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

**Request Form for CATTLE Testing 2021**

**(ONLY WAGYU Society)**

|  |  |
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| **OWNER INFORMATION**  | **ACCOUNT TO**  |
| ID number:      | **Deposit (Please attached proof of payment)** Bank details: Standard BankBranch Code: 055534Account nr: 240333756Account name: Certified Wagyu BeefDeposit reference: Owner Name / Account NrSeedstock (Stud): Both Dam and Sire to be verifiedCWB: Only sire to be verified |
| Surname:      |
| Member number:      |
| 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 (Includes parentage)** | **R164.00** |  |  |
| **2** | **Chediak-Higashi Syndrome (CHS)** | **R120.00** |  |  |
| **3** | **16 Claudin-Type 1 (CL16-1) and Type 2 (CL16-2)** | **R240.00** |  |  |
| **4** | **Factor X1 (F11)** | **R120.00** |  |  |
| **5** | **Combination of Test No. 2, 3, 4** | **R404.00** |  |  |
| **6** | **Growth Hormone (GH exon 5)** | **R359.00** |  |  |
| **7** | **Stearoyl-CoA Desaturase (SCD)** | **R359.00** |  |  |
| **8** | **Combination of Test No. 6 and 7.** | **R657.00** |  |  |
| **9** | **Combination of Test No. 2, 3, 4, 6, 7** | **R979.00** |  |  |
| **10** | **50K Illumina Bovine Beadchip plus 2000 SNP Genetic Traits & Disorder assessment** **(Includes Polled, Coat colour and Myostatin status)** | **R866.00** |  |  |
| **Postal****Address:** | **Postnet Suite 12****Private Bag X7003****Langenhovenpark****Bloemfontein** |  | **TOTAL** |       |
|  | **9301** |  |

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| **Results to: ☑ Society ☑ Owner**  |
| **I accept the instructions and terms stipulated and consent to the DNA data being recorded in the database of Wagyu SA.** |
| Signature: | Date: | Click here to enter a date. |