

**FEI ELECTIVE TESTING REQUEST FORM
CONTROLLED MEDICATION (including those
also listed as Specified Substances)**



This form must be completed where the testing for any Controlled Medication is requested, 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.