

## REQUEST FORM FOR SHEEP AND GOAT TESTING 2017

This specimen request form **MUST** accompany each specimen/s.

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

TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile (Includes parentage)	R 140		
2	Other Tests Eg. Inverdale (Twinning), Loinmax, Myomax (not Marino)	Available on request		

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

	<b>VAT</b>	
	<b>TOTAL</b>	

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: