

REQUEST FORM FOR CATTLE TESTING 2020 (ONLY WAGYU SOCIETY)

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

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> Deposit (Please attached proof of payment) Bank details: Standard Bank Branch Code: 055534 Account nr: 240333756 Account name: Certified Wagyu Beef Deposit reference: Owner Name / Account Nr Seedstock (Stud): Both Dam and Sire to be verified CWB: Only sire to be verified		
Surname:				
Member number:				
Company:				
VAT nr:				
Address:				
Contact Person:				
E-Mail:				
Tel: (H): (W):				
Cell:				
TEST No	TEST AVAILABLE (Additional R200 per sample for priority/urgent cases) <input type="checkbox"/> Please tick if required	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile (Includes parentage)	R150.00		
2	Chediak-Higashi Syndrome (CHS)	R99.00		
3	16 Claudin-Type 1 (CL16-1)	R99.00		
4	16 Claudin-Type 2 (CL16-2)	R99.00		
5	Factor X1 (F11)	R99.00		
6	Combination of Test No. 2, 3, 4, 5.	R352.00		
7	Growth Hormone (GH exon 5)	R313.00		
8	Stearoyl-CoA Desaturase (SCD)	R313.00		
9	Combination of Test No. 7 and 8.	R572.00		
10	Combination of Test No. 2, 3, 4, 5, 7 and 8	R852.00		
11	50K Illumina Bovine Beadchip	R620.00		
12	2000 SNP Genetic Traits & Disorder Assessment	R210.00		
13	Polled	R687.00		
Postal Address: Private Bag X7002 Address: Langenhoven Park 9330		Address: No 4 Genius Loci Office Park 6 CP Hoogenhout St Langenhoven Park 9301		TOTAL

Results to: <input checked="" type="checkbox"/> Society <input checked="" type="checkbox"/> Owner				
I accept the instructions and terms stipulated and consent to the DNA data being recorded in the database of Wagyu SA.				
Signature:		Date:	y	m
			d	

SAMPLE RECEIPT AT WAGYU SA (OFFICE USE)				
Received by:				
Date received:	y	m	d	Time: