

## **REQUEST FORM FOR CATTLE TESTING 2019**

This specimen request form MUST accompany each specimen/s.										
	OWNER INFORMATION	ACCOUNT TO								
ID number:		☐ Society:								
Surname:		Only if arranged in advance with the society								
Member number:		Owner: Less than 5 samples must accompany proof of payment,								
Company:		an invoice will only be made out on request.								
VAT nr:		☐ Deposit (Please attached proof of payment)								
Address:		Bank details: Standard Bank Branch Code: 050410								
		Account nr: 041925858 Account name: Unistel Medical Laboratories								
Contact Person:		Deposit reference: Cattle: Owner Name								
E-Mail:		☐ Cheque attached Cheques payable to: Unistel Medical Laboratories								
Tel: (H): (W):										
Cell:		Signature:								
TEST	TEST AVAILABLE	J	PRICE/UNIT	NO OF	TOTAL					
No	(Additional R200 per sample for		(Vat	<b>SPECIMEN</b>						
	priority/urgent cases)  ☐ Please tick if required		Excluded)							
	_ , , , , , , , , , , , , , , , , , , ,									
1	DNA profile (If more than 30 samples, less 5%)		R130							
	Includes parentage 3 in 1: DNA+Pompe's+CMS									
2 Strongly advised by Society (Brahman, Brangus Brafford)		s,	R215							
3	4 in 1: DNA+Pompe's+CMS+Double Muscling (Myostatin: nt821; F94L; Q204x)		R390							
4	4 in 1: DNA+Pompe's+CMS+Double Muscling Myostatin - Any 2 mutation: Specify:		R340							
5	4 in 1: DNA+Pompe's+CMS+Double Muscling		R290							
	Myostatin - Any 1 mutation: Specify:									
6	DNA profile + Double Muscling (nt821; F94L; Q204x)		R380							
7	Cytogenetics: 1/29 translocation Applicable to Simmentaler, Simbra Blood specimen in Heparin tubes		R360							
,			11300							
8	Bulldog / Dexter Test (hair sample required)		R200							
9	Freemartin (blood sample required)		R190							
10	50K Illumina Bovine Beadchip		R480							
11	150K Genomics Chip (Test referred to GeneSeek/Neogen)		R1500							
12	Double Muscling (Myostatin: nt821; F94L; Q204x)		R310							
13	Trichomoniasis Foetus	=	R75							
14	Polled (Taurus and Indicus)		R625							
15	Other Tests: E.g. Hair colour, Polled (only indicate)	us),	Available on							
	BLAD, Curly calf syndrome and milk quality.	<b></b>	request	\/AT						
Postal Suite 13, Private Bag X22 Address: De				VAT						
		Block 1, Parow North 7500								
		South Africa		TOTAL						

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:	A	<u>m</u>	d					