



Analytical Science Supporting
Fundamental Assessment

HAIR SPECIMEN SUBMITTAL FORM

Health Care Practitioner Information:

Existing CanAlt Clients need only enter their **CanAlt Practitioner No.** and **Practice Name.** New Clients must complete this entire section

CanAlt Practitioner No.	Practice Name	CanAlt Contact	
86	Precious Balance		
Last Name	First Name	Middle Initial	Designation (Optional)
Huyben	Francine	F	NAC
Address	City	Province	Postal Code
8823 Belleview Lane RR 3	Granton	Ont	NOM 1V0
Tel. No.	Fax No.	email Address	
Precious Balance 8823 Belleview Lane RR 3 Granton, Ontario NOM 1V0		huyben@quadro.net	

Patient Information:

Last Name	First Name	Gender	Age	Weight (Kg)	Height (Cm)
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Hair Specimen Information:

Hair Specimen Location: Head (Nape of Neck) Pubic

Hair Treatment / Conditioning _____ Date of Last Use _____

Any Sports Activity (e.g. swimming) or Industrial Source of Potential Contamination of Hair _____ Date of Last Exposure _____

Payment Information:

Hair Mineral Analysis Assessment Report:

Electronic Report *emailed only*

Office Use Only

Lab No. _____

Date Rec'd _____

Comments _____