


Web & email

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Phone numbers


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ISO quality

DAHPNE POINT stamp or Barcode



ISO ecology



Space reserved to DAPHNE LAB

EN

NOTES: Fill in all the required data in this form (form 62). Contact DAPHNE LAB for payment instructions. Ship the form with the sample to be analyzed and the payment receipt to the address indicated. Sign legible and date the requests. The data must be written in block letters and must be legible. The client accepts all the legal notes of the BioMetaTests, described in the «Legal Notice» and the Privacy Policy that can be viewed on the website or at any Daphne Point. The BioMetaTests are not diagnostic tests, neither clinical, nor medical, nor prescriptive, neither sanitary nor genetic, they do not indicate clinical intolerances to lactose, or to gluten, or any allergies of any gender. BioMetaTests should NOT be performed on pregnant women. Every BioMetaTest request must always be recommended by your doctor. The test reports must always be checked and approved by their own doctor before following any suggested program. The validity of each BioMetaTest is 90 days. View examples of all BioMetaTests available and instructions for completing Form 62 on the website www.daphnelab.com











Family name *	First name *	Age *	Address *
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Postal code *	Town *	Country *	Landline phone number *
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Mobile number *	Occupation	VAT number or tax code *
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Email address *	Place and date of birth *						
	<table style="font-size: small;"> <tr> <td style="width: 20%;">DAY</td> <td style="width: 20%;">MONTH</td> <td style="width: 20%;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR					

Which body type is more similar to yourself?

To which of them would you like to look like?

Current weight (kg) *	Current height (cm) *	Wrist circumference (cm)	Abdominal circumference (cm)	Gender*  
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Has your hair undergone coloring, perm, dyeing, or other treatment? * (If yes, please specify) <input type="radio"/> YES <input type="radio"/> NO	Blood pressure <input type="radio"/> Normal <input type="radio"/> Low <input type="radio"/> High
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Are you taking medicines and/or drugs? (If yes, enter more information here or in the notes) <input type="radio"/> YES <input type="radio"/> NO	Are you pregnant? * <input type="radio"/> YES <input type="radio"/> NO	Are you in menopause or andropause? <input type="radio"/> YES <input type="radio"/> NO
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Do you suffer from allergies? * (What allergies do you suffer from?) <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> I don't know	Do you have a good relationship with your body? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> sometimes
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Do you practice sports? (Which ones and how many times a week) <input type="radio"/> YES <input type="radio"/> NO	Blood type <input type="radio"/> A <input type="radio"/> AB <input type="radio"/> RH+ <input type="radio"/> B <input type="radio"/> 0 <input type="radio"/> RH-	Insomnia? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> sometimes	Constipation? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> sometimes
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Do you have: <input type="radio"/> dental amalgams _____ <input type="radio"/> dental sealants _____ <input type="radio"/> dental fillings _____ <input type="radio"/> other? _____	Do you have permanent tattoos? <input type="radio"/> YES <input type="radio"/> NO	How many cigarettes do you smoke per day? _____	Emotional eating? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> sometimes
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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"/> sugar <input type="radio"/> chocolate <input type="radio"/> pizza <input type="radio"/> legumes <input type="radio"/> cheese <input type="radio"/> bio <small>(multiple answers allowed)</small>	Tastes you prefer: <input type="radio"/> spicy <input type="radio"/> bitter <input type="radio"/> salty <input type="radio"/> sweet <input type="radio"/> sour <input type="radio"/> flavourless <small>(multiple answers allowed)</small>	Do you drink much water? * how many liters per day? <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> sometimes
Who is filling in the request form 62? * <input type="radio"/> Daphne Point <input type="radio"/> customer <input type="radio"/> another person		

You are: <input type="radio"/> omnivorous <input type="radio"/> fruitarian <input type="radio"/> vegetarian <input type="radio"/> raw foodist <input type="radio"/> vegan <input type="radio"/> other _____	Specify the reason why you request the BioMetaTest: * _____ _____
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Have you already had a Daphne BioMetaTest™ analysis? <input checked="" type="radio"/> YES <input type="radio"/> NO			
Which BioMetaTest have you already had with DAPHNE LAB?	Report the numeric barcode on the test you have already had	Indicate the date you had the last BioMetaTest	After following the protocol, you felt: <input type="radio"/> better <input type="radio"/> worse <input type="radio"/> as before On which level: <input type="radio"/> physical <input type="radio"/> psychological <input type="radio"/> both

