

Web & email

www.daphnelab.com - info@daphnelab.com

Telephone numbers

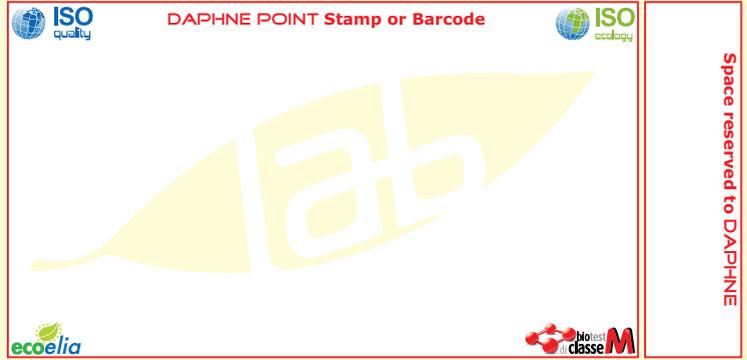
Tel. +39.02.37920609 - +39.06.87811887

Fax +39.02.45509949 - +39.06.99334733

Request to send to:

DAAPHNE LAB c/o Eldavia

Via Milano, 2 - 81030 Lusciano CE - ITALY



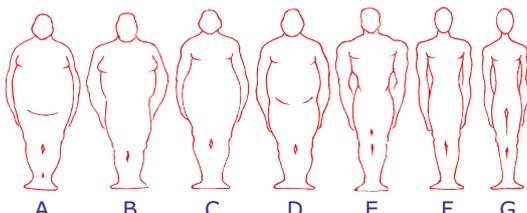
INSTRUCTIONS: insert in a sachet a tuft of hair or a cheek swab. Fill out the present form with all the requested information. Send the form with the sample and the copy of the payment to the indicated address. Contact DAPHNE LAB for the instructions for the payment. Sign legibly and date requests. All data shall be in block letters and legible. The customer accepts all the legal aspects of the Daphne BioMetaTest viewable on the website or at the Daphne Point. The Daphne BioMetaTests are neither prescriptive, nor diagnostic, medical or sanitary and do not determine clinical intolerances to lactose, gluten, and any kind of allergy. Each result of Daphne BioMetaTests shall always be submitted to and approved by your trusted doctor before following each suggested program.

Surname *	Name *	Age *	Address *
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Zip code *	City *	Country *	Telephone number *
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Cellular phone	Profession	VAT number or social security number
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E-Mail	Place and birth date *	DAY	MONTH	YEAR
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Which of these images is more similar to your body? _____		Do you have a good relation with your body? YES NO sometimes
To which of them would you like to look like? _____	A B C D E F G	What is your blood type? <input type="radio"/> A <input type="radio"/> AB RH <input type="radio"/> + <input type="radio"/> - <input type="radio"/> B <input type="radio"/> 0 <input type="radio"/> I don't remember

Actual weight (kg) *	Height (cm) *	Gender * <input type="radio"/> M <input type="radio"/> F	Are you pregnant? YES NO	Are you in menopause? YES NO
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Has the hair undergone coloring, permanent, dyeing, or other treatment? * (If yes, please specify)	YES NO	Blood pressure <input type="radio"/> Normal <input type="radio"/> Low <input type="radio"/> High
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Are you taking medicines? (If yes, please write in the Notes section which kind of medicines, the eventual altered blood value and the date they go back to)	YES NO	Are you constipated? YES NO sometimes
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Do you suffer from insomnia? YES NO	Do you practice any sport? YES NO	(If yes, which kind of sport and how many times per week?)	Have you permanent tattoos? YES NO
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Are you allergic? YES NO	If yes, which allergies do you suffer from?
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You have: <input type="radio"/> amalgam _____ <input type="radio"/> tooth fillings _____ <input type="radio"/> other _____	(If yes, how many of them?)	N° of daily smoked cigarettes: _____
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Food you prefer: <input type="radio"/> coffee <input type="radio"/> bread <input type="radio"/> vegetables <input type="radio"/> meat <input type="radio"/> cereals <input type="radio"/> alcohol <input type="radio"/> pasta <input type="radio"/> fruit <input type="radio"/> fish <input type="radio"/> sugars <input type="radio"/> chocolate <input type="radio"/> pizza <input type="radio"/> legumes <input type="radio"/> dairy products (multiple choices are allowed)	Tastes you prefer: <input type="radio"/> spicy <input type="radio"/> bitter <input type="radio"/> salty <input type="radio"/> sweet <input type="radio"/> sour (multiple choices are allowed)	Do you usually drink a lot of water? <input type="radio"/> yes <input type="radio"/> no How many liters per day? _____
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Write the reason why you are requesting a BioMetaTest:

