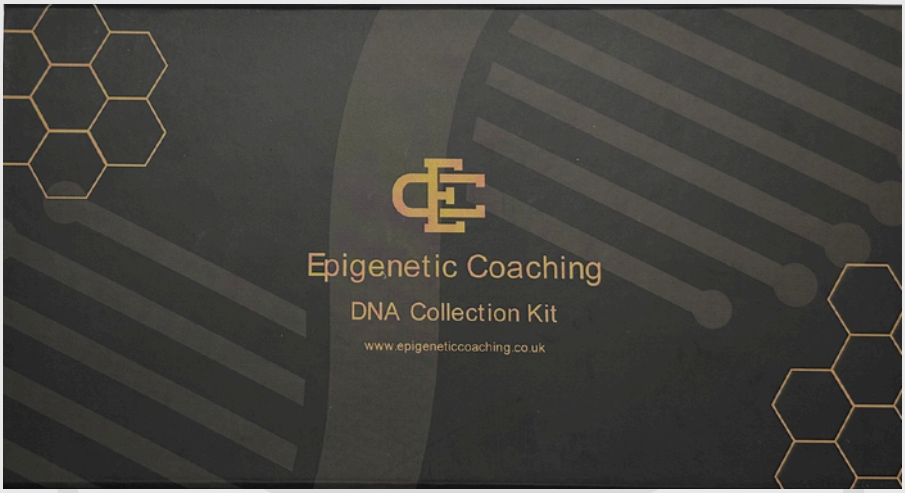
Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ



Numune Nasıl Alınır?

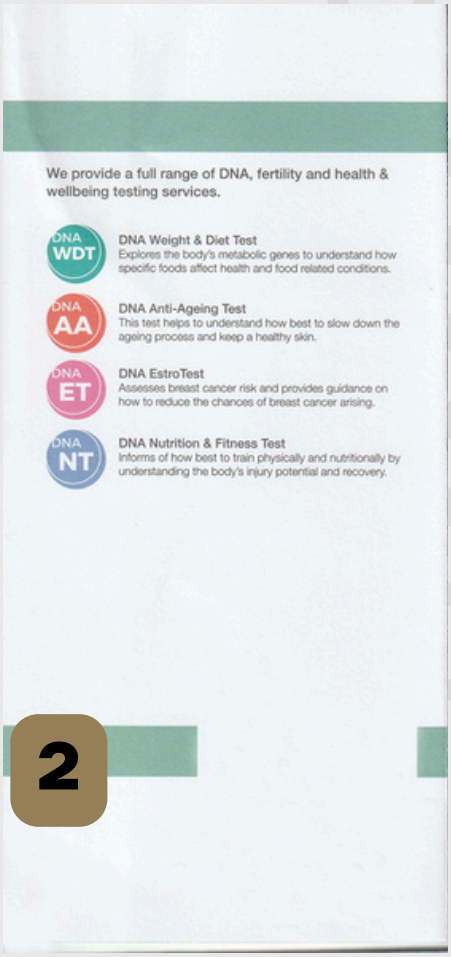
DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

KİT İÇERİSİNDEKİLER

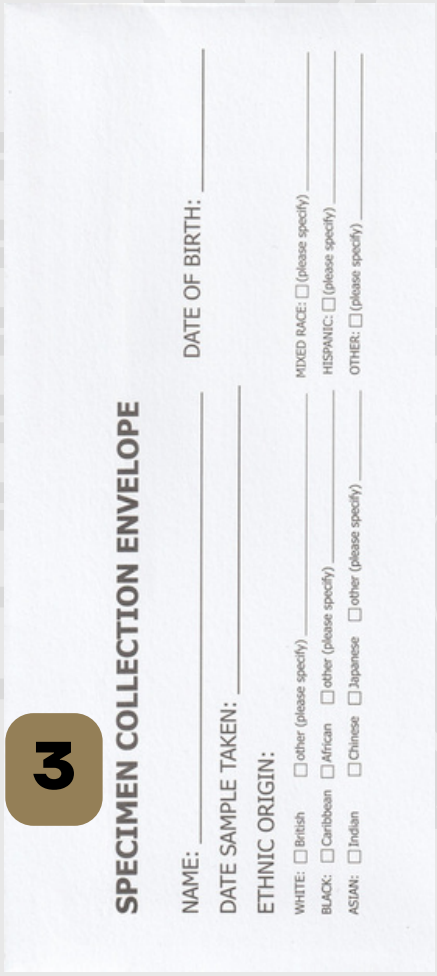
ÖNERİLEN NUMUNENİN SABAH ALINMASIDIR.

1

2



3



4

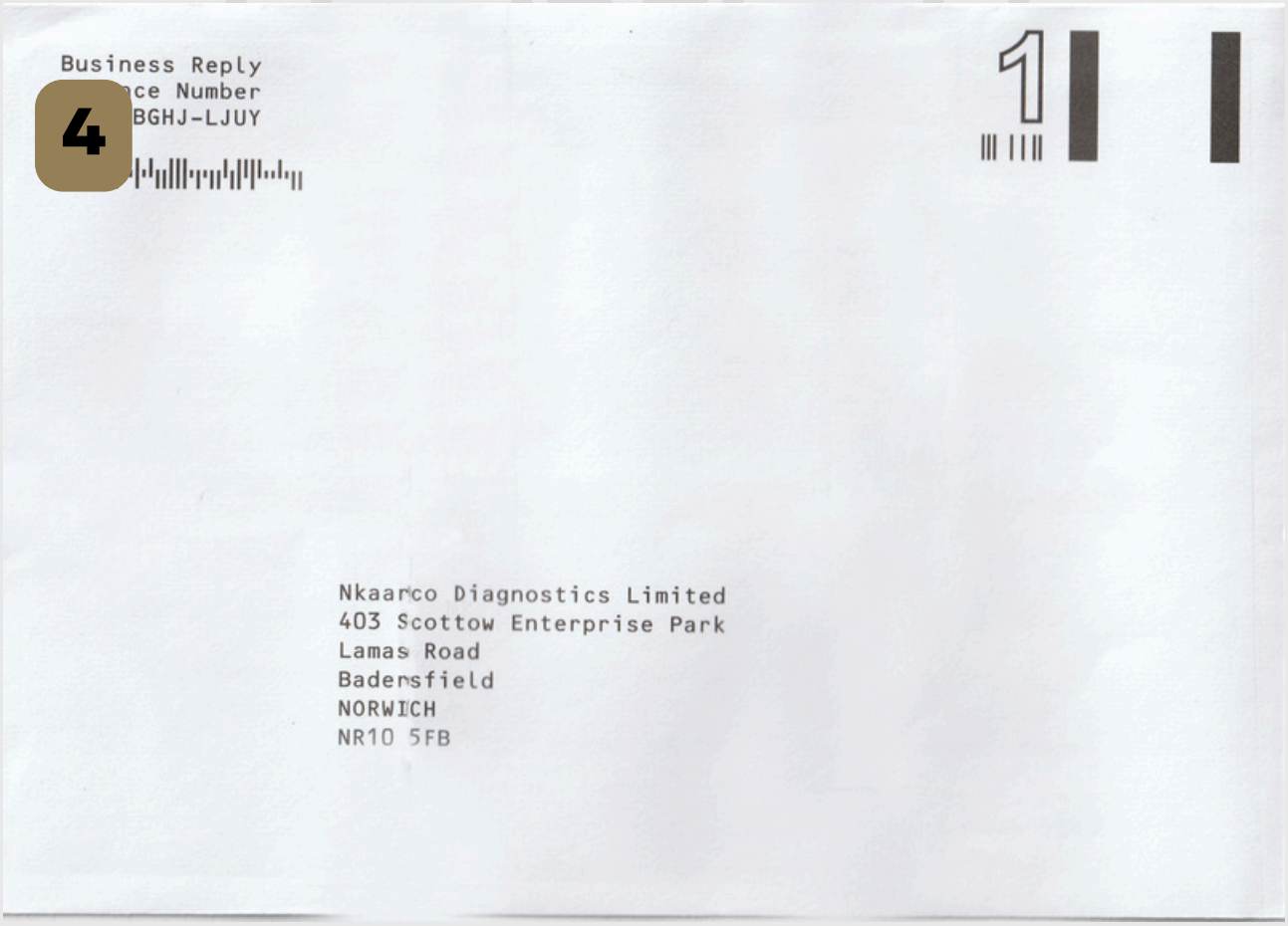
Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

KİT İÇERİSİNDEKİLER

4 - BÜYÜK ZARF

SÜRÜNTÜLERİN EKLENDİĞİ ZARFIN VE ONAM FORMUNUN KONULACAĞI BÜYÜK ZARF



Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

KİT İÇERİSİNDEKİLER

1 - SÜRÜNTÜ ÇUBUĞU

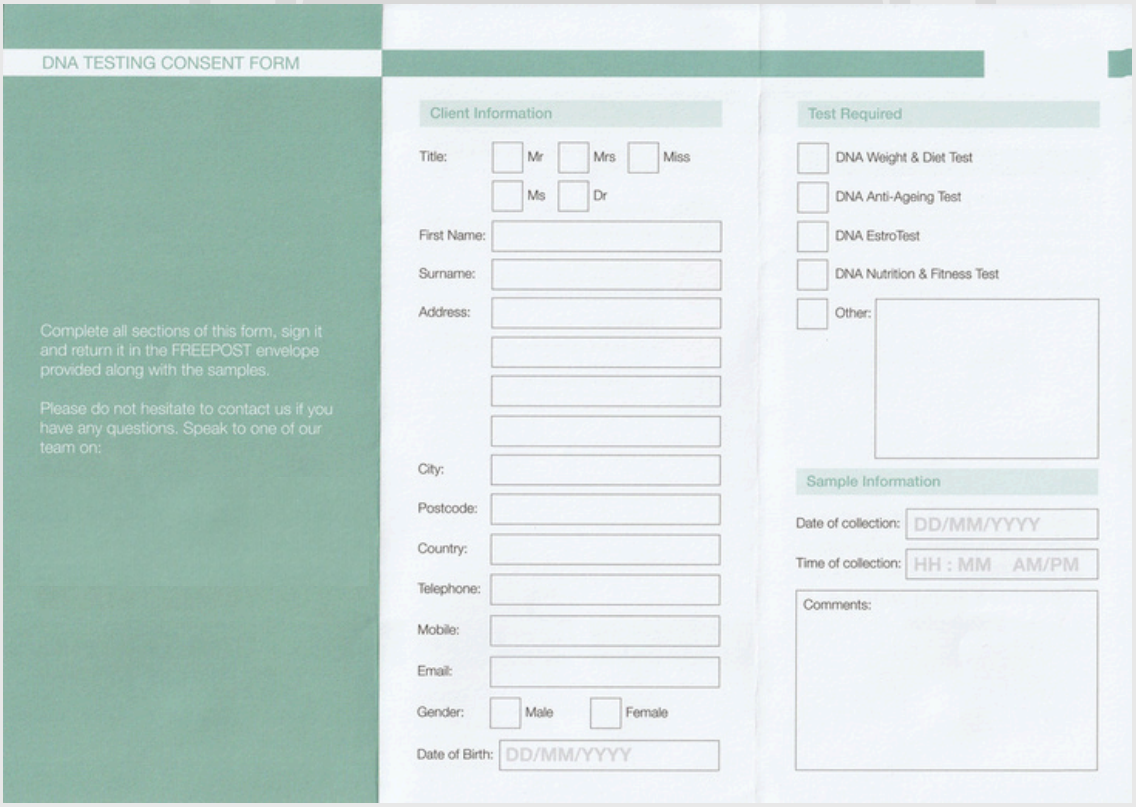
(İÇERİSİNDE 2 ADET MEVCUTTUR)

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

KİT İÇERİSİNDEKİLER

2- ONAM FORMU



Numune Nasıl Alınır?

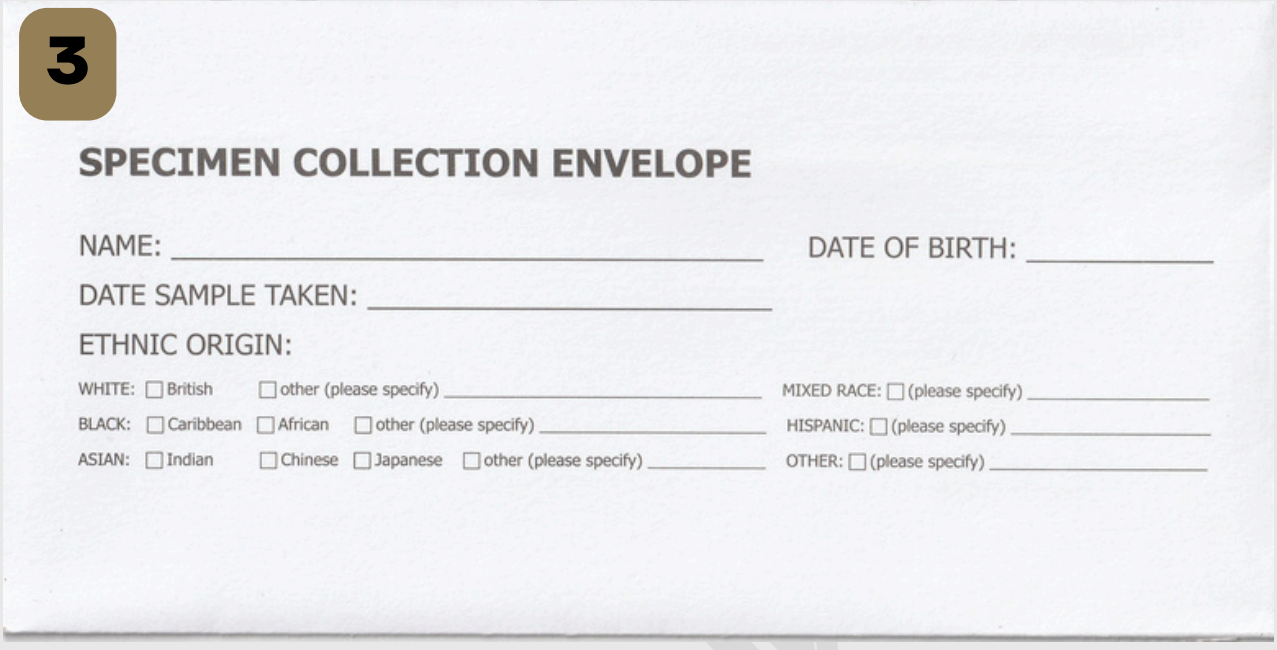
DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

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) _____

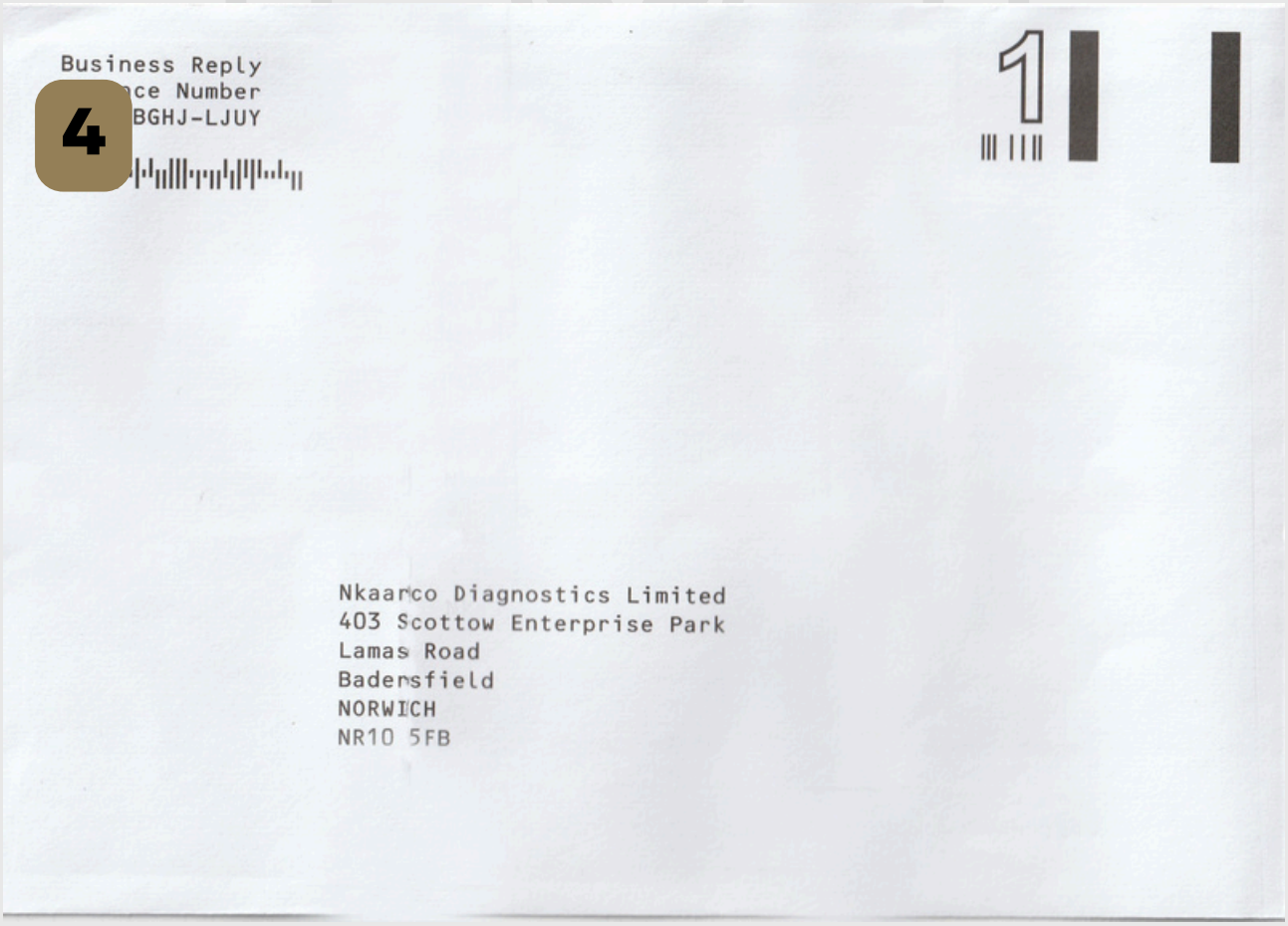
Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

KİT İÇERİSİNDEKİLER

4 - BÜYÜK ZARF

SÜRÜNTÜLERİN EKLENDİĞİ ZARFIN VE ONAM FORMUNUN KONULACAĞI BÜYÜK ZARF



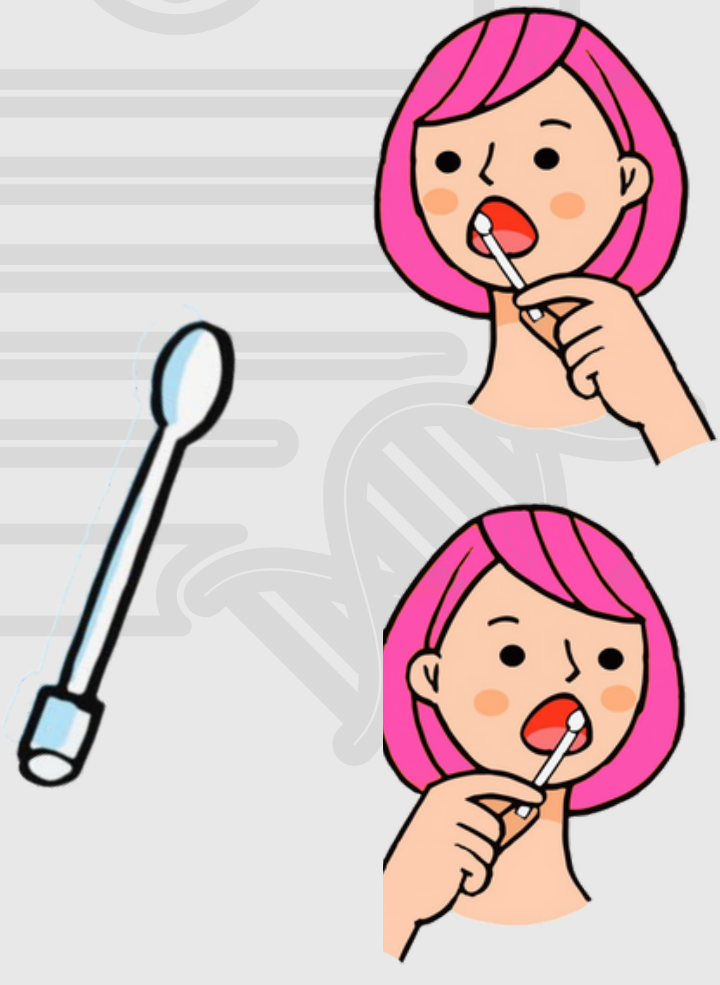
Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ÖRNEK NASIL ALINIR?

1.ÇUBUK

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



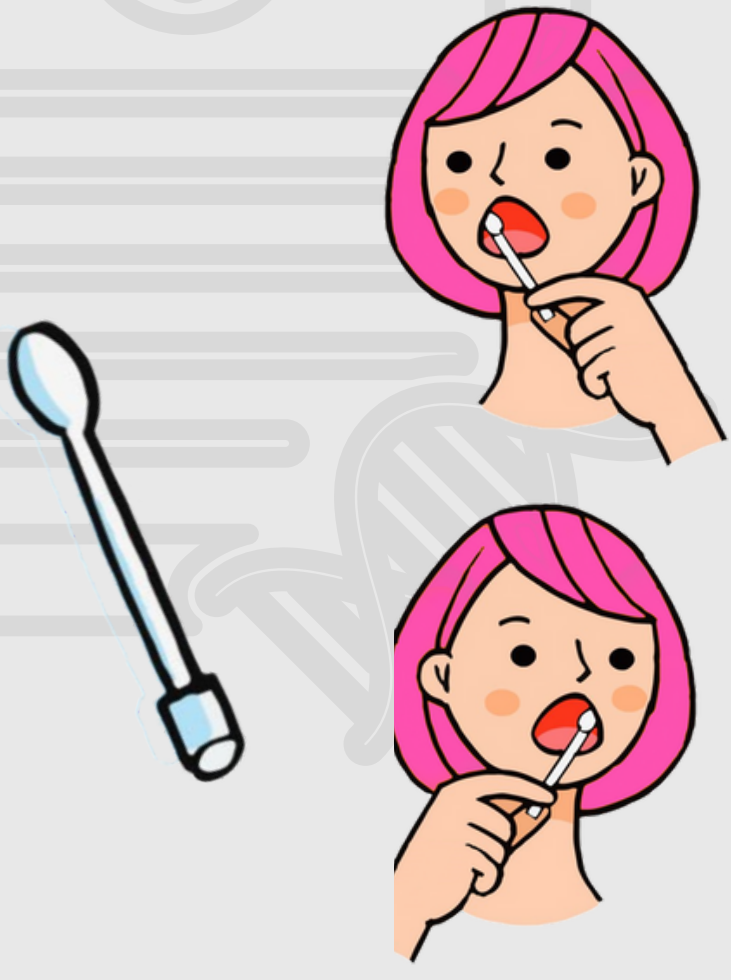
Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ÖRNEK NASIL ALINIR?

2.ÇUBUK

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



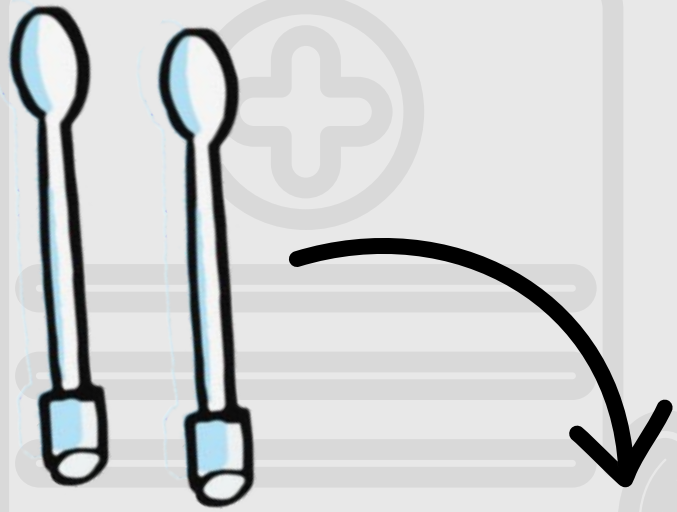
Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU 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) _____

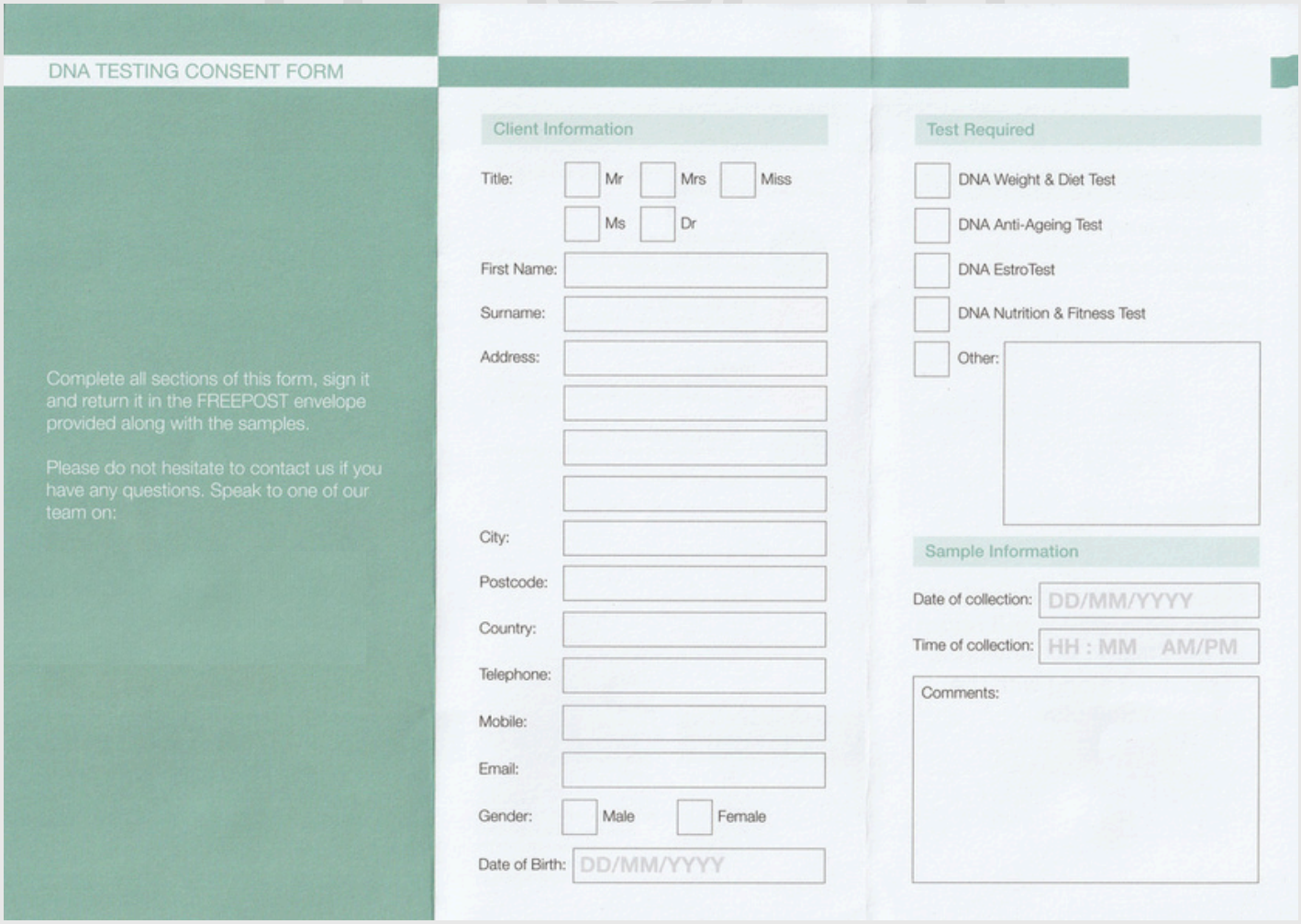
Numune Nasıl Alınır?

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: 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:

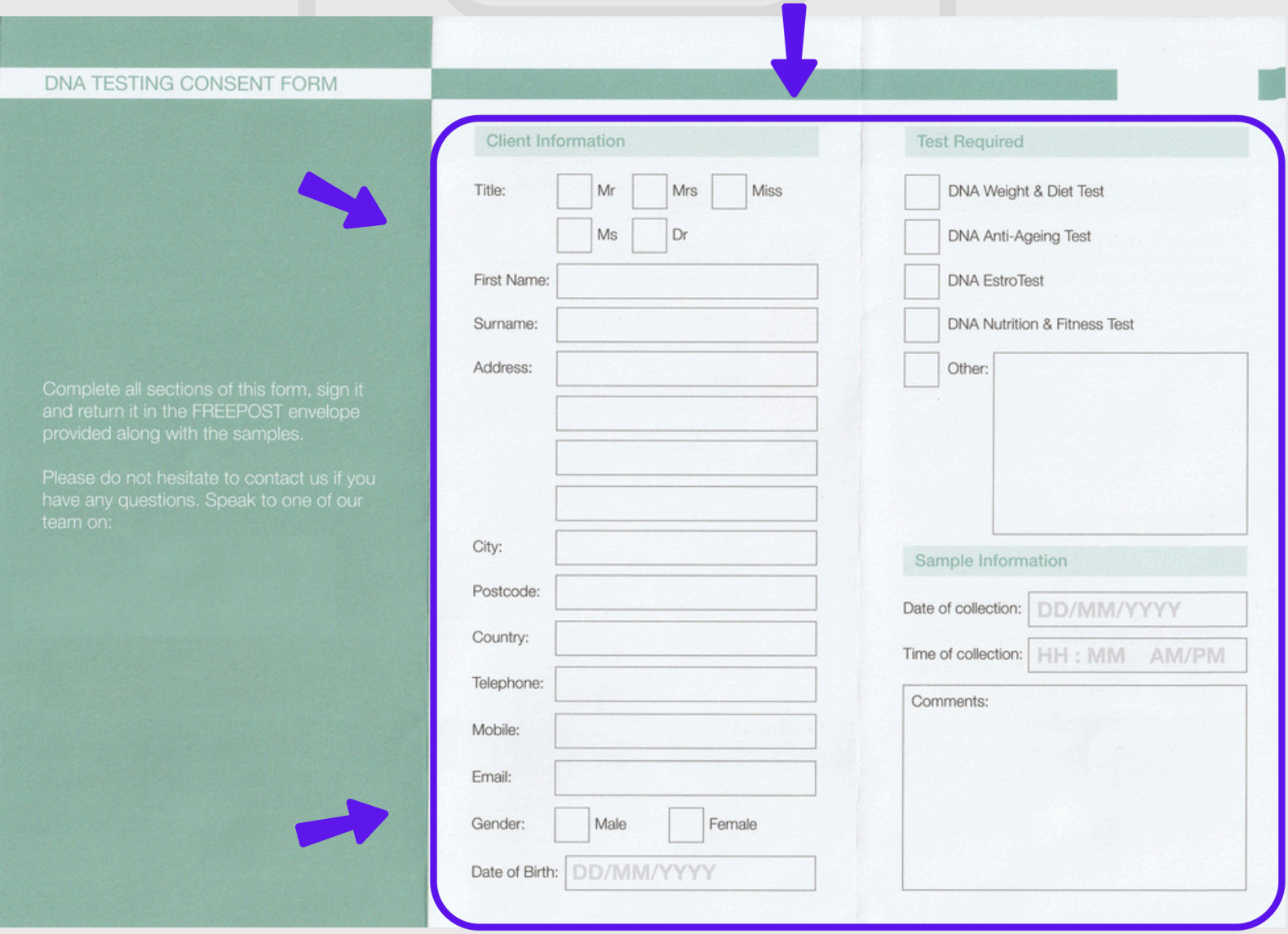
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: 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:

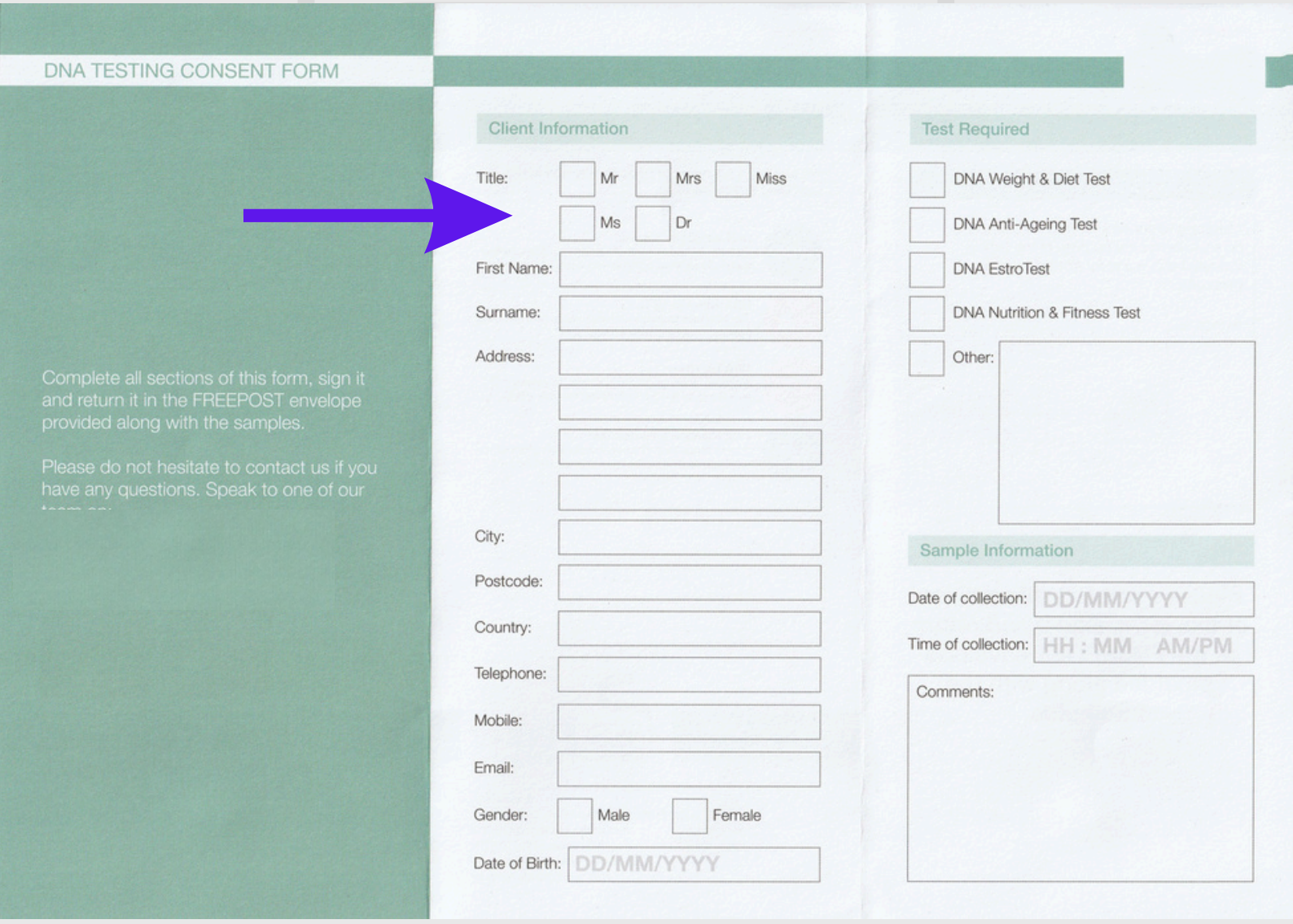
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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

Client Information

Title: Mr Mrs Miss Ms Dr

First Name:

Surname:

Address:

City:

Postcode:

Country:

Telephone:

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:

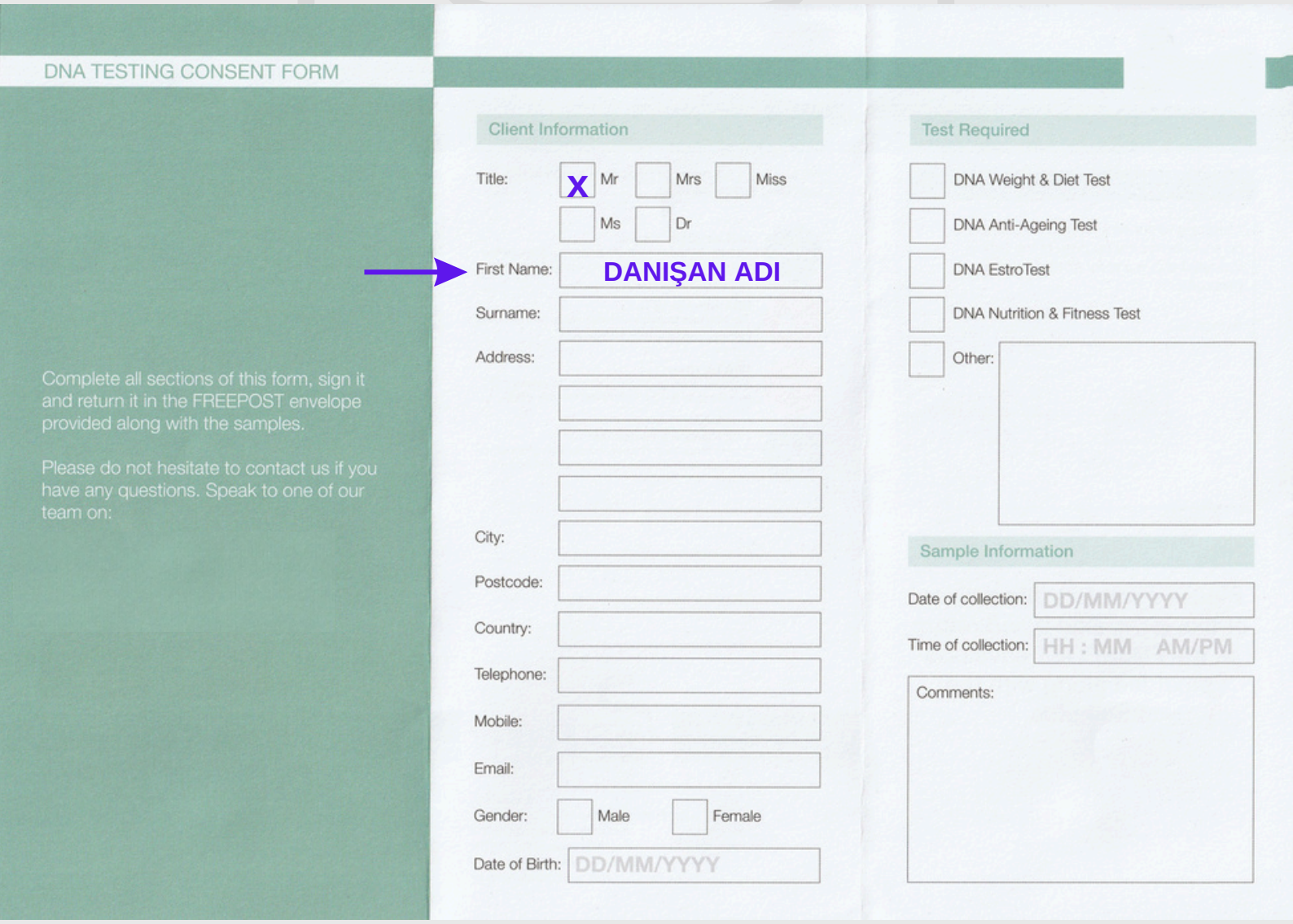
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: [X] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Dr

First Name: DANIŞAN ADI

Surname:

Address:

City:

Postcode:

Country:

Telephone:

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:

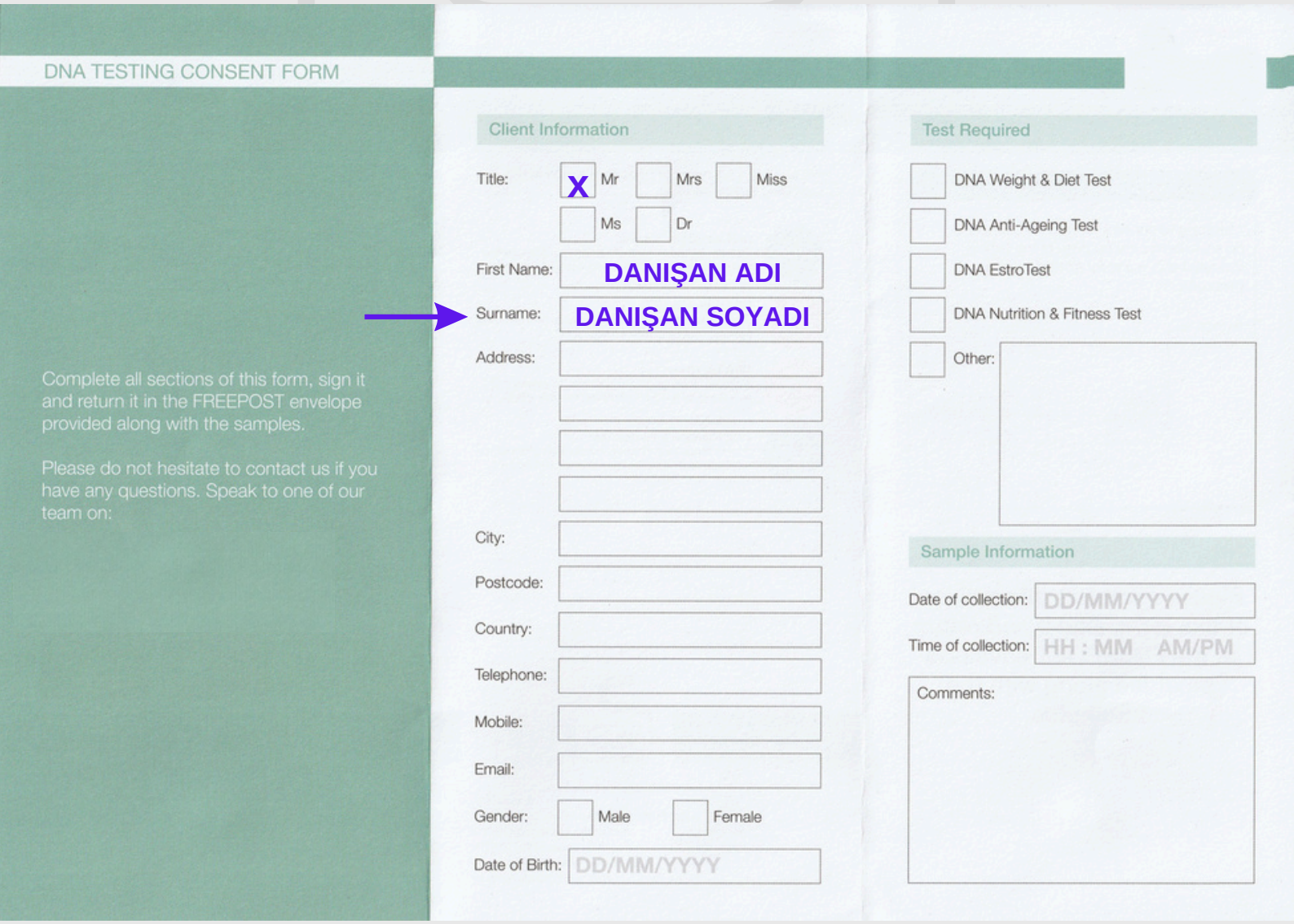
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: [X] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Dr

First Name: DANIŞAN ADI

Surname: DANIŞAN SOYADI

Address:

City:

Postcode:

Country:

Telephone:

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:

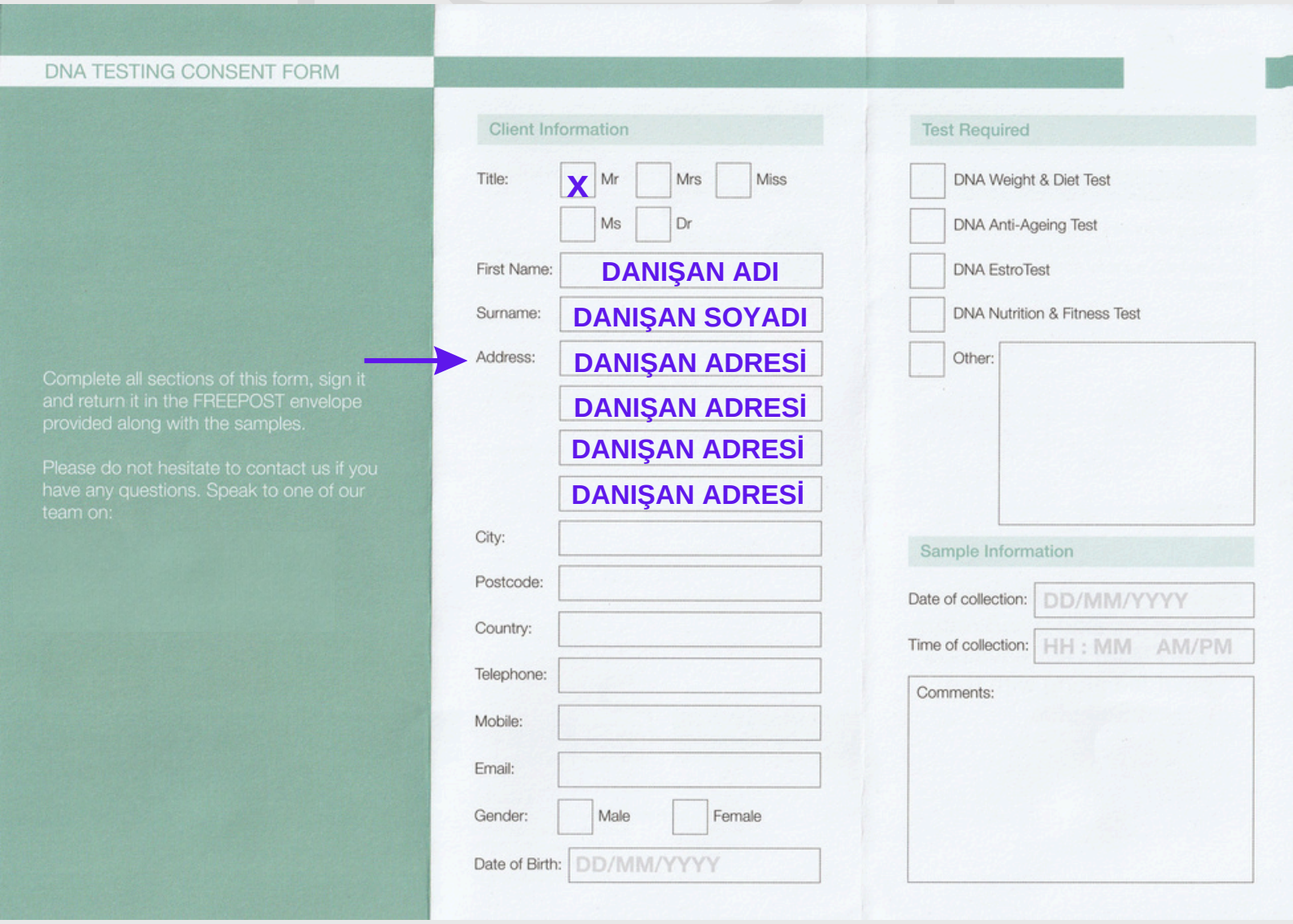
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: [X] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Dr

