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

**Request Form for cattle Testing 2021**

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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: Cattle: Owner NameSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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** |       |

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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 Animal Services.** |
| Signature: | Date: | Click here to enter a date. |