

ELECTIVE SAMPLE SUBMISSION FORM

Email to: antidoping@ihrb.ie / Fax: 045 445 602

I _____ Trainer Name _____ wish to avail of the IHRB's elective test
in respect of _____ a _____ Horse Name _____ to test for the
presence of _____.

HRI Account no: _____

Current Race Entry (if applicable): _____

Current Treatment: _____

Substances Administered: _____

Duration of Treatment: _____

Final Date of Administration: _____ Route of Administration: _____

Sample Collection Date: _____

Agreed Drop-off Point and Date: _____

I understand that the above testing request is done at my own expense and I authorise the deduction of the sampling kit and laboratory fee, totalling €330, from my Horse Racing Ireland Account by the IHRB. I acknowledge that, should any transport/ courier costs be incurred relating to the sample, the IHRB Accounts Department will furnish me with an invoice in respect of same.

Signed: _____

Date: _____