GutClarity

Thank you for the purchase of your Gut Clarity Test

01
Print off this form and complete your details.

02
Take a hair sample (3/4 strands). Place into a small sealable bag.

03
Place the sample bag and this form in a clearly addressed envelope.

04
Mail the envelope containing your sample and this completed form to:

World Health Tests, PO Box 516 Fletcher, NC 28732

Please enter the details of the person being tested

First Name:

Last Name:

Please enter your details from your Gut Clarity order and the email address for your results

Your Name:

Your Order Number:

Your Email Address:

Please tick the test you have ordered

Complete Sensitivity Test (1360 Items) ☐

Food Sensitivity Test (500 Items) ☐

If you are suffering from these symptoms please tick accordingly

Skin Rashes ☐ **Heartburn** ☐ **Diarrhea** ☐ **Flatulence** ☐

Nausea ☐ **Bloating** ☐ **Fatigue** ☐ **Headaches** ☐

Please Read Carefully:

- We test hair from any region of the body.
- All results delivered via email within 72 hours of receipt at our facility.
- Ensure the sample bag is clearly labelled with the persons name.
- Hair dye doesn't affect our testing.
- Please don't include any other items in the envelope.
- Ensure the correct postage is paid.

Contact Us

Support@gutclarity.com **www.gutclarity.com**

Please sign and date this document to confirm the sample(s) included are for the person(s) detailed.

Signature: ..... **Date:** .....