

Registration Form

(please write in block capitals)

Surname: _____

First name: _____

Street: _____

ZIP, City: _____

Country: _____

Email: _____

Fax: _____ Telephone: _____

male female Date of birth: _____

Test of your choice (please mark with a cross)

- CHF 120.00 / US\$ 120.00 / Euro 110.00 Saliva test (Test 1)
- CHF 220.00 / US\$ 230.00 / Euro 195.00 Saliva test (Test 2)
- CHF 380.00 / US\$ 390.00 / Euro 355.00 Saliva test (Test 3)

- CHF 50.00 / US\$ 50.00 / Euro 45.00 Water test (Test 4)
- CHF 50.00 / US\$ 50.00 / Euro 45.00 Dust test (Test 5)

- according to the needs of the patient
(see separate information sheet) Product test (Test 6)

**I understand that this test is carried out by SanaVital in Sigriswil, Switzerland.
This test is carried out with the use of the syncrometer and through a syncrometer-tester.
This information is not intended to diagnose or prescribe medical or psychological conditions, nor does it claim to prevent, treat, mitigate or cure such conditions by standard medical means. We do not provide diagnosis, care, treatment or rehabilitation of individuals, nor apply medical, mental health or human development principles.**

Signature signed electronic _____ Date: _____

Please send the saliva kit to: SanaVital GmbH, Feldenstrasse 5, 3655 Sigriswil, Switzerland