

REQUEST FORM FOR BIRD TESTING 2018

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

OWNER INFORMATION		ACCOUNT TO		
ID number:		<input type="checkbox"/> Society:		
Surname:		Authorization Reference: _____		
Member number:		Owner:		
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	PRICE/UNIT (Vat Excluded)	NO OF SPECIMEN	TOTAL
1	DNA profile Includes parentage	R 190		
2	Sexing	R 110		
3	Racing Pigeons Genetics	R 370		
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:		

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

