



BHA will attach details of sample Reference code here upon receipt of this completed form and when approval is authorised

ELECTIVE TESTING REQUEST FOR APPROVAL FORM

Please complete this form in block capitals and send to the Equine Health and Welfare Department at equine@britishhorseracing.com:

Name of Trainer:
Address:

Tel: **E-mail/fax:**

Name of veterinary surgeon (if applicable):
Tel no. of veterinary surgeon (if applicable):

TEST DETAILS (Urine)

Drug for analysis:
Product trade name:
Dose (mg):
Route of administration:
Date(s) of treatment:
Date & time of urine sample collection:
Person collecting sample:

HORSE RACE DETAILS

Registered 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 agree to bear the cost associated with sample analysis.

Signed (TRAINER): **Date:**

Signed (Veterinary surgeon if applicable): **Date:**
I confirm that the treatment listed above was prescribed or advised by me.

Form updated 18th August 2014