

REQUEST FORM FOR CAT TESTING 2019

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

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> Society:		
Surname:		Authorization Reference: _____		
Member number:		Owner:		
Company:		<input type="checkbox"/> Deposit (Please attached proof of payment)		
VAT nr:		Bank details: Standard Bank		
Address:		Branch Code: 050410		
Contact Person:		Account nr: 041925858		
E-Mail:		Account name: Unistel Medical Laboratories		
Tel: (H): (W):		Deposit reference: Owner Name		
Cell:		<input type="checkbox"/> Cheque attached		
		Cheques payable to: Unistel Medical Laboratories		
		Signature: _____		
TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile only Includes parentage (If more than 10 samples, less 5%)	R 180		
Postal Address:	Suite 13, Private Bag X22 Tygervally 7536 South Africa	Address: De Tijger Office Park Block 1, Parow North 7500 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: