



UF/TEC/016A

DNA Testing

Unistel Medical Laboratories (Pty) Ltd

Suite 13, Private Bag X22, Tygervalley, 7536

CANNOT BE USED FOR LEGAL PURPOSES

R650 per sample X _____ (number of samples) = R_____ (Total)

Reference Nr: _____ (Name and Surname)

Sample 1	
ID Nr:	
SURNAME:	
FIRST NAME	
Identification Nr:	Lab Nr:
Sample 2	
ID Nr:	
SURNAME:	
FIRST NAME	
Identification Nr:	Lab Nr:
Sample 3	
ID Nr:	
SURNAME:	
FIRST NAME	
Identification Nr:	Lab Nr:
Sample 4	
ID Nr:	
SURNAME:	
FIRST NAME	
Identification Nr:	Lab Nr:
Sample 5	
ID Nr:	
SURNAME:	
FIRST NAME	
Identification Nr:	Lab Nr:

Postal address for results:

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Tel Nr:
Cell Nr:
Fax:

Bank Details:

Unistel Medical Laboratories (PTY) Ltd
BANK: Standard Bank
Account Nr: 041925858
Branch Code: 050410
Cheque Account
Reference: Name and Surname

WE UNDERSTAND AND ACCEPT THAT:

All information is confidential.
Forensic and/or Blood samples were collected for DNA evaluation and correctly labelled. All information is accepted at face value.
The request form has been completed correctly.
No responsibility is accepted for any ramifications that may occur as a result of the report and/or any losses that may occur as a result of human or technical error.
Should gross negligence be proven the claim shall not exceed the value of the contract.
Unistel Medical Laboratories declare that services are delivered according to the instructions and requirements of the sender.

Signed at: _____ Date: _____

Name: _____ Signature: _____

Specimen				Specimen Receipt at Unistel			
Specimen Type: (✓)	Other:	Guthrie Card		Received by:			
Marshal Casette	Swab	Hair	Blood	Time received:			
Delivered by:				Date received:	d	m	y