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

**Request Form for CATTLE Testing 2021**

**(ONLY WAGYU)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OWNER INFORMATION** | | | | **ACCOUNT TO** | | | |
| ID number: | | | | **Society**:  Only if arranged in advance with the society | | | |
| Surname: | | | |
| Member number: | | | | **Owner:** Less than 5 samples must accompany proof of payment, an invoice will only be made out on request.    **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  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Company: | | | |
| VAT nr: | | | |
| Address:  Contact Person: | | | |
| E-Mail: | | | |
| Tel: (H):      (W): | | | |
| Cell: | | | |
| **TEST No** | **TEST AVAILABLE**  **(Additional R200 per sample for**  **priority/urgent cases)**  **Please tick if required** | | | | **PRICE/UNIT**  **(Vat Excluded)** | **NO OF SPECIMEN** | **TOTAL** |
| **1** | **DNA profile (If more than 30 samples, less 5%)**  **Includes parentage** | | | | **R164.00** |  |  |
| **2** | **Chediak-Higashi Syndrome** | | | | **R120.00** |  |  |
| **3** | **16 Claudin-Type 1** | | | | **R120.00** |  |  |
| **4** | **16 Claudin-Type 2** | | | | **R120.00** |  |  |
| **5** | **Factor X1** | | | | **R120.00** |  |  |
| **6** | **Combination of Test No. 2, 3, 4, 5.** | | | | **R404.00** |  |  |
| **7** | **Growth Hormone (GH exon 5)** | | | | **R359.00** |  |  |
| **8** | **Stearoyl-CoA Desaturase (SCD)** | | | | **R359.00** |  |  |
| **9** | **Combination of Test No. 7 and 8.** | | | | **R657.00** |  |  |
| **10** | **Combination of Test No. 2, 3, 4, 5, 7 and 8** | | | | **R979.00** |  |  |
| **11** | **50K Illumina Bovine Beadchip** | | | | **R656.00** |  |  |
| **12** | **50K Illumina Bovine Beadchip plus 2000 SNP Genetic Traits & Disorder assessment**  **(Includes Polled, Coat colour and Myostatin status)** | | | | **R866.00** |  |  |
| **Postal**  **Address:** | | **Private Bag X22**  **Tygervalley**  **7536** | **Address: De Tijger Business Park**  **Block 1**  **Hannes Louw Drive** | | | **VAT** |  |
|  | |  | **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: | Click here to enter a date. |