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

**Request Form for Dog Testing 2021**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OWNER INFORMATION** | | | **ACCOUNT TO** | | |
| ID number: | | | **Society**:  Authorization Reference: | | |
| Surname: | | |
| Member number: | | | **Owner:**  **Deposit (Please attached proof of payment)**  Bank details: Standard Bank  Branch Code: 050410  Account nr: 041925858  Account name: Unistel Medical Laboratories  Deposit reference: Owner Name  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 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: | R849  R1440  R1856  R2277  R2725  R3173 | |  |  |
| Postal  Address: | Suite 13, Private Bag X22  Tygervalley  7536  South Africa | Address: De Tijger Office  Park, Block 1,  Parow North  7500  South Africa | | **VAT** |  |
|  |  |  | | **TOTAL** |  |

**PLEASE INDICATE BREED:**

|  |  |  |
| --- | --- | --- |
| **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. |