

REQUEST FORM FOR DOG 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		
Cell Nr:		Branch Code: 050410		
Contact Person:		Account nr: 041925858		
E-Mail:		Account name: Unistel Medical Laboratories		
Tel: (H): (W):		Deposit reference: Owner Name		
Address:		<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%)	R195		
2	Haemophilia A (Factor VIII)	R430		
3	Exercise Induced Collapse (EIC)	R430		
4	Degenerative Myelopathy (DM)	R430		
5	Episodic Falling Disease	R430		
6	HNPk	R430		
7	FN (Familial Nephropathy)	R430		
8	Von-Willebrands Disease Type 1	R430		
9	prcd-PRA	R430		
10	CEA/CH	R430		
11	Combination Testing (choose any tests between no.2-10): *Please complete the dog detail form. Choose two options: Choose three options: Choose four options: Choose five options: Choose six options: Choose seven options:	R785 R1110 R1430 R1755 R2100 R2445		

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 Medical Laboratories.				
Signature:	Date:	y	m	d

