

REQUEST FORM FOR CATTLE TESTING 2020 (ONLY WAGYU)

This specimen request form MUST accompany each specimen/s.

OWNER INFORMATION	ACCOUNT TO
ID number:	<input type="checkbox"/> Society: Only if arranged in advance with the society Owner: Less than 5 samples must accompany proof of payment, an invoice will only be made out on request. <input type="checkbox"/> Deposit (Please attached proof of payment) Bank details: Standard Bank Branch Code: 050410 Account nr: 041925858 Account name: Unistel Medical Laboratories Deposit reference: Owner Name / Invoice Nr <input type="checkbox"/> Cheque attached Cheques payable to: Unistel Medical Laboratories Signature: _____
Surname:	
Member number:	
Company:	
VAT nr:	
Address:	
Contact Person:	
E-Mail:	
Tel: (H): _____ (W): _____	
Cell:	

TEST No	TEST AVAILABLE <small>(Additional R200 per sample for priority/urgent cases)</small> <input type="checkbox"/> Please tick if required	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile (If more than 30 samples, less 5%) Includes parentage	R150.00		
2	Chediak-Higashi Syndrome	R99.00		
3	16 Claudin-Type 1	R99.00		
4	16 Claudin-Type 2	R99.00		
5	Factor X1	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	Polled	R687.00		
12	50K Illumina Bovine Beadchip	R480.00		
13	150K Genomics Chip <small>(Test referred to GeneSeek/Neogen)</small>	R1500.00		
Postal Address: Private Bag X22 Tygervally 7536 Address: De Tijger Business Park Block 1 Hannes Louw Drive Parow North, 7500			TOTAL	

Results to: Society Owner Contact Person

I accept the instructions and terms stipulated and consent to the DNA data being recorded in the database of Unistel.

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