

# Certificate of Colourstart® Use

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**Colourstart works by showing if you might be allergic to Paraphenylenediamine (PPD), a common ingredient in hair colorants. The absence of a reaction following use of the Colourstart patch does not guarantee a safe hair colour treatment, but by using the Colourstart patch correctly, you can minimise the risk of reaction to hair colorant.**

This form should only be used in connection with the Colourstart patch to record the result of your patch test and share it with your Hair Professional. If you would prefer to use Colourstart Passport for greater convenience and flexibility, you can sign up at [app.colourstart.com](http://app.colourstart.com).

## 1: About me

First name

Surname

Telephone/mobile

I confirm that I have read and understood the Colourstart Product Information Leaflet before using the Colourstart patch.

I am 16 years old or over

## 2: About my Colourstart use

I confirm that I have used the Colourstart Patch in accordance with the directions in the Colourstart Product Information leaflet and have set out the details below

I purchased Colourstart from:

I applied the Colourstart patch to my skin at:

Time  /  Date  /  /

I removed the Colourstart patch from my skin at:

Time  /  Date  /  /

## 3: About my Colourstart result

I confirm that I have used the Colourstart Patch in accordance with the directions in the Colourstart Product Information leaflet and experienced the following result 48 hours after removing the Colourstart patch:

(tick the appropriate box)

I **DID** experience some redness, itching, inflammation or other sign of allergy on the site of the Colourstart patch

I **DID NOT** experience any redness, itching, inflammation or other sign of allergy on the site of the Colourstart Patch

## 4: About the information I have supplied

I confirm the information I have supplied above is true, accurate and complete in all respects

I acknowledge that my Hair Professional will rely on this information to determine whether to provide hair colour treatment to me

Signature *(allow at least 48 hours after patch removal before signing)*

Date of signature

To be completed by your Hair Professional

I confirm that I have reviewed the information provided above by my client.

I confirm that I will follow my standard professional colour screening protocol between Colourstart use, or in the absence of such a protocol, that I will contact my professional body or insurers for guidance.

Scheduled date of treatment .....

Signature .....

Date of signature .....

Colourstart Test 65mcg Cutaneous patch. Contains p-phenylenediamine (PPD). A screening test for allergy to hair colour (PPD). Always read the label.