

REQUEST FORM FOR DOG TESTING 2017

This specimen request form MUST accompany each specimen/s.

OWNER INFORMATION	ACCOUNT TO
ID number:	<input type="checkbox"/> Society:
Surname:	Authorization Reference: _____
Member number:	Owner:
Company:	<input type="checkbox"/> Deposit (Please attached proof of payment)
VAT nr:	Bank details: Standard Bank
Address:	Branch Code: 050410
Contact Person:	Account nr: 041925858
E-Mail:	Account name: Unistel Medical Laboratories
Tel: (H): (W):	Deposit reference: Cattle: Owner Name
Cell:	<input type="checkbox"/> Cheque attached
	Cheques payable to: Unistel Medical Laboratories
	Signature: _____

TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile only - Includes parentage (less than 10 samples)	R175		
2	DNA profile only - Includes parentage (If more than 10 samples, less 5%)	R175		
3	Haemophilia A (Factor VIII)	R420		
4	Exercise Induced Collapse (EIC)	R420		
5	Degenerative Myelopathy (DM)	R420		
6	Episodic Falling Disease	R420		
7	HNPk	R420		
8	FN (Familial Nephropathy)	R420		
9	Von-Willebrands Disease Type 1	R420		
10	prcd-PRA	R420		
11	CEA/CH	R420		
12	VWD1	R420		
13	Combination Testing (choose any tests between no.3-12): *Please complete the dog detail form. Choose two options: Choose three options: Choose four options: Choose five options: Choose six options: Choose seven options:	R756 R1080 R1400 R1725 R2070 R2415		
Postal address: Suite 13			VAT	
Private Bag X22 Tygervalley, 7536, South Africa			TOTAL	

PLEASE INDICATE BREED: _____

Results to: <input type="checkbox"/> Society <input type="checkbox"/> Owner <input type="checkbox"/> Contact Person				
I accept the instructions and terms stipulated and consent to the DNA data being recorded in the database				
Signature:	Date:	y	m	d