

*BHA will attach details of  
sample Reference code here  
upon receipt of this completed  
form and when approval is  
authorised*

**ELECTIVE TESTING REQUEST FOR APPROVAL FORM**

Please complete this form in block capitals and send to  
the Anti-Doping Department at  
[anti-doping@britishhorseracing.com](mailto:anti-doping@britishhorseracing.com)

**Name of Trainer:****Address:****Tel:****E-mail/fax:****Name of veterinary surgeon (if applicable):****Tel no. of veterinary surgeon (if applicable):****TEST DETAILS (Urine)****Drug for analysis:****Product trade name:****Dose (mg):****Route of administration:****Date(s) of treatment:****Date & time of urine sample collection:****Person collecting sample:****HORSE RACE DETAILS****Registered name:****Age:****Sex:****Race entered:****Race date:**

*I request the analysis of the submitted sample for the above drug. I accept the Terms and  
Conditions for Elective Testing and agree to bear the cost associated with sample analysis.*

**Signed (TRAINER):****Date:****Signed (Veterinary surgeon if applicable):****Date:**

*I confirm that the treatment listed above was prescribed or advised by me.*