

Request Form for Alpacas Testing 2019

This specimen request form MUST accompany each specimen/s.

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> Society:		
Surname:		Only if arranged in advance with the society		
Member number:		Owner:		
Company:		<input type="checkbox"/> Deposit (Please attached proof)		
VAT nr:		Bank details: Standard Bank		
Address:		Branch Code: 050410		
		Account nr: 041925858		
		Account name: Unistel Medical Laboratories		
		Deposit reference: Owner Name		
Cell:		<input type="checkbox"/> Cheque attached		
E-Mail:		Cheques payable to: Unistel Medical Laboratories		
Tel: (H): (W):		Signature: _____		
Contact Person:				
TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile only Includes parentage	R 445		
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: <input type="checkbox"/> Society <input type="checkbox"/> Owner <input type="checkbox"/> 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:	y/	m/	d/

SAMPLE RECEIPT AT UNISTEL (OFFICE USE)				
Received by:				
Date received:	y/	m/	d/	Time: