



REQUEST FORM FOR HORSE TESTING 2017

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

OWNER INFORMATION	ACCOUNT TO
ID number:	<input type="checkbox"/> Society: Only if arranged in advance with the society Owner: <input type="checkbox"/> 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 <input type="checkbox"/> Cheque attached Cheques payable to: Unistel Medical Laboratories Signature: _____
Surname:	
Member number:	
Company:	
VAT nr:	
Address:	
Contact Person:	
E-Mail:	
Tel: (H): _____ (W): _____	
Cell:	

TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile (Includes parentage)	R 140		
2	Polysaccharide Storage Myopathy (PCCS; Appaloosa)	R210		
3	Combination Package: HERDA, GBED, HYPP, OLWS	R1500		
4	DNA profile and Dwarfism	R780		
5	Dwarfism	R670		
Postal address: Suite 13 Private Bag X22 Tygervalley, 7536 South Africa			VAT	
			TOTAL	

Results to: <input type="checkbox"/> Society <input type="checkbox"/> Owner <input type="checkbox"/> 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:	y	m

SAMPLE RECEIPT AT UNISTEL (OFFICE USE)					
Received by:					
Date received:	y	m	d	Time:	