

## Hair mineral analysis submittal form

### Health Care Practitioner information:

CanLab Practitioner #846    IRYNA CHYNNYK

### Patient information:

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_      Age: \_\_\_\_\_

Weight (kg): \_\_\_\_\_      Height (cm): \_\_\_\_\_

### Hair specimen information:

Hair specimen location:

Head (Nape of Neck)

Pubic (if no hair on head)

Signature: \_\_\_\_\_      Date: \_\_\_\_\_