

REQUEST FORM FOR DOG TESTING 2020

This specimen request form MUST accompany each specimen/s.

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> Society:		
Surname:		Authorization Reference: _____		
Member number:		Owner:		
Company:		<input type="checkbox"/> Deposit (Please attached proof of payment)		
VAT nr:		Bank details: Standard Bank		
Cell Nr:		Branch Code: 050410		
Contact Person:		Account nr: 041925858		
E-Mail:		Account name: Unistel Medical Laboratories		
Tel: (H): _____ (W): _____		Deposit reference: Owner Name		
Address:		<input type="checkbox"/> Cheque attached		
		Cheques payable to: Unistel Medical Laboratories		
		Signature: _____		
TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile only - Includes parentage (If more than 10 samples, less 5%)	R210		
2	Haemophilia A (Factor VIII)	R473		
3	Exercise Induced Collapse (EIC)	R473		
4	Degenerative Myelopathy (DM)	R473		
5	Episodic Falling Disease	R473		
6	HNPk	R473		
7	FN (Familial Nephropathy)	R473		
8	Von-Willebrands Disease Type 1	R473		
9	prcd-PRA	R473		
10	CEA/CH	R473		
11	Combination Testing (choose any tests between no.2-10): *Please complete the dog detail form. Choose two options: R803 Choose three options: R1221 Choose four options: R1573 Choose five options: R1930 Choose six options: R2310 Choose seven options: R2689			
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

PLEASE INDICATE BREED: _____

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 Medical Laboratories.				
Signature: _____	Date: _____	y	m	d