



DNA Testing

Unistel Medical Laboratories (Pty) Ltd

Amount Paid: _____

Receipt No.: _____

Test Request: _____

Sample 1	
ID Nr:	
SURNAME:	
FIRST NAME	
Identification Nr:	Lab Nr:
Sample 2	
ID Nr:	
SURNAME:	
FIRST NAME	
Identification Nr:	Lab Nr:
Sample 3	
ID Nr:	
SURNAME:	
FIRST NAME	
Identification Nr:	Lab Nr:
Sample 4	
ID Nr:	
SURNAME:	
FIRST NAME	
Identification Nr:	Lab Nr:
Sample 5	
ID Nr:	
SURNAME:	
FIRST NAME	
Identification Nr:	Lab Nr:

Postal address for results:

Enquiries: Tel 021 938 9213 / info@unistelmedical.co.za

Tel Nr:

Cell Nr:

Fax:

WE UNDERSTAND AND ACCEPT THAT:

All information is confidential.
 Forensic and/or Blood samples were collected for DNA evaluation, correctly labelled, and sealed. All information is accepted at face value.
 The request form has been completed correctly.
 No responsibility is accepted for any losses that may occur as a result of human or technical error.
 Should gross negligence be proven the claim shall not exceed the value of the contract.
 Declare that I deliver according to the instructions and requirements of the sender.

Signed at: _____ Date: _____

Courier: _____ Capacity: _____

Signature: _____ Witness Signature: _____

Specimen				Specimen Receipt at Unistel			
Specimen Type: (✓)	Other:	Guthrie Card		Received by:			
Marshal Casette	Swab	Hair	Blood	Time received:			
Delivered by:				Date received:	d	m	y