

REQUEST FORM FOR WPCSSA MEMBERS 2019

This specimen request form MUST accompany each specimen/s.
Prices only valid for results supplied to WPCSSA.

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> Society: Only if arranged in advance with the society		
Surname:				
Member number:		Owner: <input type="checkbox"/> 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		
Company:				
VAT nr:		<input type="checkbox"/> Cheque attached Cheques payable to: Unistel Medical Laboratories		
Address:				
Contact Person:		Signature: _____		
E-Mail:				
Tel: (H): _____ (W): _____				
Cell: _____				

TEST No	TEST AVAILABLE	PRICE / UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile (Includes parentage) 20% discount included in price	R 120		

Postal Address:	Suite 13, Private Bag X22 Tygervally 7536 South Africa	Address: De Tijger Office Park Block 1, Parow North 7500 South Africa	VAT
			TOTAL

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:	y	m	d

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