UF/TEC/012E

Animal Services

REQUEST FORM FOR CATTLE TESTING 2017 (LIMOUSIN ONLY)

This specimen request form MUST accompany each specimen/s.

OWNER INFORMATION	ACCOUNT TO
ID number:	☐ **Society**: Only if arranged in advance with the society
Surname:	
Member number:	**Owner:** Less than 5 samples must accompany proof of payment, an invoice will only be made out on request.
Company:	☐ **Deposit (Please attached proof of payment)**
VAT nr:	Bank details: Standard Bank Branch Code: 050410 Account nr: 041925858 Account name: Unistel Medical Laboratories Deposit reference: Cattle: Owner Name
Address:	☐ **Cheque attached**
Contact Person:	Cheques payable to: Unistel Medical Laboratories
E-Mail:	Signature: _____
Tel: (H): (W):	
Cell:	

TEST No	TEST AVAILABLE (Additional R200 per sample for priority/urgent cases) ☐ Please tick if required	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	**DNA profile (If more than 30 samples, less 5%)** Includes parentage	R115		
2	**DNA profile (less than 30 samples)** Includes parentage	R115		
3	**4 in 1: DNA+Pompe's+CMS+Myostatin**	R300		
4	**DNA Prifile +F94L Mutation (Limousin Cattle)**	R180		
5	**DNA Prifile +F94L Mutation (Limousin Cattle) (If more than 30 samples, less 5%)**	R180		
6	**Igenity 150K Genomics Chip (Beef / Dairy)** New and Improved Technology	R1500		
7	**Double Muscling (Myostatin: nt821; F94L; Q204x)**	R410		
8	**Trichomoniasis Foetus**	R70		
9	**Polled (Taurus and Indicus)**	R504		
10	**Other Tests:** E.g. Hair colour, Polled (only indicus), BLAD, Curly calf syndrome and milk quality.	Available on request		
			VAT	
			TOTAL	

Postal address: Suite 13
Private Bag X22
Tygervalley, 7536
South Africa

Results to: ☐ **Society** ☐ **Owner** ☐ **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:	