

## HOW TO SUBMIT FOOD AND PRODUCT SAMPLES FOR EVALUATION:

In order to achieve the most accurate results when testing a food for you, to determine if it is compatible for your Carroll dietary needs, we require the sample to be submitted in this manner:

☐ Check box to verify online payment of \$10.95    DATE OF PAYMENT : \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/Y)

1) In order for us to process your request, the following information must accompany the sample:

YOUR NAME: \_\_\_\_\_

STREET ADDRESS OR POST OFFICE BOX: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE and ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (    ) \_\_\_\_\_

\*PERSONAL FOOD INTOLERANCE RESULTS: \_\_\_\_\_

WHICH DOCTOR DID YOUR CARROLL TEST FOR YOU?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ARE YOU CURRENTLY UNDER THE CARE OF A NATUROPATHIC PHYSICIAN? \_\_\_\_\_

IF SO, NAME OF PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

\*If you have not been tested yet, we will still be able to determine what ingredients are in the sample but the results cannot be tailored for your particular requirements.

2) The sample must be submitted in a sterilized, clean GLASS JAR.  
(The small glass bottles that supplements are often sold in work well.)

3) The sample must be at least 1 Tablespoon in volume.

4) **Pack Sample Jar in box with care.**

The following must be submitted with your sample,  
otherwise, we will not be able to complete the test for you.

- Ingredients list from product packaging
- The Food Submission Form

5) Mail sample packet to:

WINDROSE NATUROPATHIC CLINIC  
1137 WEST GARLAND AVENUE  
SPOKANE, WA. 99205

**Note:** You must make payment online, Testing will  
be delayed until payment is received.

