

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

OWNER INFORMATION		ACCOUNT TO	
ID number:		<input type="checkbox"/> <b>Deposit (Please attached proof of payment)</b> Bank details: Standard Bank Branch Code: 055534 Account nr: 240333756 Account name: Certified Wagyu Beef Deposit reference: Owner Name / Account Nr  Seedstock (Stud): Both Dam and Sire to be verified CWB: Only sire to be verified	
Surname:			
Member number:			
Company:			
VAT nr:			
Address:			
Contact Person:			
E-Mail:			
Tel: (H): (W):			
Cell:			

TEST No	TEST AVAILABLE (Additional R200 per sample for priority/urgent cases) <input type="checkbox"/> Please tick if required	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile (Includes parentage)	R150.00		
2	Chediak-Higashi Syndrome (CHS)	R99.00		
3	16 Claudin-Type 1 (CL16-1)	R99.00		
4	16 Claudin-Type 2 (CL16-2)	R99.00		
5	Factor X1 (F11)	R99.00		
6	Combination of Test No. 2, 3, 4, 5.	R352.00		
7	Growth Hormone (GH exon 5)	R313.00		
8	Stearoyl-CoA Desaturase (SCD)	R313.00		
9	Combination of Test No. 7 and 8.	R572.00		
10	Combination of Test No. 2, 3, 4, 5, 7 and 8	R852.00		
11	50K Illumina Bovine Beadchip	R500.00		
12	Polled	R687.00		

Postal Address: Private Bag X7002  
Langenhoven Park  
9330

Address: No 4 Genius Loci  
Office Park  
6 CP Hoogenhout St  
Langenhoven Park  
9301

<b>TOTAL</b>
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Results to: <input checked="" type="checkbox"/> Society <input checked="" type="checkbox"/> Owner
I accept the instructions and terms stipulated and consent to the DNA data being recorded in the database of Wagyu SA.
Signature: _____ Date: _____ y _____ m _____ d _____

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