

REQUEST FORM FOR PIG 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 | | |
| Address: | | Branch Code: 050410 | | |
| Contact Person: | | Account nr: 041925858 | | |
| E-Mail: | | Account name: Unistel Medical Laboratories | | |
| Tel: (H): _____ (W): _____ | | Deposit reference: Cattle: Owner Name | | |
| Cell: | | <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 Includes parentage | R 198.00 | | |
| 2 | Pig Chromosomes | R 401.00 | | |
| Postal Suite 13, Private Bag X22 Address: De Tijger Office Park Address: Tygervalley, 7536 South Africa Block 1, Parow North 7500 South Africa | | | VAT | |
| | | | TOTAL | |

| | | | |
|---|-------|---|---|
| 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: _____ |