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

**Request Form for CATTLE Testing 2021**

**(ONLY WAGYU)**

|  |  |
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| **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 BankBranch Code: 050410Account nr: 041925858Account name: Unistel Medical LaboratoriesDeposit reference: Owner Name / Invoice NrSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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** |       |

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| **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. |