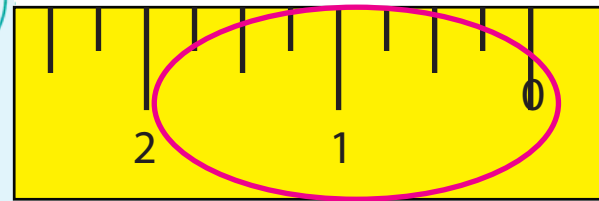


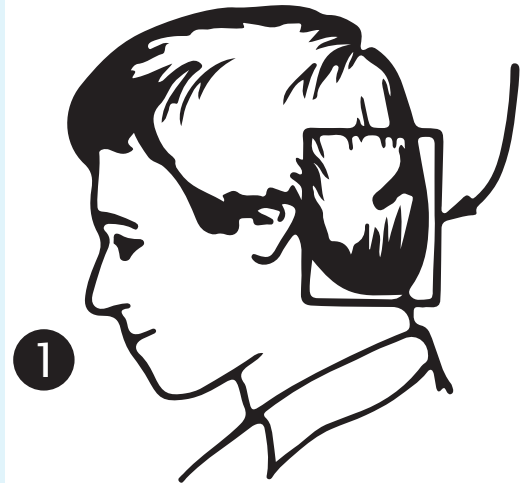


Sampling Instructions:

1. Avoid submitting hair that has been colored, chemically straightened, permed, or chemically treated; you may use pubic, chest or an underarm hair sample instead.
2. If you are unable to use your hair, you may use unpolished fingernails or toenails. In some circumstances, we can accept a cotton ball soaked in saliva.
3. When taking your sample, use hair that is clean and free of styling products such as hair spray, styling gel or leave-in conditioners.
4. Cut hair from the nape of the neck, as close to the scalp as possible (newest hair growth). To insure a proper sample, cut and save only 1 inch (3 cm) of hair length from the end nearest your scalp.
5. Continue to cut your hair until you have enough to fill a heaping tablespoon. More hair is better than less. See: Yellow Ruler and Pink Circle as a guide.
6. Put your hair in a ziplock bag, and place in an envelope, preferably a metallic envelope. Write your name on the envelope. Your Name must match the details on your Form.
7. Review the back of this sheet and sign the bottom of the page of the Informed Consent Statement. This statement must be included with your hair sample.
8. Place the Hair Sample and this form back into a A5 envelope, then seal the envelope tightly. Add a return address to the envelope, then send your package according to your preference.
9. After mailing your sample(s), expect your reports within 1 week (not applicable to remote scanning and quantum therapy).



CUT HAIR HERE



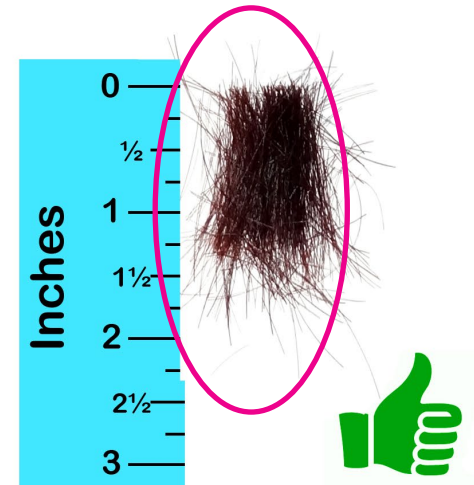
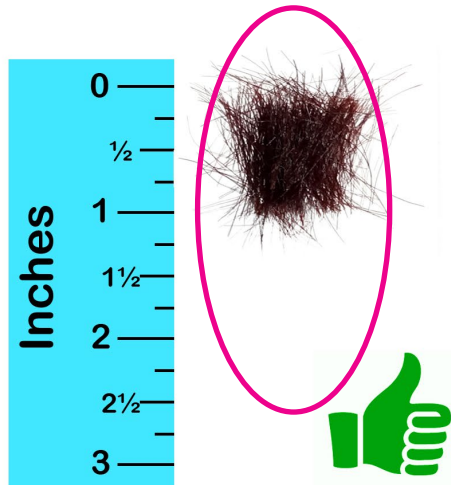
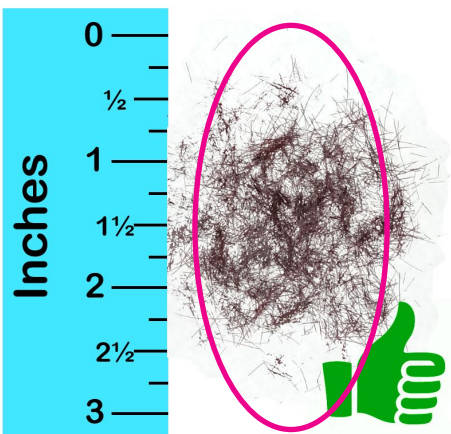
2 X Signature (on back)

