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

**Request Form for cattle Testing 2021**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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: Cattle: Owner Name  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** | **3 in 1: DNA+Pompe’s+CMS**  **Strongly advised by Society (Brahman, Brangus, Brafford)** | | | | **R259.00** |  |  |
| **3** | **4 in 1: DNA+Pompe’s+CMS+Double Muscling**  **(Myostatin: nt821; F94L; Q204x)** | | | | **R471.00** |  |  |
| **4** | **4 in 1: DNA+Pompe’s+CMS+Double Muscling**  **Myostatin - Any 2 mutation: Specify:** | | | | **R411.00** |  |  |
| **5** | **4 in 1: DNA+Pompe’s+CMS+Double Muscling**  **Myostatin - Any 1 mutation: Specify:** | | | | **R350.00** |  |  |
| **6** | **DNA profile + Double Muscling (nt821; F94L; Q204x)** | | | | **R459.00** |  |  |
| **7** | **Double Muscling (Myostatin: nt821; F94L; Q204x)** | | | | **R392.00** |  |  |
| **8** | **Double Muscling (Myostatin: Any 2 mutation: Specify:** | | | | **R250.00** |  |  |
| **9** | **Double Muscling (Myostatin: Any 1 mutation: Specify:** | | | | **R165.00** |  |  |
| **10** | **Cytogenetics: 1/29 translocation**  **Applicable to Simmentaler, Simbra (Blood in Heparin tubes)** | | | | **R441.00** |  |  |
| **11** | **Bulldog / Dexter Test (hair sample required)** | | | | **R242.00** |  |  |
| **12** | **Freemartin (blood sample required)** | | | | **R230.00** |  |  |
| **13** | **Kappa Casein+Beta Lactoglobulin+Beta Casein (A1/A2) Variants** | | | | **R580.00** |  |  |
| **14** | **Kappa Casein OR Beta Lactoglobulin OR Beta Casein: Specify variant to be tested:** | | | | **R185.00** |  |  |
| **15** | **50K Illumina Bovine Beadchip plus 2000 SNP Genetic Traits & Disorder assessment**  **(Includes Polled, Coat Colour and Myostatin status)** | | | | **R866.00** |  |  |
| **16** | **Trichomoniasis Foetus OR Camphylobacter** | | | | **R125.00** |  |  |
| **17** | **Trichomoniasis Foetus AND Camphylobacter** | | | | **R192.00** |  |  |
| **Postal**  **Address:** | | **Suite 13, Private Bag X22**  **Tygervalley**  **7536** | **Address: De Tijger Office Park**  **Block 1, Parow North**  **7500** | | | **VAT** |  |
|  | | **South Africa** | **South Africa** | | | **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 Animal Services.** | | |
| Signature: | Date: | Click here to enter a date. |