



## IMMUNE BALANCE (Th1/Th2 Balance) URINE KIT ORDERING FORM – **SPECIAL PROMOTION**

Thank you for your interest in our kit. Before ordering, please read carefully the information below:

- **The test is a research test only**

The test has not yet been approved as clinical diagnostic test, and should be considered as “research use only”. We are in the process of getting the accreditation but this will take several months. Meanwhile, we cannot recommend the use of this test to diagnose or prevent any disease. Interpretation of the results should be done by a health care professional.

- **Technical requirements**

Instructions are included with the test kit. It is important to note the following:

- Use the kit without delay; store at 2°-6°C (fridge); for long term storage, please freeze the kit.
- Antibiotic use during the last six weeks may affect the result
- Urine should be “First Morning Urine” (fasting)

### I – FILL IN YOUR ADDRESS, INDICATE THE NUMBER OF KITS YOU WANT TO PURCHASE

| Shipping information |                   |  |                |            |
|----------------------|-------------------|--|----------------|------------|
| Name :               |                   |  |                |            |
| Street address :     |                   |  |                |            |
| ZIP, city :          |                   |  | Country :      |            |
| Phone :              |                   | Email :  |                |            |
| Your Order           |                   |  |                |            |
|                      |                   | Price per kit  | Number of kits | Total cost |
| I wish to order :    | Th1/Th2 Urine Kit | 55€ (including Shipping)<br><b>SPECIAL PROMOTION</b> | _____          | _____ €    |
| Signature :          |                   |  |                |            |

### II – INDICATE HOW YOU WANT TO PAY

☐ I pay by Visa/MasterCard and give my credit card information

Name on card:

\_\_\_\_\_

Card Number : \_\_\_\_\_

Expiry: \_\_\_\_

☐ I pay by transferring money to the account:

BELFIUS BASILIX srl  
Koningin Paolaplein 8 – 1083 Brussel, Belgium  
IBAN: BE91 0682 2382 2776  
BIC: GKCCBEBB

You still have to fill in the form and send it back, with your full address. As communication for the transfer/paypal payment, indicate your name as appears on this ordering form

☐ I make a Paypal payment,  
on the Paypal account [info@proteabiopharma.com](mailto:info@proteabiopharma.com)

### III – SEND BACK THIS FORM

This can be done by email ([info@redlabs.be](mailto:info@redlabs.be)) or by post (R.E.D. Laboratories -Z.1 Researchpark 100- B-1731 Zellik - Belgium)