

REQUEST FORM FOR PIG 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 175		
2	Pig Chromosomes	R 350		
			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:	

