

Panelist Application
AMA Laboratories, Inc.

Date _____

Name _____
Last First Middle

Age _____

Title _____

Organization _____

Street Address _____

Street Address (cont.) _____

_____ City State/Province Zip/Postal Code Country

Work Phone _____

Home Phone _____

Fax _____

E-mail _____

Study preferences or comments _____

When is the best time to contact you?

Mornings _____

Weekends only _____

Afternoons _____

Weekdays only _____

Evenings _____

Weekdays or weekends _____

What time of day can you participate in our studies?

Mornings _____

Afternoons _____

Evenings _____

Do you currently have or have you had any of the following skin conditions?
(please circle all that apply)

- | | | |
|-------------------|---|--------------------------|
| Actinic Keratoses | Dandruff | Vitilgo – White Blotches |
| Acne | Herpes | Atopic Dermatitis |
| Psoriasis | Seborrhea | Eczema |
| Baldness | Thinning Hair | Sun Damaged Skin |
| Cold Sores | Hemorrhoids | Rosacea |
| Allergic Rhinitis | Fungal/bacterial
infections of the nails | Skin Cancer |

Other _____

If you have or have had skin cancer, what type? _____
What is/was the location of the cancer? _____

What are you allergic to? (please circle all that apply)

- | | | |
|---------------------|----------------------|-------------------|
| Solvents | Foods | Poison Oak or Ivy |
| Fabrics (i.e. wool) | Metals (i.e. nickel) | Tapes |
| Cosmetics | Fragrances | The Sun |
| Detergents | Medications | Sunscreen |

Other _____

How did you hear about us? _____

Any additional comments _____

Please mail to:

AMA Laboratories, Inc.
216 Congers Road
Building 1
New City, N.Y. 10956