

LIVE BLOOD MORPHOLOGIES WORKSHEET

Date of Sample: _____/_____/_____

Client Name: _____ Date of Birth _____/_____/_____

Address: _____ City _____ Zip _____

Telephone # _____ Work # _____ E-mail _____

Digestive Rating

Roleau Formation	RBC's appear as "stacked coins".....	_____
Erythrocyte Aggregation (Microthrombi)	RBC's clumping.....	_____
Protein Linkage/Endobiontic copulation	RBC's links/chains.....	_____

Circulatory

Thrombocyte Aggregation	Platelets clumping.....	_____
Spicules/Filit Symplasts	Fibrin needle-like projections.....	_____
Chylomicrons	Small motile particles of blood fats.....	_____
Protoplast	Embryonic structures containing gestating microbes.....	_____
Atherosclerotic Plaque/Colloid Symplasts	Opaque globules of plaque formation.....	_____

Crystalline Structures

Red Crystals	Indicate metals, bowel toxicity, infection, poisoning.....	_____
Cholesterol Plaque/Colloid Symplasts	Bright white crystalline structures or smears.....	_____
Blue/green crystals	Tuberculin indication, aspergillus niger related.....	_____
Faceted Crystals	Neurological indication.....	_____

Immune System Indications

Increased Eosinophils	More than 2-4% per total white cells.....	_____
Hypersegmentation	White cell with 5+ lobes.....	_____
Neutrophil Viability	Amoebic movement of white cells.....	_____
Fungal Forms	Gray, dust-like particles/bud forms.....	_____
Rod Forms	Rod shaped microbes.....	_____
Mycoplasma/Cell Wall Deficient Forms/ Sporoid Symprotits	Round donut shaped microbes.....	_____
Colloid Thecits	_____
Dioekothecits	Good immune response.....	_____
	Alarm immune response.....	_____

Other Indications Rating

- Degenerated WBC's/lysed/hyperseg..... _____
- Ratio between healthy/degenerate..... _____
- WBC viability..... _____
- Irregular monocytes..... _____
- Motile rods..... _____
- Fibrous thallus/protoplasts..... _____
- Protit veil..... _____
- Filit phase predominance..... _____
- Chondrit phase predominance..... _____
- Sporoid phase predominance..... _____
- Mycelian phase predominance..... _____
- Ascit phase predominance..... _____
- Microthrombocyte predominance..... _____
- Mychit desme..... _____
- Endobiontic RBC parasitism..... _____
- grade of attack..... _____
- valence of attack..... _____
- target RBC's..... _____
- Chondrit on Erys..... _____
- Vacuoles in Erys..... _____
- Endobiontic WBC parasitism..... _____
- attack on nuclei of Leukosu..... _____
- attack on Leucocyte plasma..... _____
- Dendroid break up of Erys..... _____
- Dendroid vacuoles..... _____

- Diplococcal forms..... _____
- L-Forms/Cell wall deficient forms..... _____
- Macrosymptotis/Mesosomes with fila..... _____
- Sporoids..... _____
- Tubular forms/Ascits with syntact nuclei..... _____
- Blastospores..... _____
- Spheroplasts/Colloid Symplasts (round)..... _____
- Mychits (bacterial balls)..... _____
- Thecits..... _____
- Ascits/Motile Rods..... _____
- Synascits..... _____
- Acanthocytes..... _____
- Anisocytes..... _____
- Macrocytes..... _____
- Microcytes..... _____
- Ovalocytes..... _____
- Poikilocytes..... _____
- Schisocytes..... _____
- Free chondrits..... _____
- Echinocytes..... _____
- Hemolysis..... _____
- Systatogenic processes..... _____
- Sclerotic parasitic forms..... _____
- Sclerotic changes in Erys..... _____
- Pteroharpens..... _____

Valence of the Endobiont _____

Valuation of Endobiosis _____

Remarks

- Ferm. Growth _____
 - Bowel Toxicity _____
 - Lymphatic Stress _____
 - Heinz Protein _____
 - Cal. Def. _____
 - Mag. Def. _____
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<p><i>Suggestions for Products:</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Suggested Nutritional Guide

Life Plus call 1-800-572-8446 ref# _____

- Colon Formula** Take 2 times per day. Morning and evening —Put spoon (dinner spoon) into Colon Formula, bring spoon back up, leave what is on the spoon and put into shaker with 6-8 oz. of juice in it. **Shake (do not stir)** and drink immediately, follow with water. **Note:** *bloating or gas can be expected for 6-10 days.*
- Proanthensols** take 2 mg for every 1 pound of body weight. **After 14 days**, go to 1 mg. for every 1-pound of body weight. **(TAKE PROANTHENOLS 30 MINS. BEFORE EATING, OR 2-3 HRS. AFTER EATING)**

Example: *Someone weighing 175 lbs. would take 4 (100 mg) for 14 days, and then take 2 (100 mg) thereafter.*

- Digestive Formula:** 1-3 x daily or 2-3 x daily Take every 4-5 hours while awake, preferably with meals.
- TVM Plus:** Take 6 with breakfast, or take 3 with breakfast and 3 with lunch.
- Prostate Formula** 1-3 x per day
- _____

