

# TRUESDAIL LABORATORIES, INC.

EXCELLENCE IN INDEPENDENT TESTING

Established 1931



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## PRE-RACE DRUG SCREEN REQUEST FORM

SAMPLE TYPE: URINE \_\_\_\_\_

COLLECTION DATE: \_\_\_\_\_ DOCTOR \_\_\_\_\_

ANIMAL NAME, HIP # OR OTHER I.D.: \_\_\_\_\_

SPECIES: \_\_\_\_\_ OWNERS NAME: \_\_\_\_\_

### Pre-Race Screening

#### ANABOLIC SCREENING BY ELISA IN URINE\*

- |   |                                   |
|---|-----------------------------------|
| 1. Boldenone and Metabolites  | \$150.00 <input type="checkbox"/> |
| 2. Nandrolone and Metabolites   | \$150.00 <input type="checkbox"/> |
| 3. Stanozolol and Metabolites   | \$150.00 <input type="checkbox"/> |
| 4. Testosterone   | \$150.00 <input type="checkbox"/> |
| Test for 1, 2, 3, 4 (Boldenone, Nandrolone, Stanozolol, and Testosterone) | \$500.00 <input type="checkbox"/> |

#### ANABOLIC SCREENING BY LC/MS IN URINE\*

- |   |                                    |
|---|------------------------------------|
| 1. Screen for Stanozolol and Metabolites                                  | \$700.00 <input type="checkbox"/>  |
| 2. Screen for Testosterone  | \$700.00 <input type="checkbox"/>  |
| 3. Screen for Nandrolone and Metabolites                                  | \$700.00 <input type="checkbox"/>  |
| 4. Screen for Boldenone and Metabolites                                   | \$750.00 <input type="checkbox"/>  |
| Test for 1, 2, 3 (Nandrolone, Stanozolol, and Testosterone)               | \$1800.00 <input type="checkbox"/> |
| Test for 1, 2, 3, 4 (Boldenone, Nandrolone, Stanozolol, and Testosterone) | \$2500.00 <input type="checkbox"/> |

PRE-RACE SCREEN FOR PROCAINE IN URINE\*\* \$100.00

\*Note: Results are typically sent by fax within 5 working days after sample receipt. However, if 3-day turnaround time is requested then there is a 100% rush charge.

\*\*Note: Results are typically sent by fax within 3 working days after sample receipt. However if 2-day turnaround time is requested then there is a 100% rush charge.

Send samples by overnight delivery to arrive Monday – Friday, weekend arrivals are not accepted.

**Payment must accompany sample(s) or no analysis will be performed.**

#### PLEASE FAX RESULTS TO:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

#### BILL TO:

VET CLINIC: \_\_\_\_\_ ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_