

REQUEST FORM FOR CATTLE TESTING 2020 (ONLY WAGYU)

This specimen request form MUST accompany each specimen/s. **OWNER INFORMATION ACCOUNT TO** ID number: □ Society: Only if arranged in advance with the society Surname: Member number: **Owner:** Less than 5 samples must accompany proof of payment, an invoice will only be made out on request. Company: **Deposit** (Please attached proof of payment) VAT nr: Standard Bank Bank details: Address: Branch Code: 050410 041925858 Account nr: Unistel Medical Laboratories Account name: Contact Person: Owner Name / Invoice Nr Deposit reference: □ Cheque attached E-Mail: Cheques payable to: Unistel Medical Laboratories Tel: (H): (W): Cell: Signature: PRICE/UNIT TEST NO OF TEST AVAILABLE TOTAL (Additional R200 per sample for **SPECIMEN** No (Vat priority/urgent cases) **Excluded**) D Please tick if required DNA profile (If more than 30 samples, less 5%) 1 R150.00 Includes parentage Chediak-Higashi Syndrome 2 R99.00 16 Claudin-Type 1 3 R99.00 16 Claudin-Type 2 4 R99.00 Factor X1 5 R99.00 Combination of Test No. 2, 3, 4, 5. 6 R352.00 7 Growth Hormone (GH exon 5) R313.00 Stearoyl-CoA Desaturase (SCD) R313.00 8 9 Combination of Test No. 7 and 8. R572.00 10 Combination of Test No. 2. 3. 4. 5. 7 and 8 R852.00 R687.00 11 Polled 12 50K Illumina Bovine Beadchip R620.00 2000 SNP Genetic Traits & Disorder Assessment R210.00 13 Private Bag X22 Address: De Tijger Business Park Postal Address: Tygervalley Block 1 TOTAL 7536 **Hannes Louw Drive** Parow North, 7500

Results to: Society	Owner	Contact Pe	Contact Person				
I accept the instructions and of Unistel.	d terms stipulat	ed and consent to the D	DNA data being	g recorded in t	the database		
Signature:		Date:	У	m	d		

SAMPLE RECEIPT AT UNISTEL (OFFICE USE)							
Received by:							
Date received:	У	m	Q	Time:			