



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

TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile only Includes parentage <i>(less than 10 samples)</i>	R 175		
2	DNA profile only Includes parentage <i>(If more than 10 samples, less 5%)</i>	R 175		
Postal address: Suite 13 Private Bag X22 Tygervalley, 7536 South Africa			VAT	
			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 of Unistel Animal Services.				
Signature: _____	Date:	y	m	d

SAMPLE RECEIPT AT UNISTEL (OFFICE USE)				
Received by:	_____			
Date received:	y	m	d	Time: _____