

## Request Form for Alpacas Testing 2018

This specimen request form MUST accompany each specimen/s.

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> <b>Society:</b> Only if arranged in advance with the society		
Surname:		<b>Owner:</b>		
Member number:		<input type="checkbox"/> <b>Deposit (Please attached proof)</b>		
Company:		Bank details:	Standard Bank	
VAT nr:		Branch Code:	050410	
Address:		Account nr:	041925858	
		Account name:	Unistel Medical Laboratories	
		Deposit reference:	Owner Name	
Cell:		<input type="checkbox"/> <b>Cheque attached</b>		
E-Mail:		Cheques payable to: Unistel Medical Laboratories		
Tel: (H):	(W):	Signature: _____		
Contact Person:				
TEST No	TEST AVAILABLE	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile only Includes parentage	R 435		
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	

<b>Results to:</b> <input type="checkbox"/> <b>Society</b> <input type="checkbox"/> <b>Owner</b> <input type="checkbox"/> <b>Contact Person</b>				
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/	mm/
			dd/	

SAMPLE RECEIPT AT UNISTEL (OFFICE USE)				
Received by:				
Date received:	y/	mm/	dd/	Time:

