

## REQUEST FORM FOR HORSE TESTING 2020

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

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> <b>Society:</b> Only if arranged in advance with the society		
Surname:		<b>Owner:</b>		
Member number:		<input type="checkbox"/> <b>Deposit (Please attached proof of payment)</b>		
<b>WPCSA member number:</b>		Bank details:	Standard Bank	
Company:		Branch Code:	050410	
VAT nr:		Account nr:	041925858	
Address:		Account name:	Unistel Medical Laboratories	
Contact Person:		Deposit reference:	Cattle: Owner Name	
E-Mail:		<input type="checkbox"/> <b>Cheque attached</b>		
Tel: (H): _____ (W): _____		Cheques payable to: Unistel Medical Laboratories		
Cell:		Signature: _____		
TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile (Includes parentage)	R 190.00		
2	Polysaccharide Storage Myopathy (PCCS; Appaloosa )	R264.00		
3	Combination Package: HERDA, GBED, HYPP, OLWS	R1760.00		
4	DNA profile and Dwarfism (miniature horses only)	R869.00		
5	Dwarfism (miniature horses only)	R748.00		
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	

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: