

Application Form for Pre-arrival testing (PAT) Paralympic Games 2024

PLEASE COMPLETE IN CAPITAL LETTERS.
"PAT" will be refused if the information cannot be read.

To initiate a request for PAT, a copy of this form must be emailed to pat2024@lchfrance.fr. The original must be sent together with the sample to the **GIE LCH – LABORATOIRE DES COURSES HIPPIQUES** (address below). Please also refer to the Sample Submission Conditions and Requirements document, noting the sample submission deadlines for each discipline and the requirement for a Secretary General Appointee to receive all PAT information.

Please indicate on packaging, sample type and discipline e.g. "PARIS PAT SAMPLE-PARADRESSAGE"

Horse's name: _____ Sex: _____

National Federation: _____ Arrival date in Paralympic stables: _____

Sample kit Bar Code ID: _____

Type of test	Price € (Euros) (per urine AND/OR blood sample)*
Full Screening Test (available from 6 July to 7 working days before date of arrival)	360.00 euros excluding VAT

*Note: For Full Screening if only urine or blood is submitted, the price is the same for as if both were submitted.

PAYMENT MUST BE MADE IN ADVANCE – PLEASE email pat2024@lchfrance.fr TO INITIATE TESTING.

Invoice Information

Name: _____ Postal address: _____

E-mail: _____ VAT Number: _____

Sample Information – BLOOD/URINE/BOTH (delete as appropriate)

Blood: 4 heparinated tubes of 10 mL each / urine: more than 35 mL per bottle

Date of urine/blood collection: _____ Approximate time of collection: _____

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

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

Location of horse at time of sampling: _____

Secretary General Appointee

This will be the only person authorised to answer queries and receive results relating to PAT without exception.

Name: _____ e-mail: _____

Phone no.: _____

Declaration by the **Secretary General Appointee**: I affirm that this sample is from a horse on the Nominated Entries List for the Paralympics 2024 and acknowledge that all of the information provided above is true and accurate and submitted in good faith. Any violation of this stipulation or interference or manipulation with the PAT procedures will be treated as a violation of the Equine Anti Doping and Controlled Medication Regulations as well as an integrity rule violation. The decision to take advantage of the PAT offered as a voluntary service is at the user's own risk and neither the FEI or the Laboratory assumes no liability or responsibility whatsoever for any aspect of the PAT. Further, negative test results arising from the PAT will not constitute a defence to an Equine Anti-Doping and Controlled Medication violation incurred outside of the PAT.

Name of Appointee: _____ Signature: _____

Date: _____