Return this Form

Mail everything to:

3 See Address Label

(This is from a man with a buzz cut)



Informed Consent Statement

Legal Disclaimer: Our services does not measure any type of physical IgE allergies or IgG antibodies. Since these reactions can be serious, you should seek the help of a licensed allergy specialist. Our services does not make a medical diagnosis nor is it intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your doctor or other qualified health provider if you have a medical condition or with any questions you may have regarding a medical condition and/or medical symptoms. Never disregard professional medical advice or delay in seeking it because of something you have read on the service reports. All information generated by our services need to be discussed and confirmed with a qualified medical practitioner. If you think you may have a medical emergency, call your doctor or the emergency services immediately. Reliance on any information provided by this test is solely at your own risk. Some of the content on the test reports may be provided by third parties and we are not in a position to verify this content. We do not warrant that any such third party content is true, accurate or complete. No warranties. Our services is provided "as is" without any representations or warranties, express or implied. *These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

I hereby attest and agree to the following:

1. I fully understand that The Ultimate Biobody is a Private Health Practice (ANHA - African National Healers Association) who help people improve their health through information services. 2. I fully understand that ("The Ultimate Biobody") nor its members, are "not licensed physicians" and cannot diagnose diseases, prescribe drugs, or recommend treatment for specific conditions. 3. I understand that all services performed by ("The Ultimate Biobody") are designed to allow me to make informed decisions regarding my health. I further understand that said services cannot determine specific disease conditions I may have and do not replace diagnostic services offered by licensed physicians. 4. I understand that ("The Ultimate Biobody") and its members, neither claims nor implies that any report, products or services they provide, whether in person, by mail, phone, or email, will cure, treat, prevent, or mitigate any disease condition; but are provided solely for the purpose of information. 5. I certify that ("The Ultimate Biobody") and its members, has not suggested that I cease medical care I may be currently receiving. I understand that the decision I make regarding my health and the health care of those under my guardian-ship are my responsibility and certify that I will not hold ("The Ultimate Biobody") and its members, responsible for the consequences of my decisions. I have read the terms and conditions of use here and (biobody.co.za) and understand and agree to the terms and conditions set therein. I may retain a copy of this Informed Consent Statement for my records. By my signature below, I hereby consent to the aforementioned.



FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

CELL PHONE:

BIRTH-DATE:

REFERRED BY:

Signature: 

Date:

You must Sign and Return this Form with your Sample

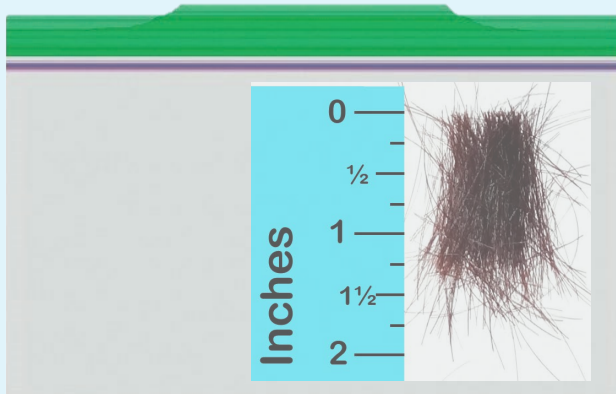
DOWNLOAD & SEND

Your Order#

Your Order # will be your Payment reference (Name and Surname)

4

**** Follow the Instructions on Page 4&5 ****



5

**** Complete the Form on Page 6 ****

PLACE ZIPLOCK BAG IN A MAILING ENVELOPE WITH PAGE 6 AND 7

COURIER TO:

6



655 Labrador Avenue
Garsfontein x 10, Pretoria,
South Africa, 0081
or send to:
Postnet - Faerie Glen

**Easy At-Home DNA Collection
DO-IT-YOURSELF (DIY)**

