



Phone: (505) 217-0339
 Fax: (505) 345-7259
 www.MoldTestResults.com

BE SURE TO REGISTER AT www.MoldTestResults.com BEFORE MAILING YOUR PLATES. INCLUDE THIS FORM AND PAYMENT WITH THE MOLD PLATES. MAIL THE COMPLETED FORM, PAYMENT AND PLATES TO: **ImmunoLytics • 4301 Masthead NE, Suite A • Albuquerque, NM 87109**

*An example of a properly completed form can be found at www.MoldTestResults.com.

Name: John Smith
 Address: 1299 Smith Street
 City: Albuquerque State: NM Zip: 87109
 Phone (include area code): (505) 997-9797
 Email: johnsmith @ myemail.com

PLEASE EMAIL A COPY OF THIS REPORT TO (print name):

- My Doctor: Dr. Health
 My Pharmacist: _____
 Environmental Specialist: _____
 Other (email address required): _____

ID #	Sample Description/Location (should match description written by you on bottom of test plate)	Date Sampled	Time Sampled	Analysis Requested	Comments
1	<u>Living room</u>	<u>1/1/2007</u>	<u>10:35</u>	Genus ID/Count	
2	<u>Master bedroom</u>			Genus ID/Count	
3	<u>Laundry room</u>			Genus ID/Count	
4	<u>Guest bedroom</u>			Genus ID/Count	
5	<u>Master bathroom</u>			Genus ID/Count	
6	<u>Car</u>			Genus ID/Count	
7				Genus ID/Count	
8				Genus ID/Count	
9				Genus ID/Count	
10				Genus ID/Count	
Relinquished by: Sign Here: <u>John Smith</u> Print Name Here: <u>John Smith</u>		Date: <u>1/1/2007</u> Time: <u>12:15</u>		Received by: Signature: _____ Printed: _____	

PAYMENT INFORMATION: Mold Test Kit (4 plates to test 4 areas) \$ 175.00
 Additional Plates 2 @ \$30.00 ea = \$ 60.00
 Total Amount Due \$ 235.00

Enclosed is my check made payable to ImmunoLytics
 Credit card: Visa MasterCard Discover American Express
 Card#: _____ - _____ - _____ - _____ Exp. Date: _____

Results will be posted on your account at www.MoldTestResults.com. You will receive notification by email when your report is ready. Hard copy by fax or mail is \$5.00 extra. Allow 14 days to process and post reports. Results can be accessed by your doctor, pharmacist and/or environmental company unless checked below.

- PLEASE DO NOT ALLOW ACCESS TO MY RESULTS TO ANYONE BUT ME.
 I would like to take advantage of the free consultation (maximum 20 minutes) with your Consultant Pharmacist. I can be reached between 8:00 am and 5:00 pm at (505) 997-9797.

We suggest you make a list of any health and environmental questions prior to the scheduled call to ensure that all of your concerns are dealt with in an efficient manner. Further consultations are billed at \$3.00 per minute.