



REQUEST FORM FOR PREDATORS (FELINE SPECIES & HYENA) 2020

This specimen request form MUST accompany each specimen or group of specimens. Samples received by Unistel remain the sole property of the owner/client. No research can or will be conducted without the express written consent of the owner/client. All results are confidential and cannot be shared with any breeder or interested party without the written consent of the owner/client. Unistel only acts as the custodian of results and samples which will be stored permanently until further instructions.

	OWNER INFORMATION	ACCO	UNTS PAYABLE	PAYMENT N	METHOD	
			GANIZATION	☐ Deposit (attached)		
Loumanie.		□ OW □ VET	NER ERINARY	☐ Cheque ☐ Account		
Company:		Name:				
VAT nr:						
Address.		Registration nr:				
		Address:				
Contact Person:		Vot or				
C-IVIAII.		Vat nr:				
101. (11).		e-Mail:				
Cell:		Tel: Fax:				
Postal ad	ldress:	Bank details:				
		Bank: Standard Bank Branch Code: 050410				
		Account nr: 041925858 Account name: Unistel Medical Laboratories				
		Deposit reference: Owner Name				
Signature	e:					
TEST	TEST AVAILABLE		PRICE/UNIT	NO OF	TOTAL	
No			(Vat Excluded)	SPECIMEN		
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DI	NA profile only (includes parentage). Feline species		,			
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