

REQUEST FORM FOR CATTLE TESTING 2020 (LIMOUSIN ONLY)

This specimen request form MUST accompany each specimen/s.						
	OWNER INFORMATION		ACCOU	NT TO		
ID num	iber:	☐ Soci				
Surnan			rranged in advance w	ith the society		
	er number:	Owner	Owner: Less than 5 samples must accompany proof of payment,			
Compa			will only be made out on re		41	
VAT nr		Bank detai	☐ Deposit (Please attached proof of payment) Bank details: Standard Bank			
Addres	SS:	Branch Cod	ode: 050410			
	!	Account nr: Account na		58 ledical Laboratories		
	ct Person:	Deposit ref	ference: Cattle: Ow	vner Name		
E-Mail:			que attached payable to: Unistel Medical	Laboratoriae		
Tel: (H)): (W):		•	Laboratories		
Cell:		Signatu	Signature:			
TEST	TEST AVAILABLE		PRICE/UNIT	NO OF	TOTAL	
No	(Additional R200 per sample for priority/urgent cases)		(Vat Excluded)	SPECIMEN		
<u> </u>	priority/urgent cases) ☐ Please tick if required					
1	DNA profile (If more than 30 samples, less	<u>5%)</u>	R150.00			
	Includes parentage	<u></u>	1(100.00	 	+	
2	DNA + Double Muscling (Myostatin: nt821; F94L; Q204x)		R418.00	1		
	DNA Profile +F94L Mutation (Limousin Catt	tle)	5052.00		-	
3	(If more than 30 samples, less 5%)		R253.00	l		
4	50K Illumina Bovine Beadchip		R620.00			
5	2000 SNP Genetic Traits & Disorder Assess	sment	R210.00			
6	Double Muscling (Myostatin: nt821; F94L; 0		R341.00		<u> </u>	
7	Double Muscling (Myostatin: nt821; F94L; Q204x)Specify 2 mutations:		R228.00			
8	Double Muscling (Myostatin: nt821; F94L; Q204x)Specify 1 mutation:		R150.00			
9	Trichomoniasis Foetus		R82.00			
10	Polled (Taurus and Indicus)		R687.00			
	Other Tests: E.g. Hair colour, BLAD, Curly calf syr	ndrome	Available on			
11	and milk quality.		request	l		
Postal	•		Office Park	VAT		
Address		•	Parow North	1		
		7500 South Afri	ica	TOTAL	+	
	Julii Airica	Soun An	ica	TOTAL		
			r		,	
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.						
Of Offister Affilial Services.						
Signature	e:	Date:	У	m	d	
	SAMPLE RECEIPT AT	UNISTEL	(OFFICE USE)			
Received by:						
Date rece	eived: v m d	Time:				
Date ice	Sivou.	i ii ii C.				