First Name: DANIŞAN ADI

Surname: DANIŞAN SOYADI

Address: DANIŞAN ADRESİ
DANIŞAN ADRESİ
DANIŞAN ADRESİ
DANIŞAN ADRESİ

City:

Postcode:

Country:

Telephone:

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:

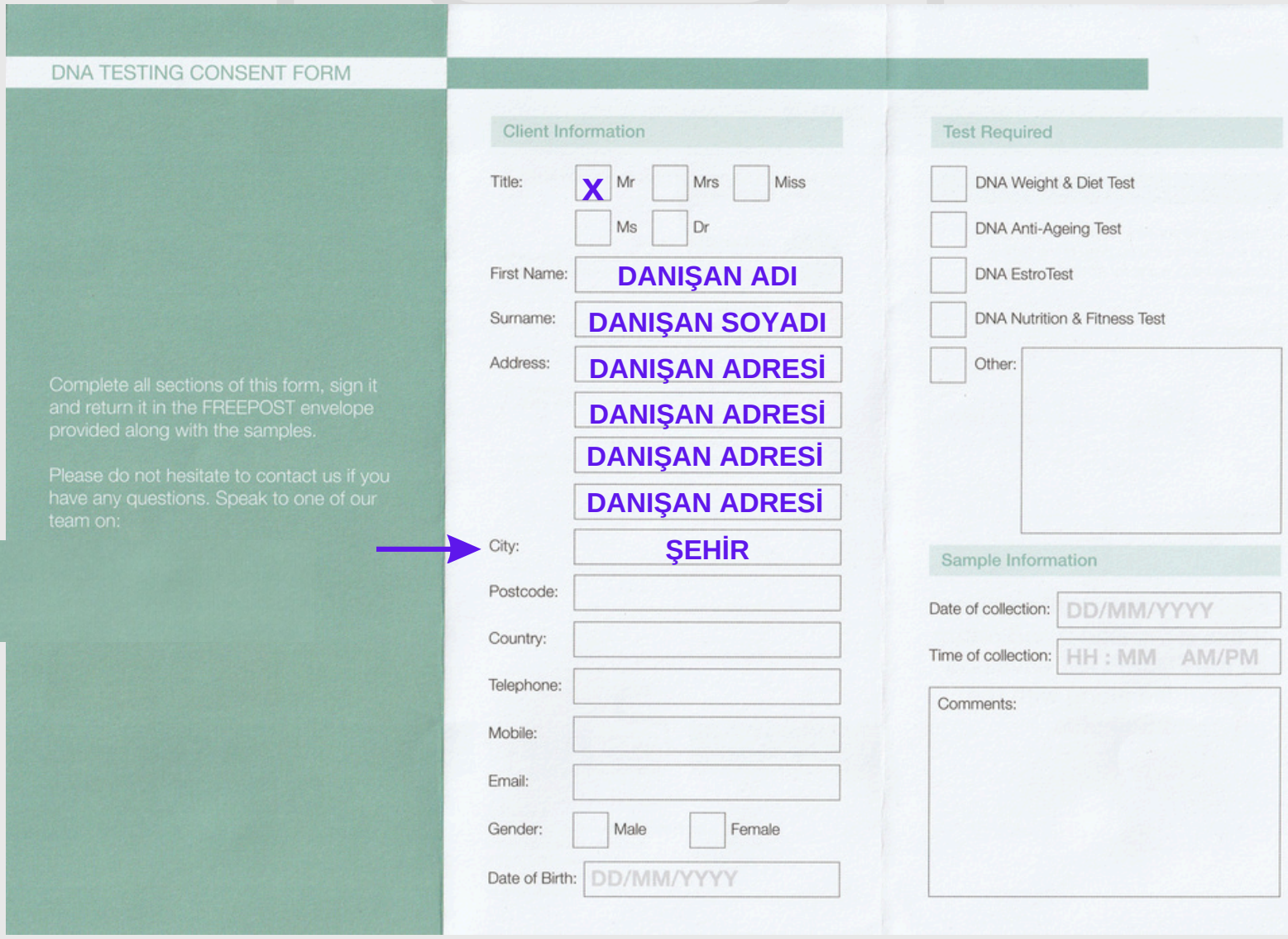
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: [X] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Dr

First Name: DANIŞAN ADI

Surname: DANIŞAN SOYADI

Address: DANIŞAN ADRESİ

DANIŞAN ADRESİ

DANIŞAN ADRESİ

DANIŞAN ADRESİ

City: ŞEHİR

Postcode:

Country:

Telephone:

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:

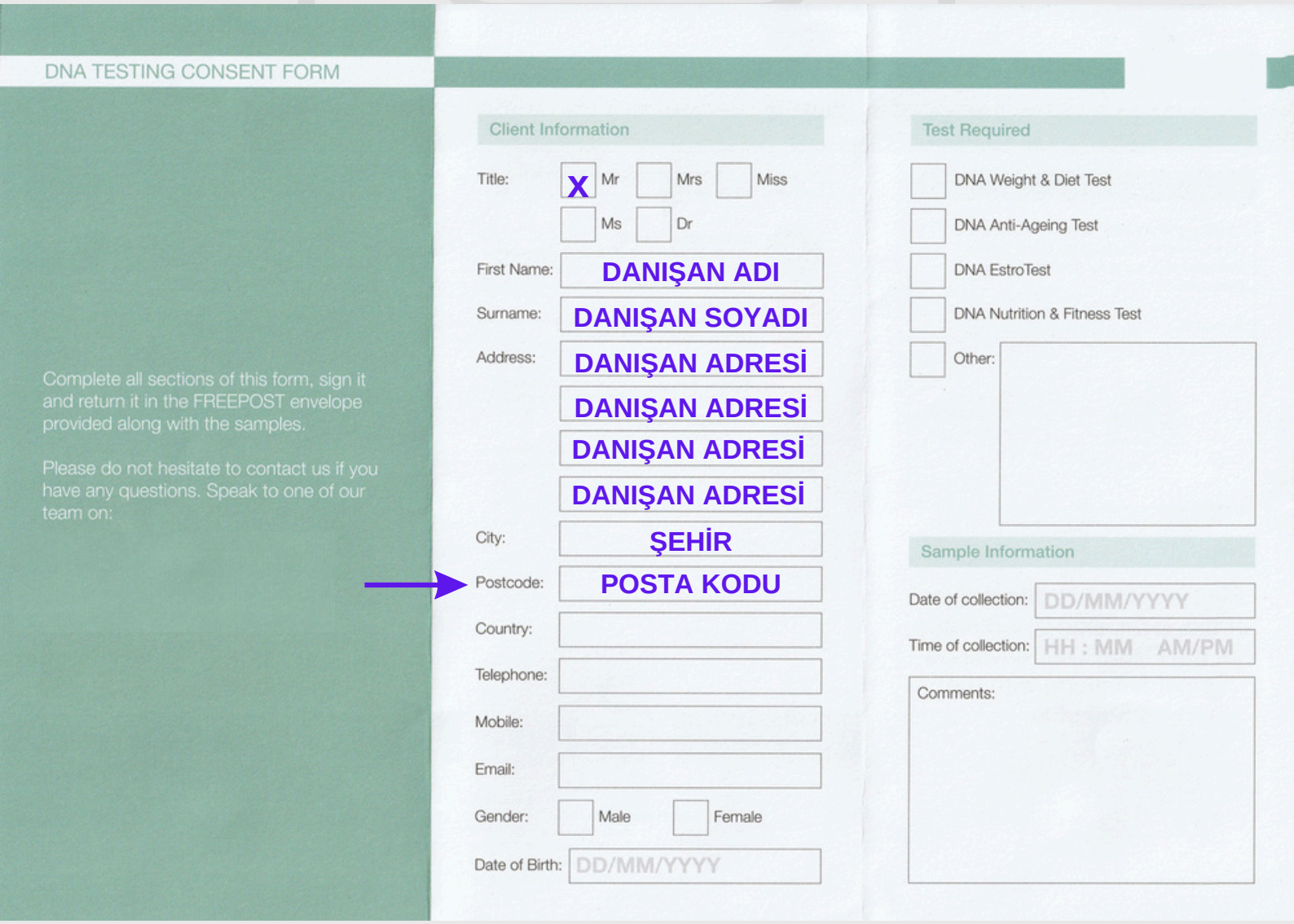
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: [X] 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:

Telephone:

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:

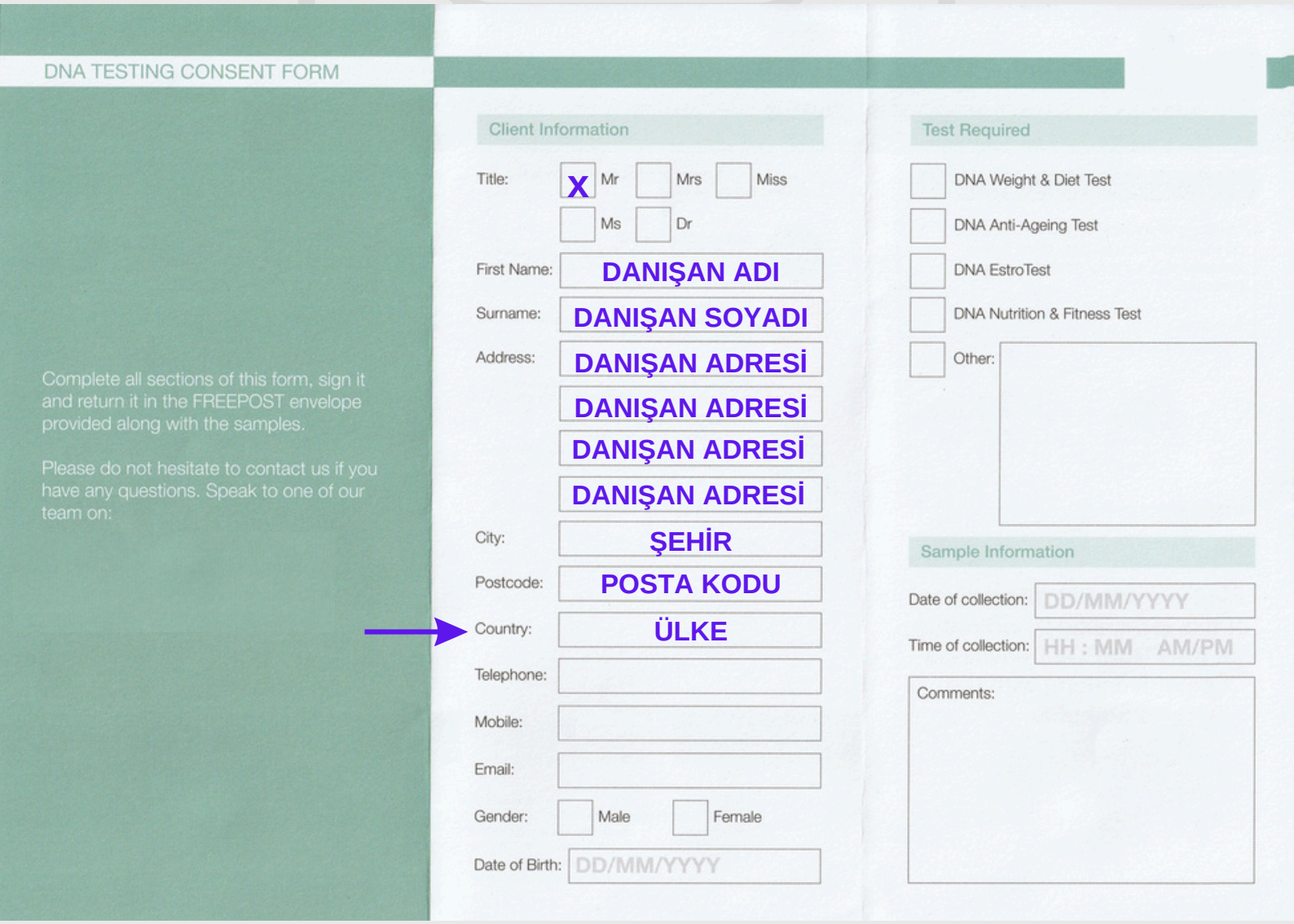
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: [X] 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:

