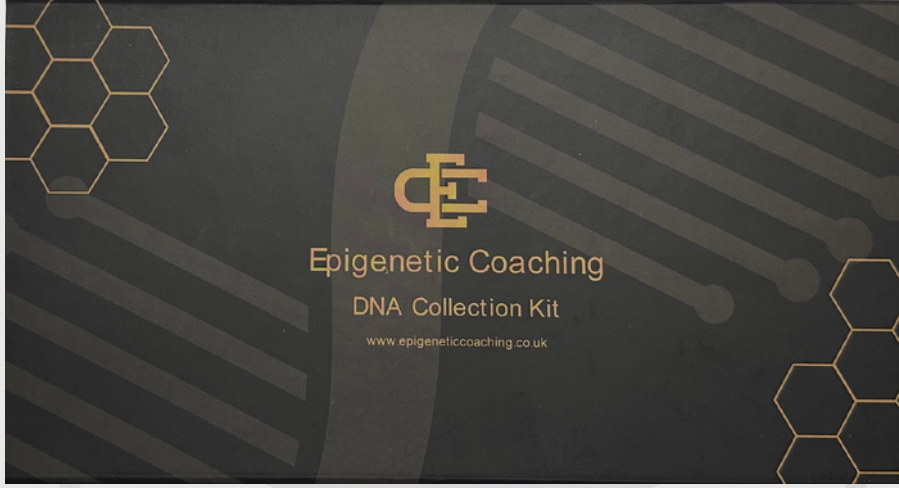


Numune Nasıl Alınır?



DETAYLI BİLGİNİN
QR KODU OKUTUNUZ





ÖNERİLEN NUMUNENİN SABAH ALINMASIDIR.



Nkaarco Diagnostics Limited
403 Scottow Enterprise Park
Lamas Road
Badersfield
NORWICH
NR10 5FB



Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

KİT İÇERİSİNDEKİLER

4 - BÜYÜK ZARF

**SÜRÜNTÜLERİN EKLENDİĞİ ZARFIN
VE ONAM FORMUNUN KONULACAĞI
BÜYÜK ZARF**

Business Reply
Postage Number
BGHJ-LJUY

4



Nkaarco Diagnostics Limited
403 Scottow Enterprise Park
Lamas Road
Badensfield
NORWICH
NR10 5FB



Numune Nasıl Alınır?



DETAYLI BİLGİNİN
QR KODU OKUTUNUZ

KİT İÇERİSİNDEKİLER

1 - SÜRÜNTÜ ÇUBUĞU

(İÇERİSİNDE 2 ADET MEVCUTTUR)





Numune Nasıl Alınır?



DETAYLILIGIN
QR KODU OKUTUNUZ

KİT İÇERİSİNDEKİLER

2- ONAM FORMU



DNA TESTING CONSENT FORM	
Complete all sections of this form, sign it and return it in the FREEPOST envelope provided along with the samples. Please do not hesitate to contact us if you have any questions. Speak to one of our team on:	Client Information Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr First Name: Surname: Address: City: Postcode: Country: Telephone: Mobile: Email: Gender: ☐ Male ☐ Female Date of Birth:
	Test Required ☐ DNA Weight & Diet Test ☐ DNA Anti-Ageing Test ☐ DNA EstroTest ☐ DNA Nutrition & Fitness Test ☐ Other: Sample Information Date of collection: Time of collection: Comments:



Numune Nasıl Alınır?



DETAYLI BİLGİNİ
QR KODU OKUTUNUZ

KİT İÇERİSİNDEKİLER

2-KÜÇÜK ZARF

**SÜRÜNTÜLER ALINDIKTAN SONRA
BU ZARFA KONULACAKTIR.**

ZARFI DOLDURUNUZ

3

SPECIMEN COLLECTION ENVELOPE

NAME: _____

DATE OF BIRTH: _____

DATE SAMPLE TAKEN: _____

ETHNIC ORIGIN:

WHITE: ☐ British ☐ other (please specify) _____ MIXED RACE: ☐ (please specify) _____
BLACK: ☐ Caribbean ☐ African ☐ other (please specify) _____ HISPANIC: ☐ (please specify) _____
ASIAN: ☐ Indian ☐ Chinese ☐ Japanese ☐ other (please specify) _____ OTHER: ☐ (please specify) _____



Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

KİT İÇERİSİNDEKİLER

4 - BÜYÜK ZARF

**SÜRÜNTÜLERİN EKLENDİĞİ ZARFIN
VE ONAM FORMUNUN KONULACAĞI
BÜYÜK ZARF**

Business Reply
Postage Number
BGHJ-LJUY

4



Nkaarco Diagnostics Limited
403 Scottow Enterprise Park
Lamas Road
Badensfield
NORWICH
NR10 5FB



Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

ÖRNEK NASIL ALINIR?

1.ÇUBUK

**ÇUBUĞU AĞIZ SAĞ - SOL YANAK
İÇLERİNDE 15-20 SANİYE
GEZDİRİNİZ.**





Numune Nasıl Alınır?



DETAYLI BİLGİNİN
QR KODU OKUTUNUZ

ÖRNEK NASIL ALINIR?

2.ÇUBUK

**ÇUBUĞU AĞIZ SAĞ - SOL YANAK
İÇLERİNDE 15-20 SANİYE
GEZDİRİNİZ.**





Numune Nasıl Alınır?

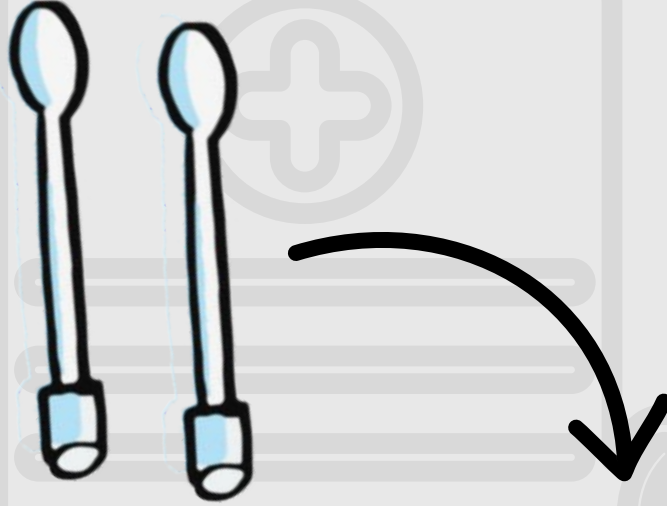


DETAYLI BİLGİNİN
ÖRNEK OKUTUNUZ

ÖRNEK NASIL ALINIR?

SÜRÜNTÜ ALDIKTAN SONRA

ÇUBUKLAR AŞAĞIDAKİ 2 NUMARALI
KÜÇÜK ZARFA KONULACAKTIR.



SPECIMEN COLLECTION ENVELOPE

NAME: **ADINIZ SOYADINIZ** DATE OF BIRTH: **DOĞUM TARİHİNİZ**

DATE SAMPLE TAKEN: **NUMUNENİN ALINDIĞI TARİH**

ETHNIC ORIGIN: **ETNİK KÖKENİNİZ VARSA İŞARETLEYİNİZ YOKSA BU ALANA YAZABİLİRSİNİZ.**

WHITE: ☐ British ☐ other (please specify) _____ MIXED RACE: ☐ (please specify) _____
BLACK: ☐ Caribbean ☐ African ☐ other (please specify) _____ HISPANIC: ☐ (please specify) _____
ASIAN: ☐ Indian ☐ Chinese ☐ Japanese ☐ other (please specify) _____ OTHER: ☐ (please specify) _____



Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

**SONRAKİ SAYFALARDA
ÖRNEK BULUNMAKTADIR**

DNA TESTING CONSENT FORM	
Complete all sections of this form, sign it and return it in the FREEPOST envelope provided along with the samples. Please do not hesitate to contact us if you have any questions. Speak to one of our team on:	Client Information Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr First Name: Surname: Address: City: Postcode: Country: Telephone: Mobile: Email: Gender: ☐ Male ☐ Female Date of Birth:
	Test Required ☐ DNA Weight & Diet Test ☐ DNA Anti-Ageing Test ☐ DNA EstroTest ☐ DNA Nutrition & Fitness Test ☐ Other: Sample Information Date of collection: Time of collection: Comments:

Bu alanları test yapılacak hastaya göre doldurunuz.



Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

DNA TESTING CONSENT FORM

Client Information

Title: ☐ Mr ☐ Mrs ☐ Miss

☐ Ms ☐ Dr

First Name:

Surname:

Address:

City:

Postcode:

Country:

Telephone:

Mobile:

Email:

Gender: ☐ Male ☐ Female

Date of Birth:

Test Required

☐ DNA Weight & Diet Test

☐ DNA Anti-Ageing Test

☐ DNA EstroTest

☐ DNA Nutrition & Fitness Test

☐ Other:

Sample Information

Date of collection:

Time of collection:

Comments:

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Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

DNA TESTING CONSENT FORM

Client Information

Title: ☐ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Dr

First Name:

Surname:

Address:

City:

Postcode:

Country:

Telephone:

Mobile:

Email:

Gender: ☐ Male ☐ Female

Date of Birth:

Test Required

☐ DNA Weight & Diet Test

☐ DNA Anti-Ageing Test

☐ DNA EstroTest

☐ DNA Nutrition & Fitness Test

☐ Other:

Sample Information

Date of collection:

Time of collection:

Comments:

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Bu alanları test yapılacak hastaya göre doldurunuz.



Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

DNA TESTING CONSENT FORM

Client Information

Title: ☒ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Dr

First Name: **DANIŞAN ADI**

Surname:

Address:

City:

Postcode:

Country:

Telephone:

Mobile:

Email:

Gender: ☐ Male ☐ Female

Date of Birth:

Test Required

☐ DNA Weight & Diet Test

☐ DNA Anti-Ageing Test

☐ DNA EstroTest

☐ DNA Nutrition & Fitness Test

☐ Other:

Sample Information

Date of collection:

Time of collection:

Comments:

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Bu alanları test yapılacak hastaya göre doldurunuz.



ÖNEMLİ!

Bu alanları test yapılacak hastaya göre doldurunuz.



Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

DNA TESTING CONSENT FORM

Client Information

Title: ☒ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Dr

First Name:

Surname:

Address:

City:

Postcode:

Country:

Telephone:

Mobile:

Email:

Gender: ☐ Male ☐ Female

Date of Birth:

Test Required

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☐ DNA EstroTest

☐ DNA Nutrition & Fitness Test

☐ Other:

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QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

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☐ Ms ☐ Dr

First Name:

Surname:

Address:

City:

Postcode:

Country:

Telephone:

Mobile:

Email:

Gender: ☐ Male ☐ Female

Date of Birth:

Test Required

- ☐ DNA Weight & Diet Test
☐ DNA Anti-Ageing Test
☐ DNA EstroTest
☐ DNA Nutrition & Fitness Test
☐ Other:

Sample Information

Date of collection:

Time of collection:

Comments:

Bu alanları test yapılacak hastaya göre doldurunuz.



Numune Nasıl Alınır?



DETAYLI BİLGİNİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

DNA TESTING CONSENT FORM

Client Information

Title: ☒ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Dr

First Name:

Surname:

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City:

Postcode:

Country:

Telephone:

Mobile:

Email:

Gender: ☐ Male ☐ Female

Date of Birth:

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QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

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Address:

City:

Postcode:

Country:

Telephone:

Mobile:

Email:

Gender: ☐ Male ☐ Female

Date of Birth:

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☐ DNA EstroTest

☐ DNA Nutrition & Fitness Test

☐ Other:

Sample Information

Date of collection:

Time of collection:

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Numune Nasıl Alınır?



ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

DNA TESTING CONSENT FORM

Client Information

Title: ☒ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Dr

First Name: **DANIŞAN ADI**

Surname: **DANIŞAN SOYADI**

Address: **DANIŞAN ADRESİ**

DANIŞAN ADRESİ

DANIŞAN ADRESİ

DANIŞAN ADRESİ

City: **ŞEHİR**

Postcode: **POSTA KODU**

Country: **ÜLKE**

Telephone: **TELEFON**

Mobile:

Email:

Gender: ☐ Male ☐ Female

Date of Birth: **DD/MM/YYYY**

Test Required

☐ DNA Weight & Diet Test

☐ DNA Anti-Ageing Test

☐ DNA EstroTest

☐ DNA Nutrition & Fitness Test

☐ Other:

Sample Information

Date of collection: **DD/MM/YYYY**

Time of collection: **HH : MM AM/PM**

Comments:

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DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

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Client Information

Title: ☒ Mr ☐ Mrs ☐ Miss
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City:

Postcode:

Country:

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Mobile:

Email:

Gender: ☐ Male ☐ Female

Date of Birth:

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Sample Information

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Time of collection:

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QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

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Client Information

Title: ☒ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Dr

First Name:

Surname:

Address:

City:

Postcode:

Country:

Telephone:

Mobile:

Email:

Gender: ☐ Male ☐ Female

Date of Birth:

Test Required

☐ DNA Weight & Diet Test

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☐ DNA Nutrition & Fitness Test

☐ Other:

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Time of collection:

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Numune Nasıl Alınır?



ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

DNA TESTING CONSENT FORM

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Title: ☒ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Dr

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Surname:

Address:

City:

Postcode:

Country:

Telephone:

Mobile:

Email:

Gender: ☒ Male ☐ Female

Date of Birth:

Test Required

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☐ DNA Nutrition & Fitness Test

☐ Other:

Sample Information

Date of collection:

Time of collection:

Comments:

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Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

DNA TESTING CONSENT FORM

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Please do not hesitate to contact us if you have any questions. Speak to one of our team on:

Client Information

Title: ☒ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Dr

First Name: **DANIŞAN ADI**

Surname: **DANIŞAN SOYADI**

Address: **DANIŞAN ADRESİ**

DANIŞAN ADRESİ

DANIŞAN ADRESİ

DANIŞAN ADRESİ

City: **ŞEHİR**

Postcode: **POSTA KODU**

Country: **ÜLKE**

Telephone: **TELEFON**

Mobile: **CEP TELEFONU**

Email: **MAIL ADRESİ**

Gender: ☒ Male ☐ Female

Date of Birth: **DOĞUM TARİHİ**

Test Required

- ☐ DNA Weight & Diet Test
☐ DNA Anti-Ageing Test
☐ DNA EstroTest
☐ DNA Nutrition & Fitness Test
☐ Other:

BOŞ BIRAKINIZ

Sample Information

Date of collection: **DD/MM/YYYY**

Time of collection: **HH : MM AM/PM**

Comments:

Bu alanları test yapılacak hastaya göre doldurunuz.



Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

DNA TESTING CONSENT FORM

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Client Information

Title: ☒ Mr ☐ Mrs ☐ Miss

☐ Ms ☐ Dr

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Postcode: **POSTA KODU**

Country: **ÜLKE**

Telephone: **TELEFON**

Mobile: **CEP TELEFONU**

Email: **MAIL ADRESİ**

Gender: ☒ Male ☐ Female

Date of Birth: **DOĞUM TARİHİ**

Test Required

☐ DNA Weight & Diet Test

☐ DNA Anti-Ageing Test

☐ DNA EstroTest

☐ DNA Nutrition & Fitness Test

☐ Other:

BOŞ BIRAKINIZ

Sample Information

Date of collection: **TEST YAPILAN TARİH**

Time of collection: **HH : MM AM/PM**

Comments:

Bu alanları test yapılacak hastaya göre doldurunuz.



Numune Nasıl Alınır?



DETAYLI BİLGİ İÇİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!

DNA TESTING CONSENT FORM

Client Information

Title: ☒ Mr ☐ Mrs ☐ Miss
☐ Ms ☐ Dr

First Name: **DANIŞAN ADI**

Surname: **DANIŞAN SOYADI**

Address: **DANIŞAN ADRESİ**

DANIŞAN ADRESİ

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City: **ŞEHİR**

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Country: **ÜLKE**

Telephone: **TELEFON**

Mobile: **CEP TELEFONU**

Email: **MAIL ADRESİ**

Gender: ☒ Male ☐ Female

Date of Birth: **DOĞUM TARİHİ**

Test Required

- ☐ DNA Weight & Diet Test
☐ DNA Anti-Ageing Test
☐ DNA EstroTest
☐ DNA Nutrition & Fitness Test
☐ Other:

BOŞ BIRAKINIZ

Sample Information

Date of collection: **TEST YAPILAN TARİH**

Time of collection: **TEST YAPILAN SAAT**

Comments:

Complete all sections of this form, sign it and return it in the FREEPOST envelope provided along with the samples.

Please do not hesitate to contact us if you have any questions. Speak to one of our team on:

Bu alanları test yapılacak hastaya göre doldurunuz.



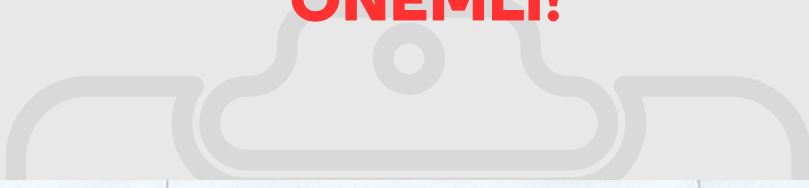
Numune Nasıl Alınır?



DETAYLILIK İÇİN
QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



YOUR CONSENT

I hereby give consent for my DNA sample to be analysed for the purpose of the testing indicated above and for related research purposes.

Signature:

İMZA

Date:

DD/MM/TARİH

We provide a full range of DNA, fertility and health & wellbeing testing services.



DNA Weight & Diet Test
Explores the body's metabolic genes to understand how specific foods affect health and food related conditions.



DNA Anti-Ageing Test
This test helps to understand how best to slow down the ageing process and keep a healthy skin.



DNA EstroTest
Assesses breast cancer risk and provides guidance on how to reduce the chances of breast cancer arising.



DNA Nutrition & Fitness Test
Informs of how best to train physically and nutritionally by understanding the body's injury potential and recovery.



**DNA TESTING
CONSENT FORM**

Please complete all sections of this form, sign it and return in the FREEPOST envelope provided along with the samples

Bu alanları test yapılacak hastaya göre doldurunuz.

