

**REQUEST FORM FOR SAMHBS MEMBERS
2020**

This specimen request form MUST accompany each specimen/s.
Prices only valid for results supplied to SAMHBS.

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> Society: Only if arranged in advance with the society		
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: Horse: 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 (Includes parentage)	R165.00		
2	Dwarf Gene Test (ACAN Mutations)	R748.00		
3	Combination Package: DNA Profile and Dwarf Gene Test	R869.00		
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: Society and Owner				
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: