

## Testimonial Form

We know how difficult it can be to have an inborn error of metabolism. Cambrooke Founders Lynn and David, parents of two PKU children started Cambrooke because of the passion they had for helping others. We hope that Cambrooke products have helped make life a little bit easier. To further create awareness and help others with their condition we hope that you will share your success story.

PLEASE PRINT:

---

Your Name

---

Patient's Name

---

Patient's Date of Birth

---

Address (street, city, state, zip)

---

Best Time to Contact You

---

Home Phone Number (include area code)

---

Mobile Phone Number

---

Email

Check the inborn error of metabolism the patient is diagnosed with:

☐ PKU   ☐ MSUD   ☐ TYR   ☐ HCU   ☐ IVA   ☐ MMA   ☐ PA   ☐ Other: \_\_\_\_\_

What Cambrooke formula product(s) does patient use?

Does patient use any of Cambrooke foods? If yes, list the top five foods patient consumes most often.

What have been your worst symptoms?

Please describe your experience with using the Cambrooke formula and/or food products you use most often (listed above).

Have you tried other formulas and what was your experience? (Please include name of formula)

How did you hear about or start on the product you use most often (listed above)?

☐ Online Resource   ☐ Health Care Professional   ☐ Other Patients   ☐ Other: \_\_\_\_\_
Are you willing to share a photo?   ☐ YES   ☐ NOAre you willing to be videotaped?   ☐ YES   ☐ NO

**Your testimonial will be shared with other families with inborn error of metabolism through a variety of marketing vehicles (e.g. website, facebook, education materials). Your personal contact information and last name will not be shared publicly.**

**If you have any questions about sharing your story please email us at [sales@cambrooke.com](mailto:sales@cambrooke.com)**

Email completed form to [sales@cambrooke.com](mailto:sales@cambrooke.com)