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

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

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| **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 BankBranch Code: 050410Account nr: 041925858Account name: Unistel Medical LaboratoriesDeposit reference: Owner NameSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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** |       |

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