

REQUEST FORM FOR CAT TESTING 2020

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

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> Society: Authorization Reference: _____		
Surname:		Owner:		
Member number:		<input type="checkbox"/> Deposit (Please attached proof of payment)		
Company:		Bank details: Standard Bank		
VAT nr:		Branch Code: 050410		
Address:		Account nr: 041925858		
Contact Person:		Account name: Unistel Medical Laboratories		
E-Mail:		Deposit reference: Owner Name		
Tel: (H): (W):		<input type="checkbox"/> Cheque attached		
Cell:		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%)	R 198.00		
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 Animal Services.			
Signature:	Date:	y	m
			d

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