Annasa call 1-877-226-6272 ref# _____

- Amino ICG** Protein and Glutathione enhancer, 1 or 2 scoops daily, may be mixed with colon formula. Should take 2 scoops for the first month or two. Then down to one a day.
- Primary Toxin Shield** excellent vitamin, take 6 per day, may split morning and afternoon.
- R Defense** antioxidants, take 3 a day, away from protein
- Clear & Restore** *helps maintain healthy intestinal floral in capsule form. Take 3 per day.*
- Digest & Restore** *helps aid in digestion use 1 per meal if taking the Amino ICG or 2 per meal if alone*
- Cal/Mag** *4 at bedtime should help you sleep*
- Vit-C + MSM** *1 tsp a day preferably in morning*
- _____

Trivita call 1-888-432-4829 ref# _____

- Sublingual B12, B6, & Folic acid** 1 or 2 tablets daily under the tongue
- Vitamin C Crystals** dissolve 1 teaspoon into water or juice can be mixed with Amino and Colon formula
- Balanced Woman** 1 or 2 tablets, 3times a day
- AM/PM Vita Daily** 1-am pack in morning and 1-pm pack in the evening
- _____

Evaluation Profile

Thank you for your interest in having an evaluation completed for you. The individual who is performing your evaluation is a Consulting Analyst. Therefore, they will not only be using information regarding physical conditions and nutrition, but they will also be considering the combined effects of environmental and emotional stressors. This evaluation process is intended to assist in the determination of causative factors which may be related to traumas while have been sustained from the combined effects of chemicals, diet, radiations, and emotions. In order to assist in the completion of the evaluation process, please respond to the following questions in full.

Your complete given (legal) **Name** _____ M _____ F _____

Street address (permanent home address including city, state, zip)

Phone Number _____ **Work Number** _____

Date of birth: (month/day/year) ____/____/____ **Current Weight** _____

Personal Information

Smoker: Yes _____ How many daily? _____ How many years? _____

Never _____

Quit _____ How long since you smoked? _____

Drink Coffee: Yes _____ How many cups daily? _____ How many years? _____

Never _____

Quit _____ How long since you quit? _____

Drink Tea: Yes _____ How many daily? _____ How many years? _____

Never _____

Quit _____

Soft Drinks: Yes _____ How many daily? _____ How many years? _____

Never _____

Quit _____

Water: Filtered _____

Tap _____

Distilled _____

Bottled _____ Spring _____ Filtered _____

Medical Information Describe what diseases are predominant on both sides of your family

Father: _____

Mother: _____

Do you experience digestive difficulties? _____

How often do you have a bowel movement? _____

Daily _____ How many? _____ Weekly _____ How many? _____

Do your stools float? _____ or sink? _____

Have you ever done a cleanse? Yes _____ Bowel? _____ How often? _____

Liver? _____ How often? _____

Gall Bladder? _____ How often? _____

Never _____

Bloating? Yes _____ Never _____ Occasionally _____

Have you any amalgam dental fillings? Yes ____ How many? ____ Removed? ____ Never ____

Root Canals? Yes ____ How many? ____ Never ____

Antacids? Yes ____ How regularly? ____ Never ____

What drugs have you taken? (Include: prescription, over the counter, and recreational) **the last two years.**

What vitamins/nutritional supplements are you taking now and how long have you been taking them?

Have you ever been hospitalized surgery? (What kind? When?)

Do you live near any high-power lines, agricultural projects, factories, new construction?

Yes ____ No ____ Never ____

Do you exercise? Yes ____ How often? ____ Never ____

List all information that you feel may be relevant: _____

FEMALES ONLY

Estrogen replacement therapy? Yes ____ Which? _____ Never ____

Birth Control? Yes ____ How long? ____ Quit? ____ How long? ____ Never ____

Under State and Federal Laws persons receiving services considered to be of an experimental research nature by the FDA/AMA must be informed of such. An informed consent agreement is recommended for the protection of all parties involved. Please read, sign and return the below agreement. The information being sought is of a nutritional nature and is not for a medical diagnosis, treatment, disease prevention, or health assessment. I understand that this facility additionally accepts specimens for research purposes only. I hereby certify that I am not an employee, agent, or otherwise affiliated with the Federal Drug Administration or an affiliated agency. I understand that Nutritional and Life Blood Microscopy evaluation is a screening for research purposes only and that the researchers conducting these sessions are not medical doctors. I understand that I will perform my own finger prick, and that my specimen and data may be utilized confidentially for research and statistical gathering purposes. I further understand: According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "Drug" is defined to mean: Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease. In other words, to "say" that a vitamin, mineral, or other food supplement will have any effect on disease symptoms therefore, that particular nutrient then becomes a drug under the law as written. Therefore, any suggested nutrition is not intended as a primary therapy for any disease or symptom, but is an added schedule of food supplementation provided solely to upgrade and enhance the quality of food delivered through the diet.

Please include a \$100.00 donation. If applicable, after the evaluation is completed, you may be referred to complementary/preventive health care practitioners, advanced biological medical clinics, and/or may receive nutritional information from reputable companies.

Signature _____ **Date** _____