



ELECTIVE TESTING SAMPLE SUBMISSION FORM

Please complete this form in block capitals, the completed form must be sent together with the Elective Testing sample to:

**Sample Management Team
Sports & Specialised Analytical Services
LGC
Newmarket Road
Fordham
Cambridgeshire
CB7 5WW**

The sample can only be guaranteed to be accepted for delivery during normal business hours (9am-5pm Monday-Friday).

SAMPLE REFERENCE CODE

(This is the code assigned to you by the Equine Health and Welfare Department)

TEST DETAILS

The sample for submission must be **URINE**, and a minimum of 50mls is required. The sample must be clearly marked with the sample reference code and 'Elective Testing'.

Drug for analysis:

Product trade name:

Dose (mg):

Route of administration:

Date(s) of treatment:

Date & time of urine sample collection:

BHA approval received (date):

BHA official approving Elective Testing:

Signature of BHA official approving Elective Testing (if applicable):

Form updated 18th August 2014

For further information please contact the Equine Health & Welfare Department: 020 7152 0090 or equine@britishhorseracing.com

British Horseracing Authority Limited 75 High Holborn London WC1V 6LS

T +44 (0) 20 7152 0000 F +44 (0) 20 7152 0161 Calls may be recorded

info@britishhorseracing.com britishhorseracing.com

Registered Number 2813358 England