

REQUEST FORM FOR CATTLE TESTING 2018 (LIMOUSIN ONLY)

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 | | |
| Surname: | | Owner: Less than 5 samples must accompany proof of payment, an invoice will only be made out on request. | | |
| Member number: | | <input type="checkbox"/> Deposit (Please attached proof of payment) | | |
| Company: | | Bank details: Standard Bank | | |
| VAT nr: | | Branch Code: 050410 | | |
| Address: | | Account nr: 041925858 | | |
| Contact Person: | | Account name: Unistel Medical Laboratories | | |
| E-Mail: | | Deposit reference: Cattle: Owner Name | | |
| Tel: (H): (W): | | <input type="checkbox"/> Cheque attached | | |
| Cell: | | Cheques payable to: Unistel Medical Laboratories | | |
| | | Signature: _____ | | |
| TEST No | TEST AVAILABLE <small>(Additional R200 per sample for priority/urgent cases)</small> <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 | DNA + Double Muscling (Myostatin: nt821; F94L; Q204x) | R320 | | |
| 3 | DNA Profile +F94L Mutation (Limousin Cattle) (If more than 30 samples, less 5%) | R225 | | |
| 4 | Igenity 150K Genomics Chip (Beef / Dairy) New and Improved Technology | R1500 | | |
| 5 | Double Muscling (Myostatin: nt821; F94L; Q204x) | R300 | | |
| 6 | Trichomoniasis Foetus | R75 | | |
| 7 | Polled (Taurus and Indicus) | R625 | | |
| 8 | Other Tests: 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 |

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