**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 Excl)** | **NO OF SPECIMEN** | **TOTAL** |
| **1** | **DNA profile (If more than 30 samples, less 5%)** | **R164.00** |  |  |
| **2** | **DNA profile and parentage (to include a nomination form)** | **R164.00** |  |  |
| **3** | **3 in 1: DNA+Pompe’s+CMS****Strongly advised by Society (Brahman, Brangus, Brafford)** | **R259.00** |  |  |
| **4** | **4 in 1: DNA+Pompe’s+CMS+Double Muscling****Myostatin: (nt821; F94L; Q204x)****Any 2 mutation: Specify:****Any 1 mutation: Specify:** | **R471.00****R411.00****R350.00** |  |  |
| **5** | **DNA profile + Double Muscling (nt821; F94L; Q204x)** | **R459.00** |  |  |
| **6** | **Double Muscling** **Myostatin: (nt821; F94L; Q204x)****Any 2 mutation: Specify:****Any 1 mutation: Specify:** | **R392.00****R250.00****R165.00** |  |  |
| **7** | **Cytogenetics: 1/29 translocation****Applicable to Simmentaler, Simbra (Blood in Heparin tubes)** | **R441.00** |  |  |
| **8** | **Bulldog / Dexter Test (hair sample required)** | **R242.00** |  |  |
| **9** | **Freemartin (blood sample required)** | **R230.00** |  |  |
| **10** | **Kappa Casein+Beta Lactoglobulin+Beta Casein (A1/A2) Variants**  | **R580.00** |  |  |
| **11** | **Kappa Casein OR Beta Lactoglobulin OR Beta Casein: Specify variant to be tested:**  | **R185.00** |  |  |
| **12** | **50K Illumina Bovine Beadchip plus 2000 SNP Genetic Traits & Disorder assessment** **(Includes Polled, Coat Colour and Myostatin status)** | **R866.00** |  |  |
| **13** | **Trichomoniasis Foetus**  | **R180.00** |  |  |
| **14** | **Camphylobacter** | **R225.00** |  |  |
| **15** | **Trichomoniasis Foetus AND Camphylobacter** | **R325.00** |  |  |
| **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.I hereby consent to the further processing of the personal information provided on this form in terms of the Protection of Personal Information Act (2013) for the purposes of conducting this test and hereby agree to the terms and conditions of Unistel’s privacy policy and general terms and conditions for animal testing services which can be found at [www.unistelmedical.co.za](http://www.unistelmedical.co.za).  |
| Signature: | Date: | Click here to enter a date. |

**Please take note of the following**: Should testing samples originate outside of South Africa, the client must notify Unistel prior to shipping samples so that we can apply for an import permit. Samples can only be shipped once a permit has been obtained and this permit will only be valid for one shipment. Unistel will cover the cost of permits for orders of 10 or more animals. Shipments of fewer than 10 animals will incur an additional cost of R200 per permit.