

Please attach  
Hair-Sample  
here



20-30 strands  
1-3cm / 1 inch

# Allergy & Intolerance Test



**ALLERGY LINK**  
ALLERGY & INTOLERANCE TESTING BY POST

Independent Alternative Allergy Specialist

Tripenhad, Tripenhad Road, Ferryside, SA17 5RS, UK/Wales  
info@allergylink.co.uk / www.allergylink.co.uk

**Delivery:**  
as ordered/paid for  
by post  by email

**Test Format:**  
 Basic 75  
 Stand 150  
 Complex 250+  
 Digestion D300  
 Comprehensive 500

## Test Application Form

- Please complete and sign the form -

**COVID 19 Update:** We continue working and support in ways we can. **We do take precaution:** Letters arriving with your test-form & hair-sample will stay in 'quarantine' for 3+ days before being opened. Any urgent testing can be processed immediately thereafter.

**Current processing time** is app. **7 working days** from date received. **Delays** can occur in times of high demand / unforeseen circumstances.

This form will be destroyed after testing, according to the GDPR General Data Protection Regulation from May 2018.

Date:  /  /

Title:  Mrs  Ms  Miss  /  Mr

Initial  First Name (optional):

Surname:

Year of Birth:     or Age:  Tel (optional):

**Test for Baby?** Please specify if your baby is still  
 breastfeed or has already been  weaned  
and list Formula & solid foods.

Office use only:  
Ref-No: **AL--**

Date received:

Date processed:

I have read and understand, that the information I give is for the purpose of allergy testing only; and that all personal details are kept secure and strictly confidential. We never share (or sell) your personal details with any third parties other than the clinic or practitioner from where this test is ordered - for the purpose of delivery or forwarding.

This form will be destroyed after testing (within 3-4 weeks). Electronic data 'Test-Reports' will be kept safe and secure for 6 years, unless deletion is requested - please let us know. Our **Privacy Policy** is available online at [www.allergylink.co.uk](http://www.allergylink.co.uk). See [Disclaimer overleaf](#)

**X Signature:** ..... Forms without signature may not be processed.

Please complete both sections (medical history) ↓ →

Note: incomplete forms may not be processed

1. Main reason / condition for taking the test: .....

acute  constant  often  incident  serious concern

2. Do you have any known allergies  or intolerances ? e.g.

✓ penicillin, milk, egg, shellfish, fish, nuts, wasps, latex, pollen, dust mite, ...

No  Yes : .....

3. Did you ever experience an Anaphylactic Shock? .....

No  Yes : .....

4. Did you avoid any foods for more than 3 months?

If you have been avoiding known 'allergens' - foods or substances, these may not show in the allergy report.

No  Yes : .....

5. In the last 3 years - did you have:

A course of Antibiotics .....  Vaccination .....

Medication .....

Operation .....  Metal 'implant' .....

6. Are you :  Pet owner .....  Smoker .....

drinking Alcohol .....  drinking Diet Soda .....

Vegetarian  Vegan  on a special diet .....

7. Are you taking any Vitamins/Supplements No  Yes : .....

8. Medical condition /History: .....

Use space overleaf

Indicate the **Main Symptoms** you are **currently experiencing**

A=acute C=chronic O=often S=sometimes

**Digestive Symptoms:**  None

...Itchy mouth  ...tingling mouth/tongue  ...mouth ulcers

...IBS  ...constipation  ...bloating  ...wind

...Diarrhoea  ...nausea  ...vomiting  ...reflux (GERD)

...Stomach cramps  ...abdominal pain  ...heartburn

...Celiac  ...Crohn's disease  ...Colitis /Diverticulitis

**Skin conditions:**  None

...Eczema  ...Dermatitis  ...Psoriasis

...Rashes  ...red / itchy spots  ...Rosacea

...Itchy ears  ...red ears  ...dark circles under eyes

...Hives / Urticaria  acute  chronic  ...Boils/Acne

**Swelling of:**  mouth  tongue  lips  throat  face

**Respiratory conditions:**  None

...Asthma  acute  ...Breathing problems  acute

...coughing  ...wheezing  ...Catarrh  ...Nasal Congestion

...Sinusitis  ...Rhinitis  ...Tinnitus

...Hay Fever **Eyes:**  ...itchy/red  watery  swollen

**Nose:**  ...itchy  sneezing  runny

**Other conditions present:**  None

...CFS / ME (chronic fatigue syndrome)

...Hyperactivity  ...Palpitations  ...Panic attacks

...Migraines  ...Dizziness / Vertigo

...Extreme mood swings  ...Depression  ...Stress

...Cystitis/UTI  ...Thrush .....  ...Painful joints .....

...Weight loss  ...Weight gain

other .....

Use space overleaf

All personal details are kept strictly confidential, and will by no means be shared with any 3<sup>rd</sup> party.

Please note, If you are ordering the test for someone else - other than yourself - please ensure that you do have legal consent to do so.

Additional information (optional): .....

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**Friendly Disclaimer:**

The Allergy Analysis/Test is intended as information only. It is not a substitute for professional medical advice and is not to be used as a diagnosis. For the treatment or diagnosis of any medical condition, we strongly recommend consultation with your doctor or health care professional. Allergy Link Testing Services are not responsible for any adverse effects or any results that may occur from the usage of the information contained in the allergy test report or advice notes. The test/s are further not designed to diagnose or forecast reactions, nor will the results indicate that the individual will or may suffer an adverse or negative reaction (allergic or intolerant) to the indicated foods or substances. As with any information provided within this report, we recommend that everybody takes precaution to not apply, use or take anything without prior consulting or supervision of their primary healthcare provider.

**Order Details / Payment:**

**Online order:** I have ordered and paid through website    **Order NO:** .....    **Order Date:**.....  
to the amount of £ ....., for ..... test/s    Ordered by:.....  
(name as on payment receipt)

**PayPal** by 'Send Money' to info@allergylink.co.uk

**Cheque:** I include a cheque made payable to 'AllergyLink' to the amount of £ ....., for ..... Test/s.

**BACS:** I have made a Bank Transfer:    **Reference:** AL-Test and/or name of person test  
HSBC - Sort Code: **40-13-24** Account No: **51453289** | **IBAN:** GB80HBUK40132451453289 **BIC:** HBUKGB4121M  
to the amount of £ ....., for .....test/s, date:..... name: .....

(We need this information in case the name for the allergy test/s are different from the person who made the payment, or if you are ordering a test on behalf of someone other than yourself.)

**I have downloaded the Form/s** and chosen the  **test format and return option** on the front of the form.

**Delivery of Test Result:** The test result will usually be emailed or posted to the address provide online. If you require the test result to be sent to a different address, please specify this on the front of the form - delivery email / deliver address.

**@mail deliveries:** please check your **junk/spam folder** for the email from **info@allergylink.co.uk** before contacting us.

**Posting:** Please write your **Order Number (#123)** on the envelope,  
so we can identify your letter and send you a confirmation email that it has arrived.

Pre-Payment made by: online / chq / bacs / paypal

MON    TUE    WED    THU    FRI    SAT

Received: .....

Test Format: 75 150 250 300 500 VM

Office use only



Please post to: **Allergy Link**  
**Tripenhad**  
**Tripenhad Road**  
**Ferryside**  
**SA17 5RS**  
**UK/Wales**

## 3 Simple Steps - to Complete your Test Order



Now that you have successfully chosen and ordered the right test(s), simply follow the 3 Steps below to complete your order of the combination Allergy & Intolerance Test.

### Step 1

#### Print and Complete



Please print and fully complete the **Test Application Form** (below), printing in CAPITAL LETTERS and in your own handwriting. Don't forget to sign and date it. If you have ordered 2 or more tests, please print the form for each person (same order number - note on back)

**Can't print?** You can order the **test application form** from us and we will post it to you.

Contact us: by email [info@allergylink.co.uk](mailto:info@allergylink.co.uk) message: 'Please post **test application form**'; or by phone 0345 094 3298 / Mob 07866 835708. Don't forget to quote your address or order reference no.

### Step 2

#### Provide a Hair Sample



Cut a small sample of hair from your head (20-50 strands - approximately 1-3cm long) Attach the hair to the **Test Application Form** with clear tape.

**No hair?** If no hair is available you can send us nail clippings. For babies you can use a cotton bud to send us a saliva swab from the mouth. For hygiene reason please place nail-clippings or saliva swab in a plastic bag or wrap in cling film.

**Hair coloured?** It doesn't matter if the hair has been previously coloured.

**Hair care products?** Foam, gel or spray products are best to be avoided. Conditioners are fine.

### Step 3

#### Post the Test Application Form & Hair Sample



Put the completed **Test Application Form** with **hair sample** in a standard sized envelope and post it to us at:

**Allergy Link  
Tripenhad  
Tripenhad Road  
Ferryside  
SA17 5RS  
United Kingdom**

1st class postage is advised  
(2nd class can sometimes times take 3-5 days).  
You don't have to send by recorded delivery unless you prefer to do so.

**Please write your Order Number (#123) on the envelope**, so we can send you an confirmation email that we have received your test-form letter.

#### What happens next?

Once we receive your **Test Application Form(s)** your test(s) will usually be processed within 7-14 working days. Please allow up to 21 days for your report(s) to be produced.

#### Need your test urgently?

Under some circumstances your Test can be processed within 2 working days. (Subject to demand and excluding weekends & public holidays). **If you require an urgent test please contact us first.**

**Please Note:** The 'urgent test service' was introduced as an option for people with genuine 'urgent circumstances', serious and acute health conditions. So far this option has been free of charge, regulated by sensible use.

However, there is a limit, and not every test request can be accepted as urgent. Thus a prompt return can not be guaranteed.

#### Delivery - Receiving Your Test Report(s) as ordered/paid on the website.

##### Reports by E-mail:

Once completed, your Allergy Intolerance Test Report will be sent digitally (in PDF format) to the e-mail address you gave when you placed your order.

**Spam / Junk filter:** Please ensure 'info@allergylink.co.uk' is configured as permitted sender in your email program. Checking your spam/junk folder before contacting us has proven successful in many cases :)

##### Reports by Post:

If you chose to receive your report by post the report will be sent via 1st class Royal Mail to the postal address you gave when you placed your order.

#### Still need some help with your order?

If you have any questions regarding your order please **contact Mrs.Ute Eden** at Allergy Link by email: [info@allergylink.co.uk](mailto:info@allergylink.co.uk) or call: **0345 094 3298** (local rate) or Mob:**07866 835708**  
[www.allergylink.co.uk](http://www.allergylink.co.uk)