**Request Form for Cattle Testing 2022 (Limousin Only)**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)**  **If more than 30 samples, less 5%**  **Please tick if required** | | | | **PRICE/UNIT**  **(Vat Excluded)** | **NO OF SPECIMEN** | **TOTAL** |
| **1** | **DNA profile**  **Includes parentage** | | | | **R181.00** |  |  |
| **2** | **DNA + Double Muscling**  **(Myostatin: nt821; F94L; Q204x)** | | | | **R504.00** |  |  |
| **3** | **DNA Profile +F94L Mutation (Limousin Cattle)** | | | | **R305.00** |  |  |
| **4** | **50K Illumina Bovine Beadchip plus Genetic Traits & Disorder assessment**  **(Includes Polled, Coat Colour and Myostatin status)** | | | | **R700.00** |  |  |
| **5** | **Double Muscling (Myostatin: nt821; F94L; Q204x)** | | | | **R431.00** |  |  |
| **6** | **Double Muscling (Myostatin: nt821; F94L; Q204x)Specify 2 mutations:** | | | | **R275.00** |  |  |
| **7** | **Double Muscling (Myostatin: nt821; F94L; Q204x)Specify 1 mutation:** | | | | **R181.00** |  |  |
| **8** | **Trichomoniasis Foetus** | | | | **R350.00** |  |  |
| **9** | **Camphylobacter** | | | | **R350.00** |  |  |
| **10** | **Trichomoniasis Foetus AND Camphylobacter** | | | | **R380.00** |  |  |
| **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.  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.