

REQUEST FOR SPLIT SAMPLE ANALYSIS

Laboratory response is due within _____ business days of receipt of this request



DATE OF REQUEST:			
RACING AUTHORITY:			
RACING AUTHORITY CONTACT:	Name: e-mail:		
DRUG / ANALYTE FOR ANALYSIS:			
ANALYSIS REQUESTED:	Qualitative <small>(no concentration reported)</small>	Quantitative <small>(estimated concentration reported)</small>	
REGULATORY THRESHOLD: <i>(If applicable)</i>			
ESTIMATED CONCENTRATION:			
MATRIX TO BE ANALYZED: <i>(Indicate all to be submitted for analysis)</i>	Blood-Plasma	Blood-Serum	Urine Other _____
HYDROLYSIS USED IN PRIMARY ANALYSIS:	YES		NO
SAMPLE CONDITION:	Refrigerated	Frozen	Other _____
SAMPLE AGE: <i>(interval post-collection)</i>	< 60 days	61-120 days	>120 days
PARTY RESPONSIBLE FOR PAYMENT:	Trainer / Owner	Racing Authority	Other _____

TO BE COMPLETED BY RESPONDING LABORATORY

LABORATORY:			
LABORATORY CONTACT:	Name: e-mail:		
LABORATORY RESPONSE:	AGREE DECLINE TO PERFORM REQUESTED ANALYSIS		
Justification, if declined:			

TO BE COMPLETED BY LABORATORIES AGREEING TO PERFORM ANALYSIS:

PRICING AND REMITTANCE INSTRUCTIONS:			
PROJECTED TURN-AROUND-TIME:			
SAMPLE VOLUME REQUIRED:	_____ mls serum/plasma	_____ mls urine	
SHIPPING ADDRESS AND INSTRUCTIONS:			