

FEI ELECTIVE TESTING REQUEST FORM

Please complete in capital letters



This form must be completed and sent with the elective testing samples to the FEI Approved Laboratory. Please read carefully the accompanying 'Elective Testing Information, Conditions and Requirements' before completing this form.

HORSE DETAILS

Name _____

Male Gelding Female

Passport No

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FEI ID

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SAMPLE INFORMATION

Sample Type Blood Urine

Date of collection

D	D	M	M	Y	Y
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Requested tests

Substance _____

Date treatment ended

D	D	M	M	Y	Y
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Dose _____

Frequency of administration _____

Route of Administration (e.g. i.m, i.v) _____

Substance _____

Date treatment ended

D	D	M	M	Y	Y
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Dose _____

Frequency of administration _____

Route of Administration (e.g. i.m, i.v) _____

Substance _____

Date treatment ended

D	D	M	M	Y	Y
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Dose _____

Frequency of administration _____

Route of Administration (e.g. i.m, i.v) _____

Substance _____

Date treatment ended

D	D	M	M	Y	Y
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Dose _____

Frequency of administration _____

Route of Administration (e.g. i.m, i.v) _____

VETERINARIAN'S DETAILS & DECLARATION

Name _____

FEI ID

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Phone number _____

Email _____

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 EADCM samples including the substance(s) tested herein.

Signed _____

Date

D	D	M	M	Y	Y
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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.