

Nutritional Requisition Form

Client Contact Details

Date Submitted

Name*

FIRST

LAST

Address*

CITY

COUNTRY

Email* (Results will be sent to this email address)

Anonymous Patient Information

Analysis Kit Barcode Number*

Client Initials (e.g., JC)*

Date of Birth (yyyy-mm-dd)*

Hair Color (Natural)

Gender at Birth

Ethnic Origin (please check all that apply) - Optional

- ☐ American Indian
- ☐ East Asian (e.g. Chinese, Japanese, Korean)
- ☐ Southeast Asian (e.g. Filipino, Vietnamese, Thai, Cambodian)
- ☐ South Asian (e.g. Indian, Pakistani, Bangladeshi, Sri Lankan, Nepali)
- ☐ Central Asian (e.g. Uzbek, Kazakh, Tajik)
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ First Nations

- ☐ Métis
- ☐ Inuit
- ☐ Middle Eastern
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ North or Sub-Saharan African
- ☐ White / Caucasian
- ☐ Other race or ethnicity

Nutritional Requisition Form continued...

Diet Preferences (please check all that apply) - Optional

☐ Dairy

☐ Gluten Free

☐ Keto

☐ Mediterranean

☐ Paleo

☐ Red Meat

☐ Sushi and/or sashimi

☐ Vegetarian

☐ Vegan

☐ Western European

☐ Other

Please list any dietary supplements that you are currently taking

Consent*

☐ I agree to the following five points below:

1. I understand that hair analysis is not a diagnostic tool; results are for information only.
2. I hereby certify that the above information provided is complete and accurate to the best of my knowledge.
3. TrichAnalytics Inc. collects and processes my personal data for the purpose of analyzing my hair and providing me with the corresponding results.
4. I am over 18 years of age or the legal representative of a minor.
5. TrichAnalytics Inc. collects and processes my personal data for the purpose of integrating it into an anonymous database intended for scientific research.

Signature

