

**REQUEST FORM FOR DOG TESTING 2020**

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

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> <b>Society:</b>		
Surname:		Authorization Reference: _____		
Member number:		<b>Owner:</b>		
Company:		<input type="checkbox"/> <b>Deposit (Please attached proof of payment)</b>		
VAT nr:		Bank details: Standard Bank		
Address:		Branch Code: 050410		
Contact Person:		Account nr: 041925858		
E-Mail:		Account name: Unistel Medical Laboratories		
Tel: (H): _____ (W): _____		Deposit reference: Owner Name		
Cell:		<input type="checkbox"/> <b>Cheque attached</b>		
		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 210		
2	Please contact laboratory for a list of additional tests available	Price on request		
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: _____