REQUEST FORM FOR BIOMETATEST™ ANALYSIS DAPHNE METHOD MOD.62 - Vers. 2.1a 22/11/2021®


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Current disorders and diseases * For diagnosed diseases, attach a copy of any analysis or diagnosis. No disorder

<input type="radio"/> Acidity	<input type="radio"/> Kidney stone disease	<input type="radio"/> Behavioral disorders	<input type="radio"/> Gastritis / Gastric ulcer	<input type="radio"/> Obesity
<input type="radio"/> Acne	<input type="radio"/> Cancer	<input type="radio"/> Gastrointestinal disorders	<input type="radio"/> Gout	<input type="radio"/> Osteoporosis
<input type="radio"/> Fatigue	<input type="radio"/> Candidiasis	<input type="radio"/> Lung disease	<input type="radio"/> Recurring infections	<input type="radio"/> Pancreatitis
<input type="radio"/> Canker sores	<input type="radio"/> Celiac disease	<input type="radio"/> Diverticulitis / diverticulosis	<input type="radio"/> Lack of appetite	<input type="radio"/> Periodontitis
<input type="radio"/> Halitosis	<input type="radio"/> Ovarian cysts	<input type="radio"/> Abdominal pain	<input type="radio"/> Lactose intolerance	<input type="radio"/> Prostatitis
<input type="radio"/> Allergies	<input type="radio"/> High cholesterol	<input type="radio"/> Edema	<input type="radio"/> Hyperglycemia	<input type="radio"/> Continuous itches
<input type="radio"/> Hair loss	<input type="radio"/> Colitis	<input type="radio"/> Migraine	<input type="radio"/> Hyperthyroidism	<input type="radio"/> Psoriasis
<input type="radio"/> Anemia	<input type="radio"/> Depression	<input type="radio"/> Hemorrhoids	<input type="radio"/> Hypoglycemia	<input type="radio"/> Rheumatism
<input type="radio"/> Anxiety	<input type="radio"/> Dermatitis	<input type="radio"/> Epilepsy	<input type="radio"/> Hypothyroidism	<input type="radio"/> Multiple sclerosis
<input type="radio"/> Arteriosclerosis	<input type="radio"/> Diabetes: type _____	<input type="radio"/> Hiatal hernia	<input type="radio"/> Headache	<input type="radio"/> Thalassemia
<input type="radio"/> Arthrosis / Arthritis	<input type="radio"/> Diarrhea	<input type="radio"/> Fibroma	<input type="radio"/> Flatulence	<input type="radio"/> High triglycerides
<input type="radio"/> Autism	<input type="radio"/> Dysmenorrhea	<input type="radio"/> Phlebitis	<input type="radio"/> Myasthenia gravis	<input type="radio"/> Varices
<input type="radio"/> Gallstone	<input type="radio"/> Cardiac disorders	<input type="radio"/> Capillary fragility	<input type="radio"/> Neuralgia	<input type="radio"/> Dizziness

Are you a confident person? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes	Fears / phobias? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes	You feel more tired in the <input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	Do you cry often? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes	You feel more <input type="radio"/> extrovert <input type="radio"/> introvert
Do you feel happy? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes	Recent losses? <input type="radio"/> no <input type="radio"/> yes	Do you get angry often? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes	Do you guilty feelings? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes	You feel more <input type="radio"/> optimistic <input type="radio"/> pessimist
Do you live in stress? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes	Frequent nightmares? <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sometimes	How do you vent your anger? <input type="radio"/> inside <input type="radio"/> outside <input type="radio"/> I do not know	You feel more <input type="radio"/> individualist <input type="radio"/> selfless	Are you determined? (from 1 to 10) _____

Notes

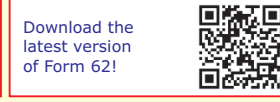



Shipping of the form
 First submission
 Second submission

Type of sample sent

Family name *

First name *



Indicate the requested DAPHNE BioMetaTest™ *, if no choice is made, the Thema 01 will be processed.
See www.daphnelab.com/en/the-biometatests/ to view the languages available for each test.

