

**FEI ELECTIVE TESTING REQUEST FORM  
SPECIFIED SUBSTANCES LISTED AS  
BANNED SUBSTANCES**



This form must be completed where the testing for Specified Substances that are listed as Banned Substances, 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. Please complete the form using capital letters.

**HORSE DETAILS**

Name \_\_\_\_\_ Male  Gelding  Female   
Passport No 

--	--	--	--	--	--	--	--	--	--

 FEI ID 

--	--	--	--	--	--	--	--	--	--

**SAMPLE INFORMATION**

Sample Type      Blood       Urine       Date of collection 

--	--	--	--	--	--

Requested tests

Substance \_\_\_\_\_ Date of exposure: 

--	--	--	--	--	--

Reason for testing:  
\_\_\_\_\_  
\_\_\_\_\_

Substance \_\_\_\_\_ Date of exposure: 

--	--	--	--	--	--

Reason for testing:  
\_\_\_\_\_  
\_\_\_\_\_

Substance \_\_\_\_\_ Date of exposure: 

--	--	--	--	--	--

Reason for testing:  
\_\_\_\_\_  
\_\_\_\_\_

Substance \_\_\_\_\_ Date of exposure: 

--	--	--	--	--	--

Reason for testing:  
\_\_\_\_\_  
\_\_\_\_\_

**VETERINARIAN'S DETAILS & DECLARATION**

Name \_\_\_\_\_ FEI ID 

--	--	--	--	--	--	--	--	--	--

  
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 

--	--	--	--	--	--

**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.