**Request Form for Sheep and Goat Testing 2021**

**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:**    **Deposit (Please attached proof)**  Bank details: Standard Bank  Branch Code: 050410  Account nr: 041925858  Account name: Unistel Medical Laboratories  Deposit reference: Owner Name  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Company: | | | |
| VAT nr: | | | |
| Contact Person: | | | |
| Cell: | | | |
| E-Mail: | | | |
| Tel: (H):      (W): | | | |
| Address: | | | |
| **TEST No** | **TEST AVAILABLE** | | **PRICE/UNIT**  **(Vat Excluded)** | | **NO OF SPECIMEN** | **TOTAL** |
| **1** | DNA profile (If more than 30 samples, less 5%)  (Includes parentage) | | **R 209** | |  |  |
| **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** |  |

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