Designs for Health Pty Ltd
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Diagnostic Solutions Laboratory
5895 Shiloh Road, Ste 101
Alpharetta, GA 30005
diagnosticsolutionslab.com

GI-MAP® DNA Stool Analysis

Test Request Form GI-MAP®

Account Number: 7601

✔ GI-MAP® Test Plus Zonulin

STEP 1: PRACTITIONER

Practitioner First Name and Surname: Thomas Polucki	
Clinic Name: AFDNP Inc.	**Phone:** 8586491125
Send report to (email): orders@afdnp.com	**Test Request Date:** 30/06/2025

STEP 2: PATIENT

Patient First Name and Surname: Janette Dunn	
Patient Date of Birth: 07/09/1967	**Patient Gender:** Female
Email: janettedunn9@gmail.com	**Phone:** (042) 812-3877

IMPORTANT - Sample Collection Date: _____ / _____ / _____

STEP 3: PAYMENT

PAYMENT BY PRACTITIONER:

If you are unable to make the payment via designsforhealth.com.au, contact the Designs for Health Head Office at (02) 9136 6266 to complete the payment by phone.

STEP 4: VERIFY INFORMATION

PLEASE TICK TO VERIFY YOU HAVE COMPLETED:

- Have you signed this form? ☐
- Full name is completed accurately ☐
- Date of birth and gender are completed accurately ☐
- Sample collection date is completed accurately ☐
- Vial lid is tight and secure, vial is inside plastic bag along with absorbent pad, and is sealed ☐
- This completed form will be placed immediately into the plastic document pouch affixed to the exterior of the return envelope ☐

STEP 5: PRIVACY POLICY AND SIGNATURE

PLEASE NOTE: By providing the enclosed sample and the information requested below you:

a) as the patient; or **b)** as the practitioner, and acting on behalf of the named patient; consent to the collection and use of your and/or the patient's personal information (including health information) by Designs for Health Pty Ltd (DFH) and all third parties acting on behalf of DFH, and the use and transmission of such information overseas to the United States of America for the purpose of diagnostic testing and backup security purposes. By consenting to the overseas transmission of this personal information, you agree that DFH will not be held accountable under the Privacy Act (1988) Cth and you will not be able to seek redress under the Privacy Act (1988) Cth, if the overseas recipient does not handle your personal information in accordance with the Privacy Act (Cth). See DFH'S Privacy Policy.

PATIENT SIGNATURE: _____