<p>BAND A</p> <ul style="list-style-type: none"> <input type="radio"/> thema 01 Nutritional intolerances® <input type="radio"/> thema 01 junior Nutritional intolerances® for children <input type="radio"/> thema 02 Mineralogram <input type="radio"/> thema 03 fitness VMA™ fitness <input type="radio"/> thema 03 m&s VMA™ manager & student <input type="radio"/> thema 04 Viruses and bacteria <input type="radio"/> thema 05 Bioenergetics of the Organs <input type="radio"/> thema 06 Intestinal dysbiosis <input type="radio"/> thema 07 Calcium metabolism <input type="radio"/> thema 08 Anti-Aging and Wellbeing <input type="radio"/> thema 09 Feng-Shui geopathy <input type="radio"/> thema 10 Bach flowers <input type="radio"/> thema 11 Iron metabolism <input type="radio"/> thema 12 Cardio Wellness <input type="radio"/> thema 14 Immune system <input type="radio"/> thema 15 Vegan <input type="radio"/> thema 16 Bioenergetics of the Thyroid <p><input type="radio"/> other _____</p>	<p>BAND Pro</p> <ul style="list-style-type: none"> <input type="radio"/> thema H Esthetic <input type="radio"/> thema X Exclusive <input type="radio"/> thema X junior Exclusive Junior <p>BAND S</p> <ul style="list-style-type: none"> <input type="radio"/> panel S1 Food additives <input type="radio"/> panel S2 Dental 01 <input type="radio"/> panel S3 Dental 02 <input type="radio"/> panel S4 Memory <input type="radio"/> panel S5 Californian flowers <input type="radio"/> panel S6 Ocular stress <input type="radio"/> panel S7 Gemmo-derivates <input type="radio"/> panel S8 Homeopathy <input type="radio"/> panel S9 Schussler salts and trace elements <input type="radio"/> panel S10 Water intolerances <input type="radio"/> panel S11 Liver <input type="radio"/> panel S12 Toxic fumes
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The discipline of the services and / or products provided by Daphne Lab is contained in the "legal notes", in the "general conditions of supply of the product / service (LN)", as well as in all annexes and documents related to the LN and available on the legal section of the website www.daphnelab.com. The undersigned customer declares to have been adequately informed on the BioMetaTest methods, on the protocols used, to have read, fully understood and accepted without reservation the contractual conditions LN related to the performance of the service contained in the above mentioned documentation and the license of the BioMetaTest, signing this request for acknowledgement and receipt of the related documents that accepts without reservation.

Legible signature of the client or guardian *

SIGNATURE

Place and date *

The undersigned customer also declares to approve specifically the provisions of the general conditions of supply of the product / service (LN) present on the "legal notes" section of www.daphnelab.com, indicated below: art. 1 - 2 - 2a - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - 21 - 22 - 23 - 24 - 25 - 26 - 26a - 26b - 27 - 28 and all the attachments, the Privacy Policy (PP) and the license to use the BioMetaTest without any reservation. As well as the place of Jurisdiction and the competent legislation outside the European Community. The undersigned also accepts this form 62 and all related instructions and warnings of the form62.

Legible signature of the client or guardian *

SIGNATURE

Place and date *

The undersigned customer declares to have read and accepted without reserve the privacy policy (PP), also present on the website www.daphnelab.com for the purpose of personal, sensitive, biometric, genetic, health data processing and provides full and complete consent to the processing and storage of data, according to the PP authorizing also transmission, storage and processing to related companies, even outside the European Community, for all purposes indicated in PP also for children data collection. It is accepted that the jurisdiction and competent Court are outside the European Community.

Legible signature of the client or guardian *

SIGNATURE

Place and date *

The applicant can exercise the right of withdrawal within 10 working days from the signing of the contract, BY giving notice to UNIZENIC LIMITED - Elscot House (2nd Floor), Arcadia Avenue, Finchley, N3 2JU, London, United Kingdom by registered mail.

Declaration of consent for processing of personal data for marketing purposes. YES NO