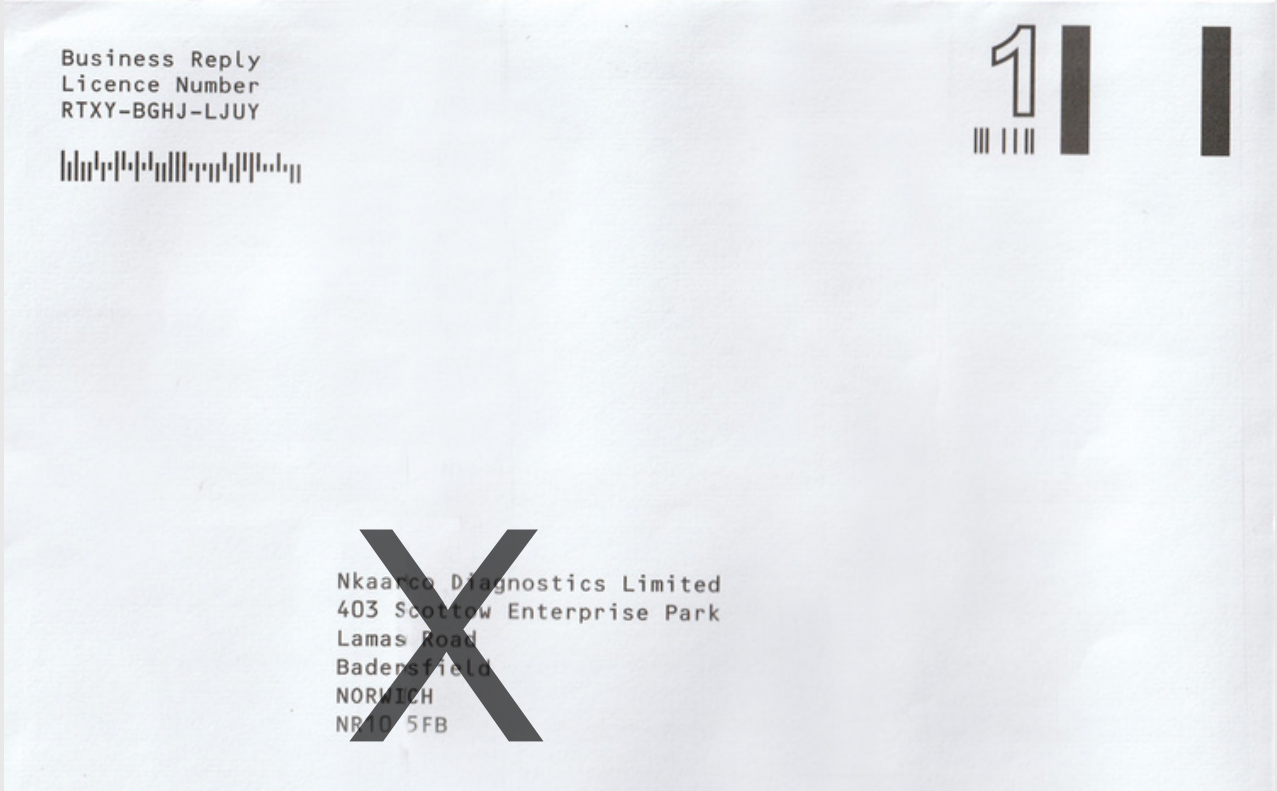


Numune Nasıl Alınır?



DETAYLILIK İÇİN
QR KODU OKUTUNUZ

KARGOLAMA İŞLEMİ BÜYÜK ZARFI AŞAĞIDAKİ ADRESE GÖNDERDİKTEN SONRA İŞLEMİNİZ TAMAMLANMIŞ OLMAKTADIR.



KİTİN GERİ GÖNDERİLECEĞİ ADRES
KİT İÇERİSİNDE YAZMAKTADIR.
EK OLARAK WHATSAPP HATTIMIZDAN DA ÖĞRENEBİLİRSİNİZ.
(TÜRKİYE ADRESİMİZE GÖNDERİLECEKTİR)

Test ile birlikte ödenen kargo yurtdışı gönderimi içindir. Kitler Türkiye'deki adresimize teslim edildikten sonra laboratuvar için İngiltereye gönderilmektedir.



Numune Nasıl Alınır?



DETAYLILIK İÇİN
QR KODU OKUTUNUZ

**İŞLEMİNİZ TAMAMLANMIŞTIR.
SONUÇLARINIZ ÇIKTIĞINDA
SİZLERLE İLETİŞİME
GEÇİLECEKTİR.**

Ek olarak

Web Onam formunu lütfen doldurunuz.

***SONUÇLAR ONAM FORMUNA GİRİLECEK
MAIL ADRESİNE İLETİLECEKTİR.***

<https://epigeneticcoaching.org/Forms/detail/644c1dd31028147f9add19d5?lang=tr>

WEB ONAM FORMU İÇİN TIKLAYINIZ



EPIGENETIC COACHING

Epigenetic Coaching
262a Fulham Road, Suite 1, First Floor,
Chelsea, London, SW10 9EL, UK

+90 535 610 20 73
www.epigeneticcoaching.co.uk
www.epigenetikkocluk.org
www.epigeneticcoaching.org