GAMBLING REGULATORY AUTHORITY

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 trainer.

REQUESTED BY:	**HORSE INFORMATION:**
Name of Trainer:	Name:
Signature:	Microchip No.
Date:	Sex: Gelding Colt Rig Mare
Time:	

SAMPLE TYPE: *(Please tick as appropriate)*	**SUBSTANCES TO BE ANALYSED:**
Blood ☐	
Urine ☐	
Hair ☐	
Other ☐	

Name of Veterinarian:	
Signature:	

Gambling Regulatory Authority
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For office use:

RECOMMENDED BY CHIEF STIPENDIARY STEWARD
Name:
Signature:
Date:

RECEIVED BY:
Name:
Signature:
Date:
Time:
Payment of MUR_____received

*Elective samples will be collected at the Champ de Mars **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.*