**Request form for ostrich testing 2021**

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

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| **OWNER INFORMATION**  | **ACCOUNT TO** |
| ID number:      | **[ ] Society**: Authorization Reference:       |
| Surname:      |
| Member number:      |  **Owner:**  **[ ] Deposit (Please attach proof of payment)**Bank details: Standard BankBranch code: 050410Account no: 041925858Account name: Unistel LaboratoriumDeposit reference: Owner name/ invoice no.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company:      |
| VAT nr:      |
| Address:     Contact Person:      |
| Email:      |
| Tel (H):      |
| Tel (W):      |
| Cell:      |
| **TEST No.** | **TESTS AVAILABLE** | **PRICE/UNIT****(VAT Excluded)** | **NO OF SPECIMEN** | **TOTAL** |
| **1** | DNA profile(Includes parentage testing) | **R 253.00** |  |  |
| **2** | Mitochondrial DNA for meat identification | Available on request |  |  |
| **Postal address:** | **Suite 13, Private Bag X22** **Tygervalley****7536****South Africa** | **Address: De Tijger Office Park** **Blok 1, Parow Noord** **7500** **Suid Afrika** | **VAT** |  |
|  |  |  | **TOTAL** |  |

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| **Results to:** **[ ] Society** **[ ] Owner** **[ ] 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: | Click here to enter a date. |