

INSTRUCTIONS FOR HAIR SAMPLING:

The requirements for getting an accurate representation of the present trace mineral levels from a hair analysis include taking a proper sample. These instructions describe the correct procedure to follow:

1. Sampling: Hair should be clean and dry when it is being sampled. The sample should be taken between four and twenty four hours after washing. For the best quality results the sample should not be dyed, bleached, or permed. Retest samples should be taken from the same area as the original sample if at all possible.

2. Sampling Location: Head hair taken from the nape of the neck (see illustration below) will provide the best sample. The growth of the hair here is relatively steady and should give good, consistent results.

As an option, axillary hair, pubic hair, or other body hair may be used. The growth pattern here varies and is rather sporadic, but it produces adequate results. *Note, however, that samples from the head and different parts of the body should not be mixed together.*

Sampling axillary or pubic hair is also a very good way to confirm that elevated toxic minerals which have been found in the head hair are present in the whole system.

3. Equipment Needed: A standard rat-tailed comb and a regular stainless steel scissors are all that is basically needed. For short hair, thinning shears may be used to keep from disturbing the hair style as much as possible. With long hair, a hair pin or clip may also be useful.

4. Cutting a Sample: Comb and lift a section of hair at the nape of the neck. Either pin or clip the section or have the

patient hold it up out of the way. Separate a smaller section (as shown in Photo A) and cut the hair off as close to the scalp as possible. For short hair—1½" in length, or less—use the entire sample. For long hair—over 1½" in length—cut off and use 1" to 1½" of the hair from the end that was next to the scalp (the root end, as shown in Photo B). Discard the rest.

Take several small samples from different spots and combine them. This will help assure an accurate, representative sample on the average, while leaving no noticeable "bald" places in the hair style.

5. Weighing the Samples: Set up the provided card weight scale, following the instructions printed on it. Placing the small samples inside the circle on the card, continue sampling until the scale tips, indicating that there is approximately 125 mgs in the total sample. This should be about one heaping tablespoonful.

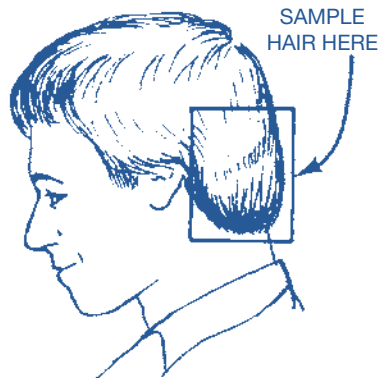
Once an adequate sample is accumulated, put the hair into the provided sampling envelope and enclose it and the completed order form in the attached order envelope.



A. Holding the hair up and cutting a sample.



B. Cutting root end off for sample of long hair.



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ORDER FORM

INSTRUCTIONS: Complete all five parts on both sides of this form. **NEW ACCOUNTS** -- Fill in Health Care Practitioner's name, phone number, and address in Part 1. An account number will be assigned with submission of your first test. **ESTABLISHED ACCOUNTS** -- Fill in account number (shown on last report) and Health Care Practitioner's name, then skip to Part 2. **ALL ACCOUNTS** -- Be sure to indicate which profile is desired in Part 3, and which quantity of supplements you want in Part 4. Check all of the applicable symptoms in Part 5 on the reverse side and sign and date the order.

PART 1. Health Care Practitioner Information

PRACTITIONER'S ACCOUNT NO.	PHONE NUMBER: ()	EXT.
PRACTITIONER'S NAME		DEGREE
STREET OR MAILING ADDRESS		
CITY	STATE	ZIP CODE
PRACTITIONER'S E-MAIL ADDRESS		

PART 2. Patient Information

PATIENT'S NAME:		
LAST NAME	FIRST NAME	INTL.
PATIENT DATA:		
AGE	HEIGHT FT. IN.	WEIGHT LBS.
SEX:		
☐ MALE ☐ FEMALE		
PREGNANT?		
☐ YES ☐ NO		
OCCUPATION:		
COLOR OF HAIR:		
☐ BLACK ☐ BROWN ☐ BLOND ☐ RED ☐ GREY		
TYPE OF SPECIMEN: (Do Not Mix)		
☐ HEAD ☐ PUBIC ☐ OTHER		

PART 3. Tissue Mineral Analysis Order

☐	PROFILE 1.	LABORATORY MINERAL TEST ONLY.
☐	PROFILE 2.	INITIAL LAB TEST AND INTERPRETATION. Entire Tissue Mineral Assay Test with charts and a thorough descriptive interpretation that lists trends, explains the results, and gives vitamin and mineral supplement recommendations.
☐	PROFILE 3.	LABTEST AND SUPPLEMENT RECOMMENDATION ONLY.
☐	PROFILE 4.	PROGRESS TEST AND COMPARISON ANALYSIS. Complete retesting of mineral levels with explanations of the results and suggested modifications to the supplement program as indicated by significant changes since previous test.
☐	PROFILE 5.	PERSONAL DIET PLAN. (Addition to Profiles 2, 3, or 4).

PREVIOUS LAB TEST NO.

PART 4. Vitamin and Mineral Food Supplements Order

☐	30 DAY SUPPLY
☐	60 DAY SUPPLY
☐	90 DAY SUPPLY
☐	Do not send supplements

FOR LAB USE ONLY -- DO NOT WRITE HERE

IMPORTANT: Be sure to complete and sign reverse side.

INSTRUCTIONS: Check *CURRENT* applicable codes ONLY:

PART 5.

- | | | | | | |
|---|---|--|--|--|--|
| ☐ 501 Acne | ☐ 526 Celiac Disease | ☐ 552 Glaucoma | ☐ 699 Lactating Mother | ☐ 667 Obesity | ☐ 633 Skin, Itchy |
| ☐ 705 Addiction | ☐ 527 Cerebral Palsy | ☐ 617 Growth Rate, Diminished | ☐ 565 Learning Disabilities | ☐ 581 Osteoporosis | ☐ 629 Skin, Oily |
| ☐ 502 Addiction, Alcohol | ☐ 718 Chronic Fatigue Syndrome | ☐ 593 Growth Rate, Stunted | ☐ 566 Leukemia | ☐ 694 Ovarian Pain | ☐ 741 Skin Rash |
| ☐ 753 Addiction, Chocolate | ☐ 717 Cigarette Smoker | ☐ 553 Gout | ☐ 686 Loss of Appetite | ☐ 709 Pain Between Shoulder Blades | ☐ 771 Spider Veins |
| ☐ 717 Addiction, Cigarette | ☐ 528 Cirrhosis of the Liver | | ☐ 638 Loss of Awareness (euphoric) | ☐ 751 Panic Attacks | ☐ 642 Stress |
| ☐ 540 Addiction, Drug | ☐ 529 Colitis | ☐ 616 Hair Loss | ☐ 727 Loss of Balance | ☐ 668 Paranoia | ☐ 672 Stomach Problems |
| ☐ 648 Aggression | ☐ 530 Collagen Disease | ☐ 641 Hair Growth, Poor | ☐ 708 Loss of Concentration | ☐ 583 Parkinson's Disease | ☐ 673 Suicidal Tendencies |
| ☐ 734 AIDS | ☐ 728 Compulsive Behavior | ☐ 695 Headaches | ☐ 662 Low Self-Esteem | ☐ 584 Perceptual Motor Problems | |
| ☐ 502 Alcoholism | ☐ 721 Constipation | ☐ 572 Headaches, Migraine | ☐ 714 Lump in Breast | ☐ 585 Periodontal Disease | ☐ 594 Tachycardia |
| ☐ 503 Allergies | ☐ 532 Coronary Occlusion | ☐ 754 Hearing Problems | ☐ 567 Lupus Erythematosus | ☐ 586 Phlebitis | ☐ 693 Taking Birth Control Pills |
| ☐ 504 Alopecia (or | ☐ 618 Craving Sweets | ☐ 779 Hemochromatosis | | ☐ 752 Phobias | ☐ 674 Temper Problems (bad temper) |
| ☐ 616 Hair Loss or | ☐ 758 Crohn's Disease | ☐ 746 Hemorrhoids | ☐ 708 Memory Loss (loss of concentration) | ☐ 612 Pigmentation Problems /Skin | ☐ 772 Tendinitis |
| ☐ 641 Poor Hair Growth) | ☐ 533 Cushing's Disease | ☐ 724 Hemosiderosis | ☐ 568 Meniere's Syndrome | ☐ 669 PMS | ☐ 595 Thrombophlebitis |
| ☐ 770 ALS | ☐ 534 Cystic Fibrosis | ☐ 713 Hepatitis | ☐ 569 Menopause | ☐ 680 Poor Attitude, Outlook | ☐ 643 Tinnitus, ringing in ears |
| ☐ 760 Alzheimer's Disease | | ☐ 733 Herpes | ☐ 729 Menstrual Problems (or | ☐ 745 Poor Circulation | ☐ 702 Tourettes Syndrome |
| ☐ 506 Anemia | ☐ 615 Dandruff | ☐ 558 High Blood Pressure (hypertension) | ☐ 505 Amenorrhea, cessation of period, or | ☐ 708 Poor Concentration | ☐ 730 Tumors |
| ☐ 649 Anger | ☐ 653 Defensiveness | ☐ 723 Hives | ☐ 542 Dysmenorrhea, painful periods) | ☐ 731 Poor Digestion, Indigestion | ☐ 596 Tumors, Benign |
| ☐ 507 Angina | ☐ 535 Depression | ☐ 763 Hiatal Hernia | | ☐ 640 Poor Memory | ☐ 597 Tumors, Fatty |
| ☐ 703 Anorexia | ☐ 536 Dermatitis (skin problems) | ☐ 769 HIV Positive | ☐ 663 Mental Confusion | ☐ 719 Poor Muscle Tone (see Muscle) | ☐ 598 Tumors, Fibroid (Misc.) |
| ☐ 508 Anxiety | ☐ 537 Diabetes | ☐ 554 Hodgkin's Disease | ☐ 570 Mental Problems | ☐ 639 Poor Nail Growth | ☐ 599 Ulcer, Gastric |
| ☐ 509 Arteriosclerosis | ☐ 538 Diarrhea | ☐ 722 Hot Flashes | ☐ 571 Mentally Challenged | ☐ 671 Pregnant | ☐ 600 Ulcer, Skin |
| ☐ 683 Arthritis | ☐ 700 Difficulty Taking Supplements | ☐ 657 Hostility | ☐ 750 Mind Racing | ☐ 670 Protein Catabolism | ☐ 601 Uremia |
| ☐ 510 Arthritis, Osteo | ☐ 617 Diminished Growth Rate | ☐ 710 Hyperactivity | ☐ 572 Migraine Headaches | ☐ 669 Pre-Menstrual Tension, PMS | ☐ 706 Urination Problems (frequent urination) |
| ☐ 687 Arthritis, Psoriatic | ☐ 539 Diverticulosis | ☐ 555 Hypercholesterolemia (high cholesterol) | ☐ 692 Mononucleosis (mono) | ☐ 587 Prostate Problems | ☐ 777 Urinary Infection |
| ☐ 511 Arthritis, Rheumatoid | ☐ 685 Dizziness | ☐ 556 Hyperkinesia | ☐ 665 Mood Swings | ☐ 619 Psoriasis | |
| ☐ 512 Asthma | ☐ 540 Drug Addiction | ☐ 557 Hyperlipidemia | ☐ 747 Mouth Dry | ☐ 588 Psychological Problems | ☐ 602 Varicose Veins |
| ☐ 513 Atherosclerosis | ☐ 747 Dry Mouth | ☐ 558 Hypertension (high blood pressure) | ☐ 775 Multiple Chemical Sensitivity | ☐ 589 Raynaud's Disease | ☐ 675 Vegetarian |
| ☐ 514 Autism | ☐ 541 Dyslexia | ☐ 559 Hyperthyroidism (over-active thyroid) | ☐ 573 Multiple Sclerosis | ☐ 732 Retinitis | ☐ 764 Vitiligo |
| ☐ 762 Attention Deficit Disorder | | ☐ 560 Hypoadrenocorticism | ☐ 739 Muscle Cramps | ☐ 738 Respiratory Infection | ☐ 676 Volatility |
| | | ☐ 561 Hypoglycemia | ☐ 719 Muscle Tone Poor | ☐ 590 Rheumatism | |
| ☐ 651 Back Problems | ☐ 704 Ear Infection | ☐ 562 Hypothyroidism (under-active thyroid) | ☐ 740 Muscle Weakness | ☐ 637 Ridges on Nails | ☐ 545 Water Retention (edema) |
| ☐ 674 Bad Temper (temper problems) | ☐ 544 Eczema | | ☐ 574 Muscular Dystrophy | ☐ 643 Ringing in Ears | ☐ 677 Weight Gain |
| ☐ 684 Bed Wetting | ☐ 545 Edema, Water Retention | ☐ 696 Immune Deficiency | ☐ 576 Myositis | | ☐ 603 Weight Loss (unwanted) |
| ☐ 515 Behavior Problems | ☐ 654 Emotional Problems (or emotional instability or sensitivity) | ☐ 563 Impotence (men only) | ☐ 577 Myositis Ossificans | ☐ 591 Schizophrenia | ☐ 678 White Spots on Nails |
| ☐ 776 Bladder Infection | | ☐ 731 Indigestion (bloating, gas) | | ☐ 592 Scleroderma | ☐ 679 Worrying |
| ☐ 755 Blood Clots | ☐ 546 Emphysema | ☐ 688 Infections | ☐ 637 Nails, Ridges on | ☐ 715 Scoliosis | ☐ 605 Wound Healing (poorly) |
| ☐ 743 Blurred Vision | ☐ 711 Endometriosis | ☐ 704 Infections, Ear | ☐ 636 Nails Soft | ☐ 737 Sciatic Nerve Problems | ☐ 716 Yeast Infections |
| ☐ 701 Boils | ☐ 547 Epilepsy | ☐ 738 Infection, Respiratory | ☐ 666 Nausea | ☐ 757 Sexual Desire, decreased | |
| ☐ 714 Breast Lump (lump in breast) | ☐ 691 Epstein-Barr Syndrome | ☐ 716 Infections, Yeast | ☐ 681 Negative Feelings | ☐ 664 Sinus Problems | |
| ☐ 517 Breast Tumor | ☐ 638 Euphoric (loss of awareness) | ☐ 658 Infertility | ☐ 726 Nervousness | ☐ 749 Sinusitis | |
| ☐ 735 Bronchitis | ☐ 655 Exhaustion | ☐ 660 Inflammation | ☐ 578 Nervous System Dysfunction | ☐ 536 Skin Problems, Dermatitis | |
| ☐ 634 Brown Spots on Skin | | ☐ 564 Insomnia | ☐ 579 Neuralgia | ☐ 634 Skin, Brown Spots | |
| ☐ 765 Bruising | ☐ 548 Fatigue | ☐ 774 Irritable Bowel Syndrome | ☐ 580 Neuritis | ☐ 628 Skin, Dry | |
| ☐ 518 Buerger's Disease | ☐ 712 Fever | ☐ 659 Irritability | ☐ 768 Nightmares | ☐ 744 Skin, Flaky | |
| ☐ 756 Burning Feet | ☐ 773 Fibromyalgia | ☐ 720 Iritis | | | |
| ☐ 519 Bursitis | ☐ 549 Fractures | ☐ 759 Joint Pain | | | |
| | ☐ 706 Frequent Urination | ☐ 721 Keloid Scars | | | |
| ☐ 520 Calculus, Biliary | ☐ 725 Fungus Under Nails | ☐ 661 Kidney Problems | | | |
| ☐ 521 Calculus, Renal | | ☐ 650 Kidney Stones | | | |
| ☐ 522 Cancer | ☐ 707 Gall bladder Problems | | | | |
| ☐ 652 Candida Albicans | ☐ 748 Gall Stones | | | | |
| ☐ 766 Canker Sores | ☐ 731 Gas (indigestion) | | | | |
| ☐ 523 Cardiac Arrhythmias | ☐ 656 Gastric Ulcer | | | | |
| ☐ 524 Cardiovascular Disease | ☐ 550 Gastritis | | | | |
| ☐ 767 Carpal Tunnel | ☐ 551 General Good Health | | | | |
| ☐ 525 Cataracts | | | | | |

Additional Comments: _____

I request the Tissue Mineral Analysis Test(s) be performed and the desired interpretation(s) and supplements as indicated on this order form be forwarded to me. I understand that the material in the requested profiles is provided merely for my consideration, and that any actual implementation of the plans, procedures, and other information presented, or the dispensing of supplements as a result of this request, will be based entirely upon my professional knowledge and judgement, and be dependent upon my evaluation of the patient involved.

Health Care Practitioner Signature _____

Date _____