*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 tick as appropriate)* | **SUBSTANCES TO BE ANALYSED:** |
|---|---|
| Blood ☐ | |
| Urine ☐ | |
| Other ☐ | |



**Gambling Regulatory Authority**
Level 12, Newton Tower, Sir William Newton Street, Port Louis, Mauritius | Tel: +230 214 9800 |
Fax: +230 213 1205 | Email: hrid@gra.mu | Website: http://gra.govmu.org/

***For office use:***

| **RECOMMENDED BY CHIEF STIPENDIARY STEWARD** |
|---|
| Name: |
| Signature: |
| Date: |

***For office use:***

| **RECEIVED BY:** |
|---|
| Name: |
| Signature: |
| Date: |
| Time: |
| Payment of MUR_____ received |

*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.*



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