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:

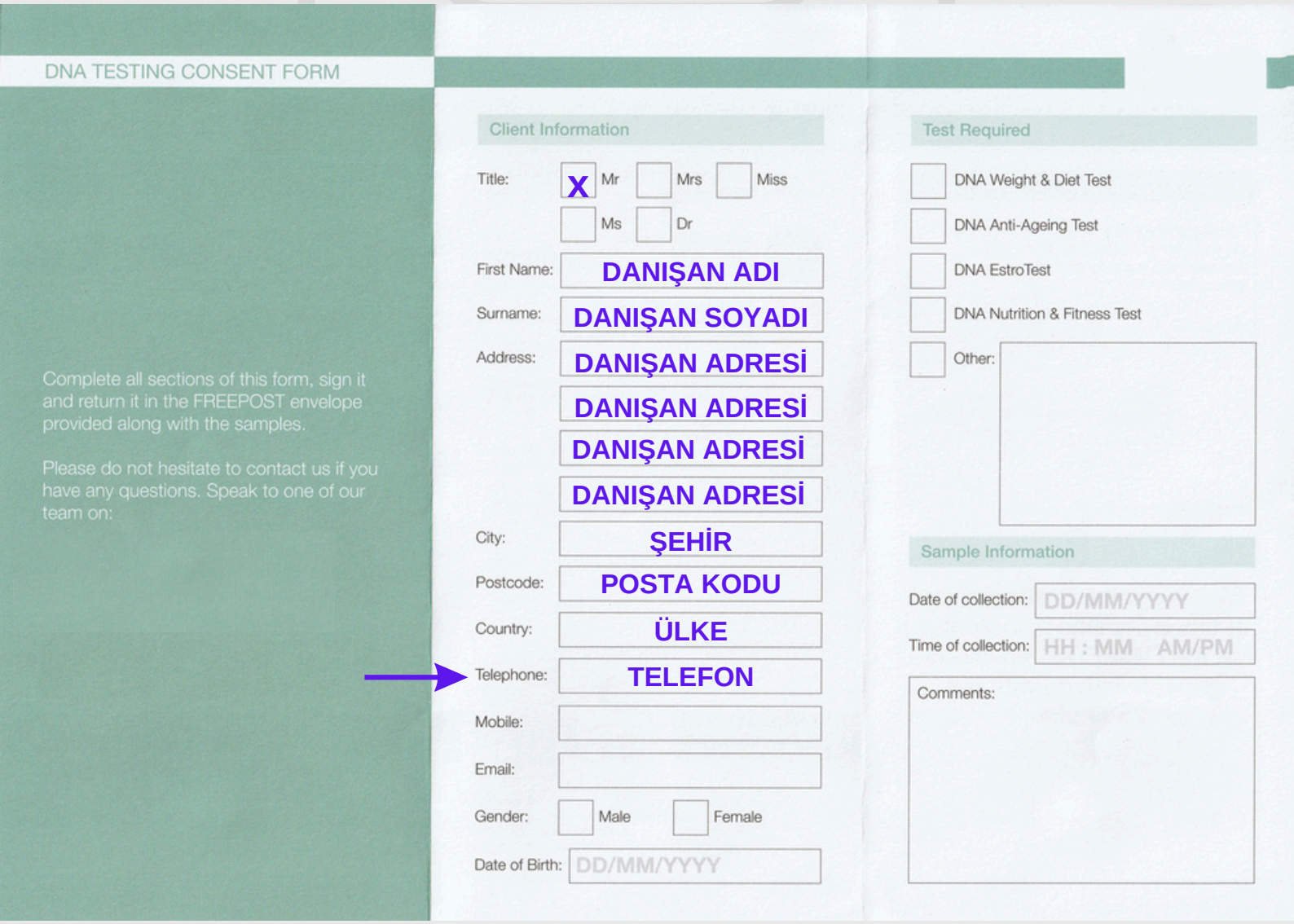
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: [X] 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:

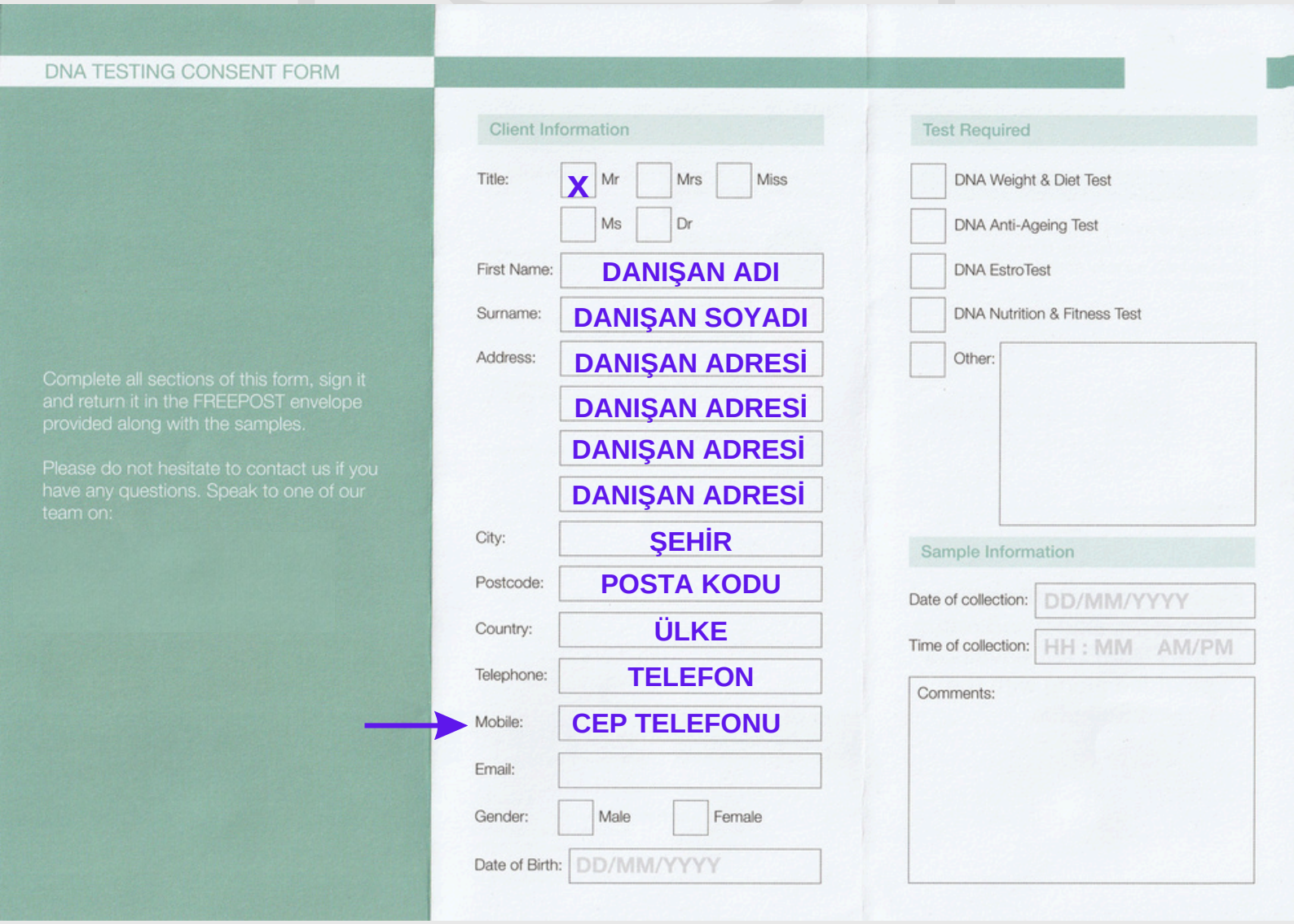
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: [X] 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:

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:

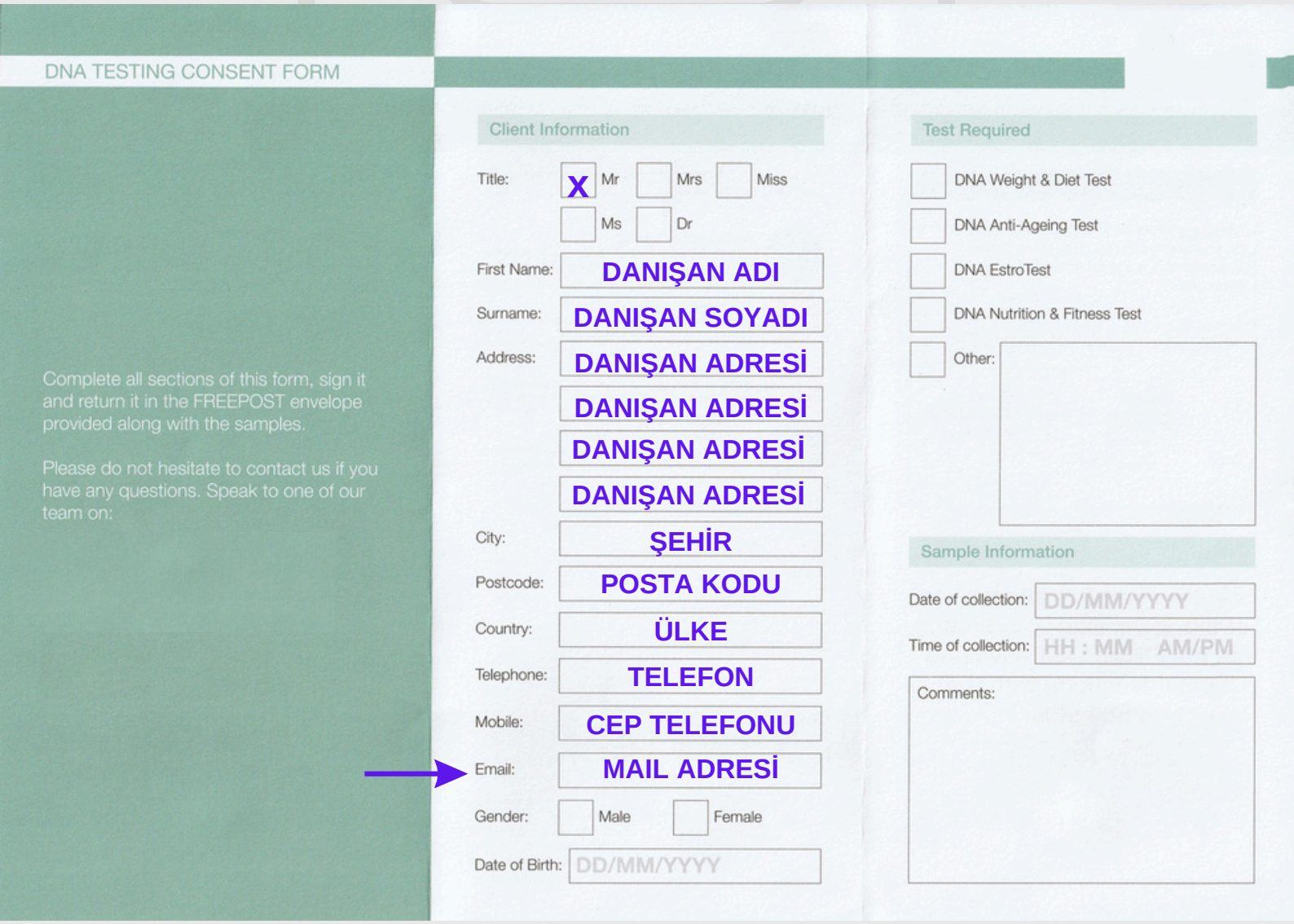
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: [X] 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: 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:

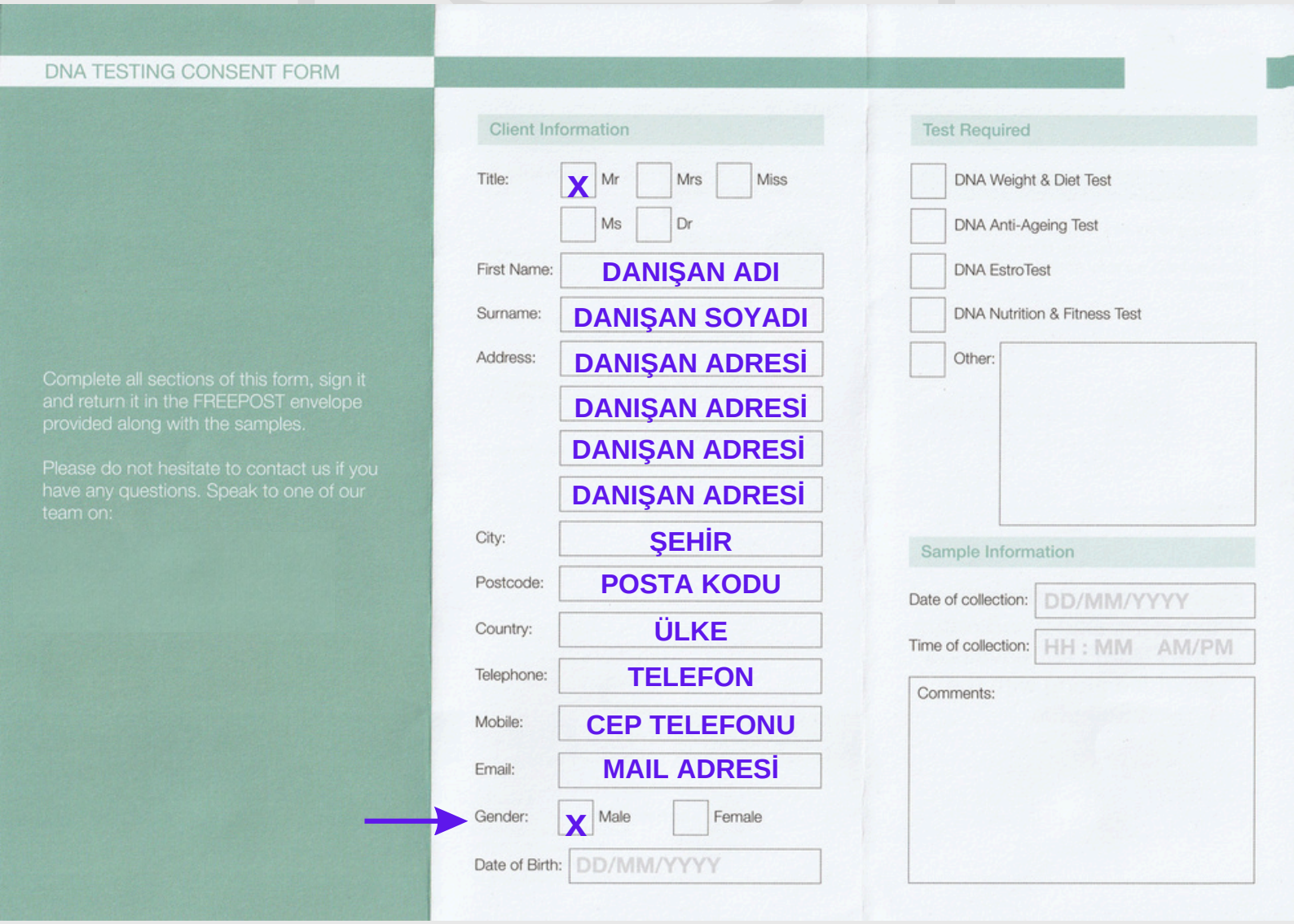
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



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: [X] 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: [X] 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:

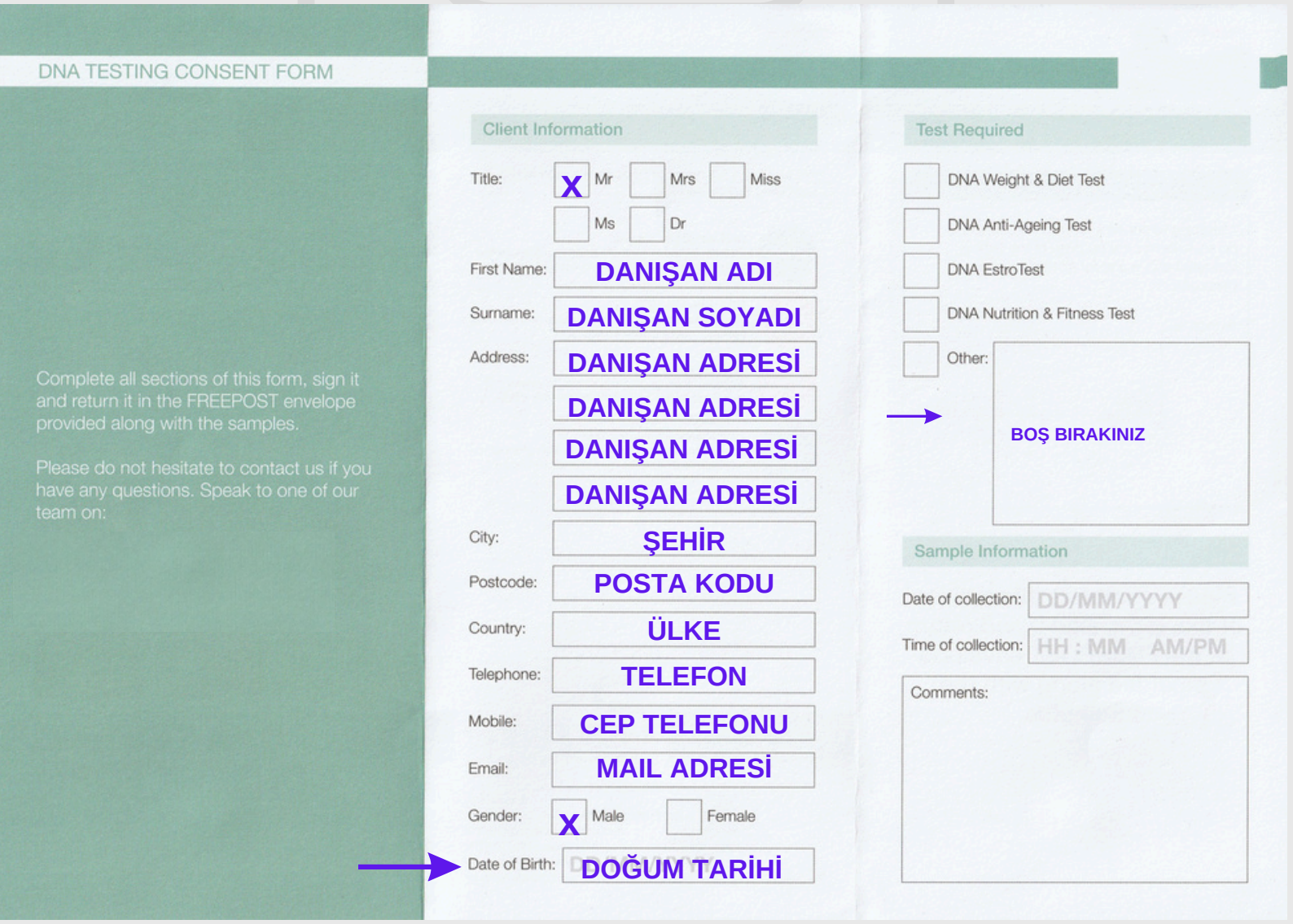
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



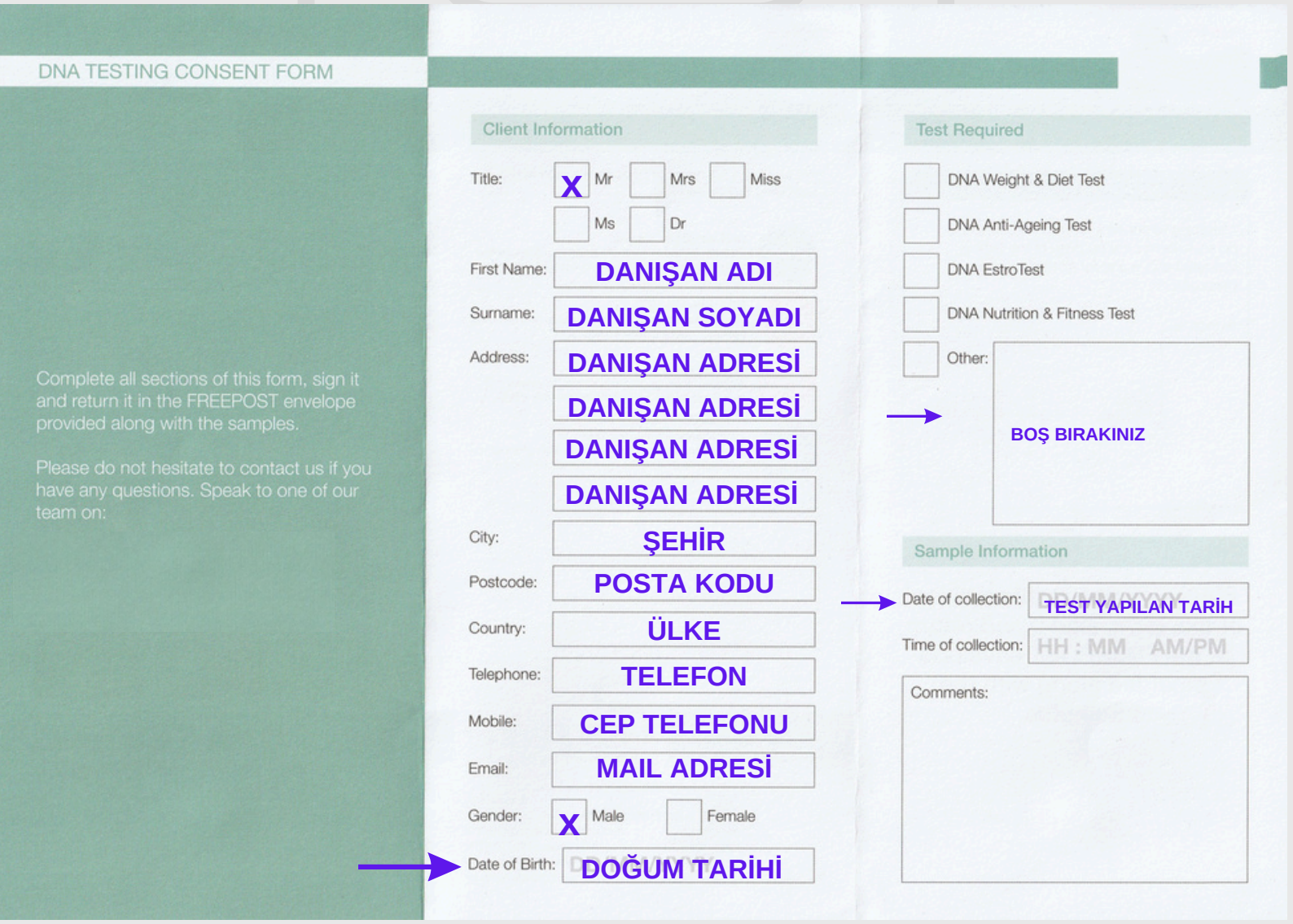
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



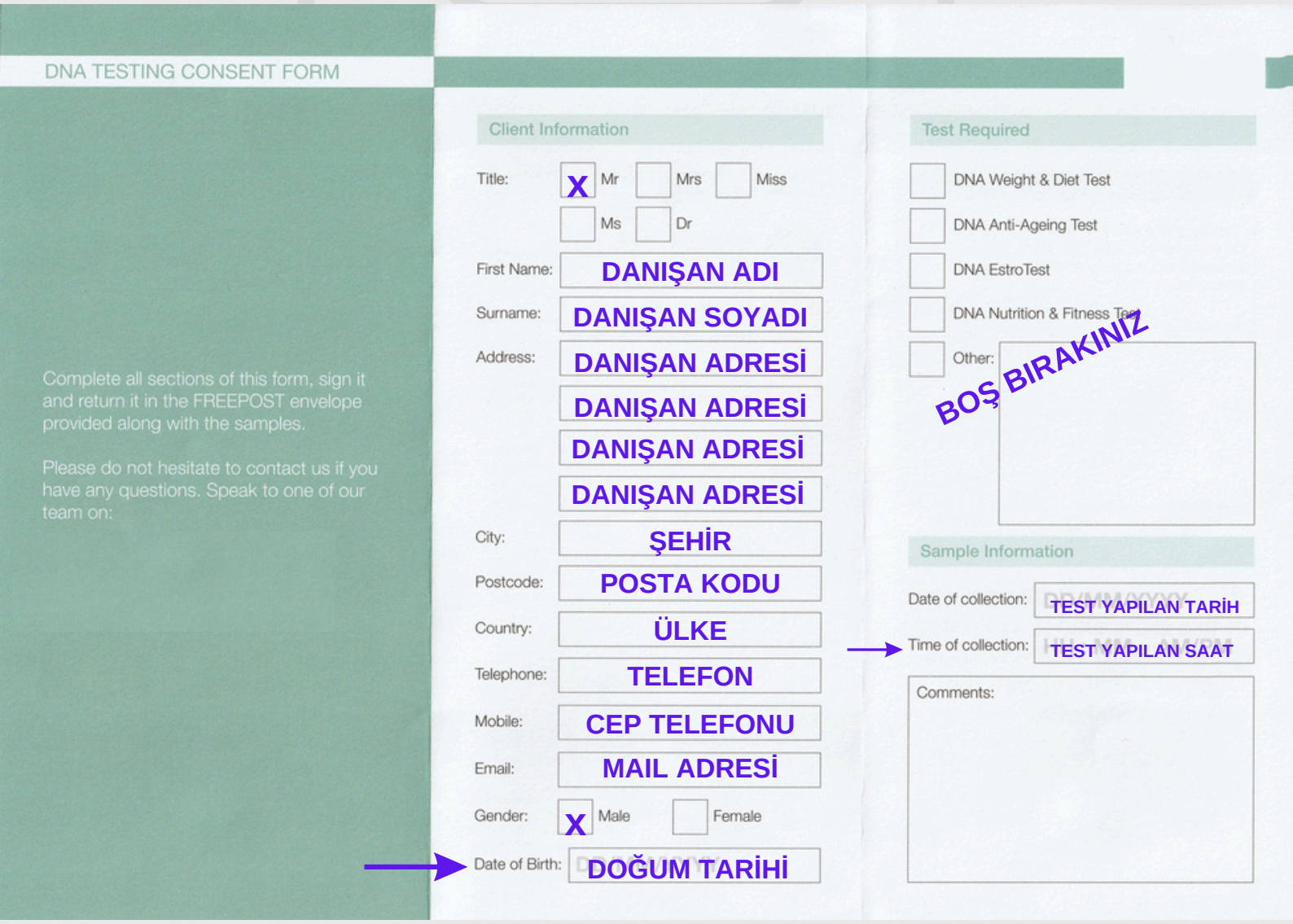
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



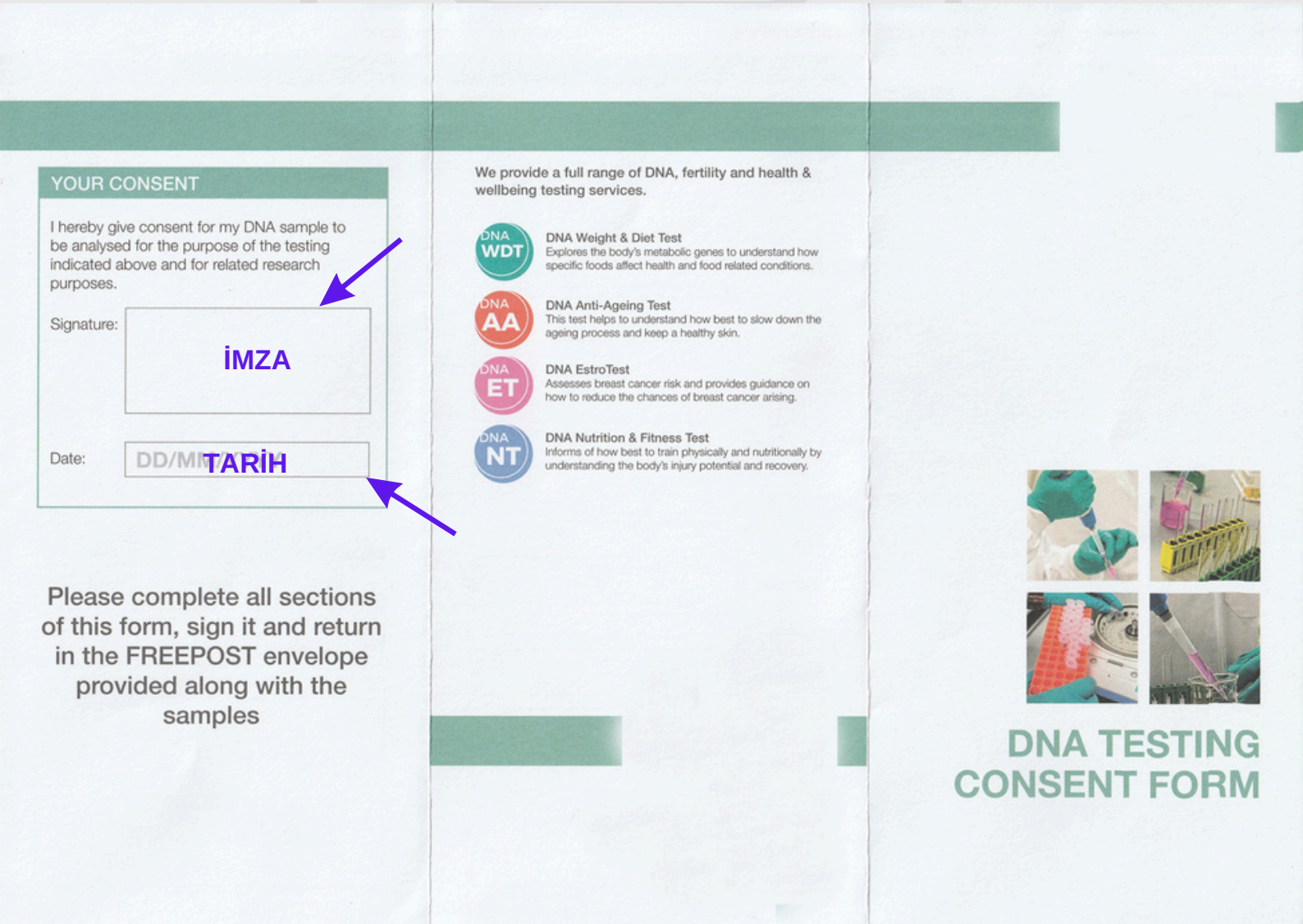
Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

ONAM FORMUNU DOLDURUNUZ

ÖNEMLİ!



Bu alanları test yapılacak hastaya göre doldurunuz.

Numune Nasıl Alınır?

DETAYLI BİLGİ 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 Türkiyedeki adresimize teslim edildikten sonra laboratuvar için ingiltereye gönderilmektedir.

Numune Nasıl Alınır?

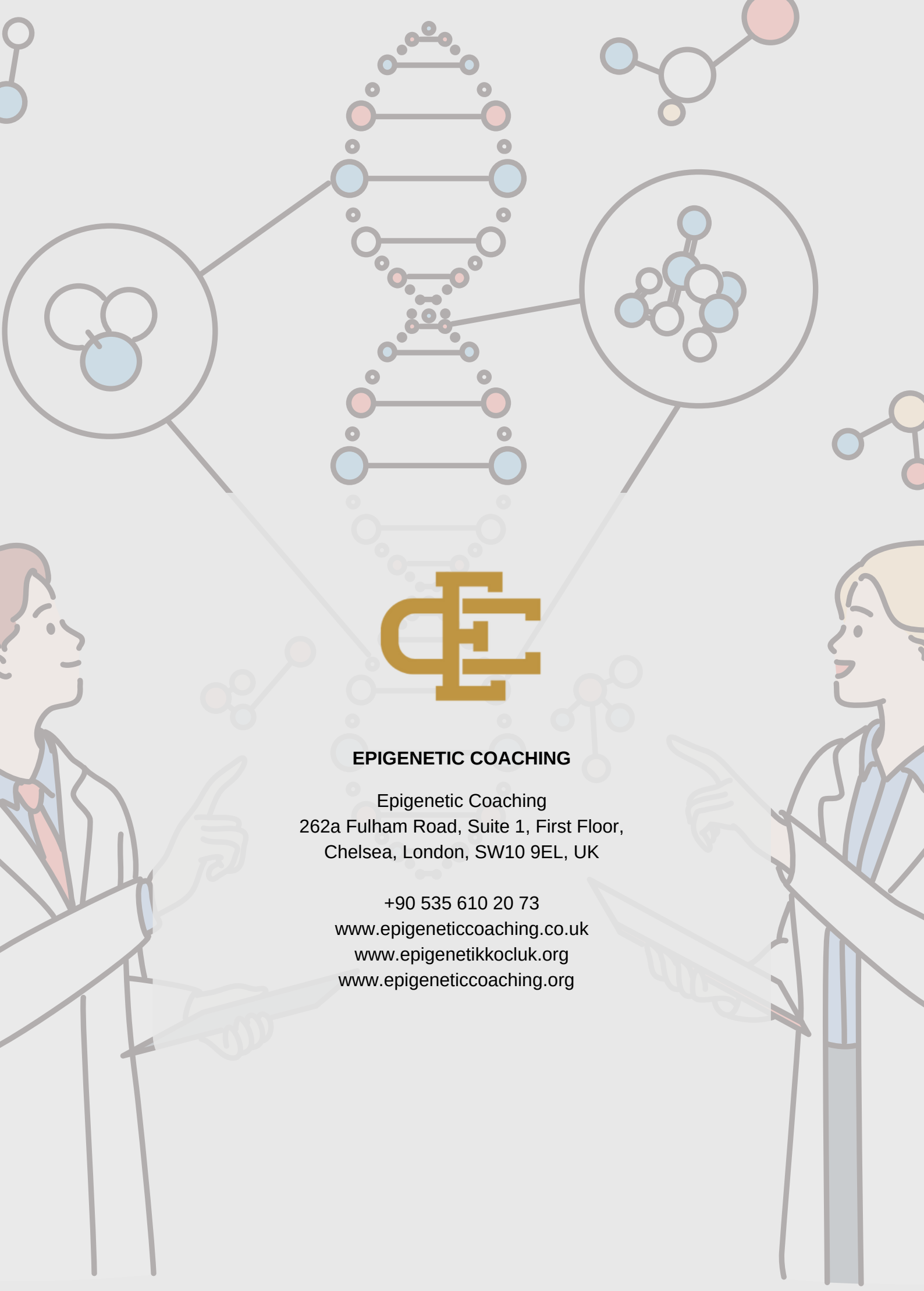
DETAYLI BİLGİ İÇİN QR KODU OKUTUNUZ

İŞLEMİNİZ TAMAMLANMIŞTIR. SONUÇLARINIZ ÇIKTIĞINDA SİZLERLE İLETİŞİME GEÇİLECEKTİR.

Ek olarak
Web Onam formunu lütfen doldurunuz.
SONUÇLAR ONAM FORMUNA GİRİLECEK MAİL 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