

FAX TO: 01638 724200

ELECTIVE TESTING SAMPLE SUBMISSION FORM

Request no. /11

Please complete in block capitals:

NAME OF TRAINER:	
Address:	
Tel:	Fax:

NAME /CONTACT NO. OF VETERINARY SURGEON:	
Test details:	
Drug for analysis:	
Product name:	Dose:
Date(s) of treatment:	Route of administration:
Date & time of urine sample collection:	
Person collecting sample:	

HORSE RACE DETAILS		
Name	Age:	Sex:
Race entered:		
Race date:		

I request the analysis of the submitted sample for the above drug. I accept the Terms and Conditions for Elective Testing and enclose a cheque or visa payment details for the account laid down therein.

Signed (TRAINER)

Date:

Signed (Veterinary surgeon if applicable):

Date:

I confirm that the treatment listed above was prescribed or advised by me.

BHA Approval received from:

Signed:

Date:

Form updated 15 February 2010

For further information please contact the Equine Science & Welfare Department: 020 7 152 0090

British Horseracing Authority Limited, 75 High Holborn, London, WC1V 6LS

Tel: 020 7152 0000 Fax: 020 7152 0001

Web: britishhorseracing.com Email: info@britishhorseracing.com

Registered Number: 2813358 England. Calls may be recorded