Have you already made a DAPHNE BioMetaTest™? <input type="radio"/> SI <input type="radio"/> NO	Fill this space only if you have already made a BioMetaTest
Which kind of DAPHNE LAB test have you already made? _____	How did you feel after having followed the protocol? <input type="radio"/> better <input type="radio"/> worse <input type="radio"/> as before From which point of view? <input type="radio"/> physical <input type="radio"/> psychological <input type="radio"/> both
Write here the barcode of the test already made _____	Write the date when you made the last BioMetaTest _____

FORM OF BIOMETATEST™ ANALYSIS REQUEST DAPHNE METHOD FORM.62 - Vers. 1.7 10/03/2018® - FORM OF UNIZENIC PROPRIETY.

UNIZENIC - CONCESSIONAIRE DAPHNE LAB'S TRADEMARKS.

ACTUAL DISEASES

- | | | | | |
|--|--|--|---|---|
| <input type="radio"/> Acne | <input type="radio"/> Autism | <input type="radio"/> Dysmenorrhoea | <input type="radio"/> Insomnia | <input type="radio"/> Behavioral diseases |
| <input type="radio"/> Weariness | <input type="radio"/> Gallstones | <input type="radio"/> Heart diseases | <input type="radio"/> Hyperthyroidism | <input type="radio"/> Intestinal diseases |
| <input type="radio"/> Allergies | <input type="radio"/> Kidney stones | <input type="radio"/> Diverticulitis | <input type="radio"/> Hypothyroidism | <input type="radio"/> Prostate diseases |
| <input type="radio"/> Alopecia | <input type="radio"/> Cancer | <input type="radio"/> Edema | <input type="radio"/> Hyperglycemia | <input type="radio"/> Psoriasis |
| <input type="radio"/> Amenorrhoea | <input type="radio"/> Candida | <input type="radio"/> Migraine | <input type="radio"/> Hypoglycemia | <input type="radio"/> Rheumatism |
| <input type="radio"/> Anemia | <input type="radio"/> Capillary fragility | <input type="radio"/> Hemorrhoids | <input type="radio"/> Raynaud's disease | <input type="radio"/> Multiple sclerosis |
| <input type="radio"/> Anxiety | <input type="radio"/> Ovarian cysts | <input type="radio"/> Epilepsy | <input type="radio"/> Meteorism | <input type="radio"/> Meniere's syndrome |
| <input type="radio"/> Arrhythmia | <input type="radio"/> Colitis | <input type="radio"/> Hiatus Hernia | <input type="radio"/> Myasthenia gravis | <input type="radio"/> Thalassaemia |
| <input type="radio"/> Arteriosclerosis | <input type="radio"/> High cholesterol | <input type="radio"/> Fibroma | <input type="radio"/> Coeliac disease | <input type="radio"/> High triglycerides |
| <input type="radio"/> Arthrosis | <input type="radio"/> Depression | <input type="radio"/> Phlebitis | <input type="radio"/> Neuralgia | <input type="radio"/> Gastric Ulcer |
| <input type="radio"/> Arthritis | <input type="radio"/> Dermatitis | <input type="radio"/> Gastritis | <input type="radio"/> Obesity | <input type="radio"/> Varicose veins |
| <input type="radio"/> Asthma | <input type="radio"/> Diabetes: type _____ | <input type="radio"/> Gout | <input type="radio"/> Osteoporosis | <input type="radio"/> Dizziness |
| <input type="radio"/> Halitosis | <input type="radio"/> Diarrhea | <input type="radio"/> Recurring Infections | <input type="radio"/> Periodontitis | |

Are you a self-confident person? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes Are you happy? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes Are you stressed? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes Are you phobic about something in particular? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes	Have you been recently bereaved? <input type="radio"/> no <input type="radio"/> yes Do you have recurring nightmares? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes Do you usually feel more tired in <input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening Do you generally yell out the anger or do you use to keep it inside?	Do you often get angry? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes Do you often cry? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes Do you generally feel guilty? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes From 1 to 10 how much are you a determined person?	Do you consider yourself much more <input type="radio"/> individualist <input type="radio"/> altruistic <input type="radio"/> introvert <input type="radio"/> extrovert <input type="radio"/> optimist <input type="radio"/> pessimist <i>(multiple choices are allowed)</i>
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Note

Tick the requested **DAPHNE BioMetaTest™ ***, otherwise Thema 400 test will be automatically processed. Consult our website www.daphnelab.com/en/the-biometatests/ to see the available languages for each test.

