

	General Submission Form			
	Classification F	ID 1275	Revision 1	Effective Date 3/20/2025 2:17:36 PM

Submitter/Veterinarian Details			Animal Owner Details		
Name:			Name:		
Mailing Address:			Mailing Address:		
City:			City:		
State:		Zip Code:	State:		Zip Code:
Phone:			Phone:		
Email:			Email:		
Bill to Address if different from above:			Notification of sample receipt via email?		YES <input type="checkbox"/>
Submission details					
Specimen Type (circle)		Blood	Urine	Hair	Other _____
Gender (circle)	Gelding	Mare	Stallion	Filly	Colt Other _____
Animal Name or Identifier:					
Date sample(s) Collected:			Date sample(s) shipped:		
Test Requested					
<input type="checkbox"/> Pre-Purchase Screen - \$225; 3 days			<input type="checkbox"/> Single Analyte - \$250; 10 days		
<input type="checkbox"/> Anabolic Steroids - \$200; 10 days			<input type="checkbox"/> Analyte _____		
<input type="checkbox"/> NSAIDs - \$100; 10 days			<input type="checkbox"/> Hair - \$250; 15 days		
<input type="checkbox"/> Bronchodilators - \$200; 10 days			<input type="checkbox"/> Supplement - \$475; 10 days		
Testing Notes (List Single Analyte or any medications/treatments given):					

Submission Policies:

- Preliminary results will be provided within the number of business days specified for each test. Confirmatory analysis, if required, may require an additional 1-3 business days.
- Under no circumstances is EQIAS Labs testing to be used to certify the health status of an animal.
- I certify that I am not a covered person, represent a covered person or am requesting testing on a covered horse as defined by the Horseracing Integrity and Safety Authority (HISA).
- I understand that specimens submitted are the property of EQIAS Labs. Client information provided to EQIAS Labs and the test results from samples submitted to EQIAS Labs will be treated as confidential information. Client information and test results are automatically distributed to the submitter/veterinarian listed above. Confidential information will not be divulged to third parties without written consent from the client, except when required by law, which includes requirements that test results be provided to regulatory agencies.

Signature of Submitter

Date

For Lab Use Only			
Date Received:		Received By:	Delivery Method:
Job Number:		Reference Number:	
Condition upon Arrival:			
Tests:			
<input type="checkbox"/> NSAIDS	<input type="checkbox"/> Orbitrap	<input type="checkbox"/> Bisphosphonates	<input type="checkbox"/> Other _____