**Request Form for SAMHBS Members 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 of payment)** Bank details: Standard BankBranch Code: 050410Account nr: 041925858Account name: Unistel Medical LaboratoriesDeposit reference: Horse: Owner NameSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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.**

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| **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. |