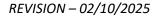


REVISION - 02/10/2025

## **JOCKEY ELECTIVE TEST REQUEST FORM**

According to GRA Act section 15E(3)(d)(i), the analysis and also cost associated to the sampling is to be at the cost of the jockey.

| REQUESTED BY:          |                     |                            |
|------------------------|---------------------|----------------------------|
| Full Name of Jockey:   |                     |                            |
| NIC or Passport no.:   |                     |                            |
| Sex: Male/Female       |                     |                            |
| Date:                  |                     |                            |
| Time:                  |                     |                            |
| Signature:             |                     |                            |
|                        |                     |                            |
| SAMPLE TYPE: (Please t | ick as appropriate) | SUBSTANCES TO BE ANALYSED: |
| Blood                  |                     |                            |
| Urine                  |                     |                            |
| Other                  |                     |                            |
|                        |                     |                            |
|                        |                     |                            |





## For office use:

**RECOMMENDED BY CHIEF STIPENDIARY STEWARD** 

| lame:           |
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Elective samples will be taken at GRA **only.** Payment should be effected at least two working days prior the collection of samples and no collection of samples will be conducted if payment has not been done.

received

Payment of MUR