**Request Form for SAMHBS Members 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 of payment)**  Bank details: Standard Bank  Branch Code: 050410  Account nr: 041925858  Account name: Unistel Medical Laboratories  Deposit reference: Horse: Owner Name  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Company: | | | |
| VAT nr: | | | |
| Address:  Contact Person: | | | |
| E-Mail: | | | |
| Tel: (H):      (W): | | | |
| Cell: | | | |
| **TEST No** | **TEST AVAILABLE** | | | | **PRICE / UNIT**  **(Vat Excluded)** | **NO OF SPECIMEN** | **TOTAL** |
| **1** | DNA profile  (Includes parentage) | | | | **R181.00** |  |  |
| **2** | Dwarf Gene Test (ACAN Mutations) | | | | **R822.00** |  |  |
| **3** | Combination Package: DNA Profile and Dwarf Gene Test | | | | **R955.00** |  |  |
| **4** | Chromosome Analysis | | | | **R455.00** |  |  |
| **Postal**  **Address:** | | **Suite 13, Private Bag X22**  **Tygervalley**  **7536** | **Address: De Tijger Office Park**  **Block 1, Parow North**  **7500** | | | **VAT** |  |
|  | | **South Africa** | **South Africa** | | | **TOTAL** |  |

**Prices only valid for results supplied to SAMHBS.**

|  |  |  |
| --- | --- | --- |
| **Results to: Society and Owner** | | |
| **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. |