigned customer declares to have been adequately informed on the BioMetaTest methods, on the protocols used, to have read, fully understood and accepted without reservation the contractual conditions LN related to the performance of the service contained in the above mentioned documentation and the license of the BioMetaTest, signing this request for acknowledgement and receipt of the related documents that accepts without reservation.

Legible signature of the client or guardian *

SIGNATURE

Place and date *

The undersigned customer also declares to approve specifically the provisions of the general conditions of supply of the product / service (LN) present on the "legal notes" section of www.daphnelab.com, indicated below: art. 1 - 2 - 2a - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - 21 - 22 - 23 - 24 - 25 - 26 - 26a - 26b - 27 - 28 and all the attachments, the Privacy Policy (PP) and the license to use the BioMetaTest without any reservation. As well as the place of Jurisdiction and the competent legislation outside the European Community. The undersigned also accepts this form 62 and all related instructions and warnings.

Legible signature of the client or guardian *

SIGNATURE

Place and date *

The undersigned customer declares to have read and accepted without reserve the privacy policy (PP), also present on the website www.daphnelab.com for the purpose of personal, sensitive, biometric, genetic, health data processing and provides full and complete consent to the processing and storage of data, according to the PP authorizing also transmission, storage and processing to related companies, even outside the European Community, for all purposes indicated in PP also for children data collection. It is accepted that the jurisdiction and competent Court are outside the European Community.

Legible signature of the client or guardian *

SIGNATURE

Place and date *

The applicant can exercise the right of withdrawal within 10 working days from the signing of the contract, BY giving notice to UNIZENIC LIMITED - Elscot House (2nd Floor), Arcadia Avenue, Finchley, N3 2JU, London, United Kingdom by registered mail.

Declaration of consent for processing of personal data for marketing purposes. YES NO