

Medication Form 4

MCP

APPLICATION FORM FOR ELECTIVE TESTING

TO BE COMPLETED IN CAPITAL LETTERS

This form must be completed and sent together with the sample to the FEI Central or Reference Laboratory. *Please read carefully the accompanying Important Conditions and Requirements* before completing this form.

Horse's name: Sex:

FEI Passport no.:

Person Responsible: Nationality:

Reference Laboratory name and location:

Event information:

.....

Location of next event: Date:

Medication information:

Prohibited substances to be tested for (limited to 4 substances per horse):

.....

Contact Person (Treating or Team Veterinarian) in case of queries and for result reporting:

Name: e-mail:.....

Phone no.: fax no.:

Sample Information (NB only urine samples may be sent):

Date of urine collection: Approximate time of collection:

Date of sample dispatch: Expected date of sample arrival:.....

Shipping details (courier service), AWB number etc.:

.....

Name and address to which the report will be sent (please print clearly):

Name: e-mail:.....

Address:.....

Phone no.: fax no.:.....

Declaration by the Treating/Team Veterinarian: I agree to the conditions of the elective testing services of the FEI and its agents, declare that the sample submitted with this form entirely originates from the stated horse, and acknowledge that the elective testing result is unofficial and a negative finding does not absolve me of my responsibility of any positive finding, including the medication(s) tested herein, in all official samples.

Name: Signature:

Date:

Disclaimer: The FEI and its agents do not accept any responsibility for the testing service and/or the results and the requester shall hold the FEI harmless from all claims relating thereto.