<input type="radio"/> thema 400	Bio-food intolerance - bioenergetics analysis + diet and holistic natural treatment
<input type="radio"/> thema Junior	Bio-food intolerance for children - bioenergetics analysis + Junior articles
<input type="radio"/> thema 02	Mineralogram - toxic metals bioenergetics analysis, trace elements + drainage
<input type="radio"/> thema 03 fitness	VMA™ fitness - Vitamins, Minerals and Amino Acids bioenergetics analysis + sport protocol
<input type="radio"/> thema 03 m&s	VMA™ manager & student - Vitamins, Minerals and Amino Acids bioenergetics analysis
<input type="radio"/> thema 04	Virus, bacteria and parasites - Toxic soils bioenergetics analysis
<input type="radio"/> thema 05	Organs - Bioenergetics analysis + comparative holographic organs tables
<input type="radio"/> thema 06	Intestinal dysbiosis - Bioenergetics analysis + rebalancing protocol
<input type="radio"/> thema 07	Calcium metabolism - Bioenergetics analysis + integrative protocol
<input type="radio"/> thema 08	AntiAge - Skin oxidations, metabolites, anti-free radicals and anti-ageing bioenergetics analysis
<input type="radio"/> thema 09	Feng-Shui bio- architectonic and toxicity - Bioenergetics analysis
<input type="radio"/> thema 10	Bach flowers and Aromatherapy - Bioenergetics analysis + Bach treatment
<input type="radio"/> thema 11	Iron metabolism - Bioenergetics analysis + integrative protocol
<input type="radio"/> thema 12	Heart and fats metabolism - Bioenergetics analysis
<input type="radio"/> thema Esthetic	Esthetic - Bio-food intolerance and anti-ageing and anti-free radicals bioenergetics analysis
<input type="radio"/> thema Exclusive	Bio-food intolerances, Mineralogram and Intestinal dysbiosis - Bioenergetics analysis
<input type="radio"/> thema Exclusive Junior	Bio-food intolerances, Mineralogram and Intestinal Dysbiosis for children - Bio.an.
<input type="radio"/> S panel	1 Additives 2 Dental1 3 Dental2 4 Memory 5 Californian 6 Ocular 7 Gemmo 8 Homeopathy 9 Schüssler 10 Water 11 Liver
<input type="radio"/> other	

Contractual discipline: the discipline of the services offered by Daphne Lab is contained in the "legal notes", and in the "general conditions of the service supplied".
 By signing this form, the applicant claims to have been adequately informed about the Daphne Lab methods and protocols, to have read, fully understood and accepted the contractual conditions about the execution of the service and to have received documents aforementioned.

Place and Date _____

The applicant (legible signature)

The undersigned also claims to approve specifically the dispositions of the general conditions of service supply following indicated: art.1 and 7 (Terms and Conditions of service), art. 5(Previous dept Positions), art. 6 and 11 (Exemption of responsibility), art. 14 (Current therapies), art.15 (Exclusions), art.16(Minors), art 17 (Current modifications of service supply), art.18 (Integrative contractual documents), art 19 and 21 (Informative and consent ex D.Lgs 196/2003 Italy), art 20 (Modality and terms of payment), art . 12 and 24 (obligations of the applicant), art 25 (jurisdiction place).

Place and Date _____

The applicant (legible signature)

According to D.Lgs. n. 196 of June 30th 2003 (Italy) laying down dispositions to "Code in personal data's protection matter", the applicant claims to have examined the Informative Form for the treatment of personal data, and taken note of the use from Daphne Lab for the provision of the service, gives the consent to the treatment of his personal and sensible data, according to the explicit disposition in the Informative Form, authorizing the transmission to connected companies or to third parties, also outside the European Community, for indicated purposes.

Place and Date _____

The applicant (legible signature)