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

**Request Form for Dog Testing 2021**

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| **OWNER INFORMATION**  | **ACCOUNT TO**  |
| ID number: | **[ ] Society**: Authorization Reference:       |
| Surname: |
| Member number: | **Owner:** **[ ]  Deposit (Please attached proof of payment)** Bank details: Standard BankBranch Code: 050410Account nr: 041925858Account name: Unistel Medical LaboratoriesDeposit reference: Owner NameSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company: |
| VAT nr: |
| Cell Nr: Contact Person: |
| E-Mail: |
| Tel: (H): (W): |
| Address:  |
| **TEST No** | **TEST AVAILABLE** | **PRICE/UNIT****(Vat Excluded)** | **NO OF SPECIMEN** | **TOTAL** |
| 1 | DNA profile only - Includes parentage (If more than 10 samples, less 5%) | R247 |  |  |
| 2 | Haemophilia A (Factor VIII) | R520 |  |  |
| 3 | Exercise Induced Collapse (EIC) | R520 |  |  |
| 4 | Degenerative Myelopathy (DM) | R520 |  |  |
| 5 | Episodic Falling Disease | R520 |  |  |
| 6 | HNPK | R520 |  |  |
| 7 | FN (Familial Nephropathy) | R520 |  |  |
| 8 | Von-Willebrands Disease Type 1 | R520 |  |  |
| 9 | prcd-PRA | R520 |  |  |
| 10 | CEA/CH | R520 |  |  |
| 11 | **Combination Testing** (choose any tests between no.2-10): \*Please complete the dog detail form.Choose two options:Choose three options:Choose four options:Choose five options:Choose six options:Choose seven options: |  R849R1440R1856R2277R2725R3173 |  |  |
| PostalAddress: | Suite 13, Private Bag X22 Tygervalley7536South Africa | Address: De Tijger Office  Park, Block 1,  Parow North 7500 South Africa | **VAT** |  |
|  |  |  | **TOTAL** |       |

 **PLEASE INDICATE BREED:**

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| **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 Medical Laboratories.** |
| Signature: | Date: | Click here to enter a date. |