

REQUEST FORM FOR HORSE TESTING 2019

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

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> Society: Only if arranged in advance with the society		
Surname:				
Member number:		Owner:		
WPCSA member number:		<input type="checkbox"/> Deposit (Please attached proof of payment)		
Company:		Bank details: Standard Bank		
VAT nr:		Branch Code: 050410		
Address:		Account nr: 041925858		
Contact Person:		Account name: Unistel Medical Laboratories		
E-Mail:		Deposit reference: Cattle: Owner Name		
Tel: (H): (W):		<input type="checkbox"/> Cheque attached		
Cell:		Cheques payable to: Unistel Medical Laboratories		
		Signature: _____		

TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile (Includes parentage)	R 170		
2	Polysaccharide Storage Myopathy (PCCS; Appaloosa)	R240		
3	Combination Package: HERDA, GBED, HYPP, OLWS	R1600		
4	DNA profile and Dwarfism	R790		
5	Dwarfism	R680		

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: