

ELECTIVE TESTING FORM

REQUEST FOR ELECTIVE TESTING



This form must be completed in capital letters and sent with the sample to the FEI Central or a FEI Reference Laboratory. Please read carefully the accompanying *Elective Testing Information, Conditions and Requirements* before completing this form.

HORSE AND PERSON RESPONSIBLE DETAILS

Horse name: _____ Horse FEI ID number (or Passport): _____ Sex: _____

Person Responsible: _____ Country/ National Federation: _____

Next Event
Location: _____ Date: _____

MEDICATION INFORMATION

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

1. _____
2. _____
3. _____
4. _____

CONTACT PERSON (*FEI Veterinarian*) in case of queries and for reporting of results

Name: _____ Email: _____
Phone no: _____ Fax no: _____

SAMPLE INFORMATION (*only urine samples may be sent*)

Date of urine collection: _____ Approximate time of collection: _____
Date of sample dispatch: _____ Expected date of sample arrival: _____

FEI Laboratory name and location: _____

Shipping details (*courier service, AWB number etc*)

REPORTING INFORMATION (*print clearly the name and address to which the report should be sent*)

Name: _____ Email: _____
Address: _____
Phone no: _____ Fax no: _____

DECLARATION BY FEI VETERINARIAN (Official or Permitted Treating)

I agree to the conditions of the Elective Testing services of the FEI and its agents. I declare that the sample submitted with this form originates entirely from the stated horse; I acknowledge that the Elective Testing result is unofficial and a negative finding does not absolve me, or the Person Responsible as named above, of our responsibility for any positive finding in any official EADCMP samples, including the medication(s) tested herein.

Name: _____ FEI ID Number: _____
Signature: _____ Date: _____

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