

REQUEST FORM FOR SPECIES TESTING 2019

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

CLIENT INFORMATION				
Company Name:				
Contact Person:				
VAT Nr:				
E-Mail:				
Address:				
Tel:				
Cell:				
TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	Bovine	R280		
2	Fish	R280		
3	Equine	R280		
4	Chicken	R280		
5	Buffalo	R280		
6	Ovine	R280		
7	Porcine	R280		
8	Ostrich	R280		
9	Canine	R280		
10	All species to be tested	R2300		
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	

Results to:				
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: