

REQUEST FORM FOR CATTLE TESTING 2018

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

OWNER INFORMATION		ACCOUNT TO	
ID number:		<input type="checkbox"/> Society:	
Surname:		Only if arranged in advance with the society	
Member number:		Owner:	Less than 5 samples must accompany proof of payment, an invoice will only be made out on request.
Company:		<input type="checkbox"/> Deposit (Please attached proof of payment)	
VAT nr:		Bank details:	Standard Bank
Address:		Branch Code:	050410
Contact Person:		Account nr:	041925858
E-Mail:		Account name:	Unistel Medical Laboratories
Tel: (H):	(W):	Deposit reference:	Cattle: Owner Name
Cell:		<input type="checkbox"/> Cheque attached	
		Cheques payable to: Unistel Medical Laboratories	
		Signature: _____	

TEST No	TEST AVAILABLE (Additional R200 per sample for priority/urgent cases) <input type="checkbox"/> Please tick if required	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile (If more than 30 samples, less 5%) Includes parentage	R125		
2	3 in 1: DNA+Pompe's+CMS Strongly advised by Society (Brahman, Brangus, Brafford)	R210		
3	4 in 1: DNA+Pompe's+CMS+Double Muscling (Myostatin: nt821; F94L; Q204x)	R380		
4	4 in 1: DNA+Pompe's+CMS+Double Muscling Myostatin - Any 2 mutation: Specify: _____	R330		
5	4 in 1: DNA+Pompe's+CMS+Double Muscling Myostatin - Any 1 mutation: Specify: _____	R280		
6	Cytogenetics: 1/29 translocation Applicable to Simmentaler, Simbra Blood specimen in Heparin tubes	R350		
7	Bulldog / Dexter Test (hair sample required)	R190		
8	Freemartin (blood sample required)	R190		
9	Igenity 150K Genomics Chip (Beef / Dairy) New and Improved Technology	R1500		
10	Double Muscling (Myostatin: nt821; F94L; Q204x)	R300		
11	Trichomoniasis Foetus	R75		
12	Polled (Taurus and Indicus)	R625		
13	<u>Other Tests:</u> E.g. Hair colour, Polled (only indicus), BLAD, Curly calf syndrome and milk quality.	Available on request		

Postal Address: Suite 13, Private Bag X22 Tygervalley 7536 South Africa

Address: US, Faculty of Medicine and Health Sciences, 2nd Floor, Room 2139 Francie Van Zijl Drive, Clinical Building, Tygerberg, 7505

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	d