	<b>(1274) Competition Animal Submission Form</b>			
	<b>Classification</b> F	<b>ID</b> 1274	<b>Revision</b> 4	<b>Effective Date</b> 4/1/2025 11:57:15 AM

<b>Submitter/Veterinarian Details</b>		<b>Animal Owner Details</b>	
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"/>
<b>Submission details (for multiple samples please use table on Page 2)</b>			
<b>Specimen Type (circle)</b>	Blood	Urine	Hair
<b>Species (circle)</b>	Equine	Avian	Bovine
<b>Animal Name or Identifier:</b>	Caprine	Ovine	Porcine
<b>Date sample(s) Collected:</b>	Poultry	Other	
<b>Animal Gender:</b>			
<b>Date sample(s) shipped:</b>			
<b>Test Requested</b>			
<input type="checkbox"/> Competition Animal Drug Screen		<input type="checkbox"/> Other	
<b>Testing Notes (list any medications/treatments given):</b>			


### Submission Policies:

- Preliminary results will be provided within 10 business days of receipt of samples. 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

<b>For Lab Use Only</b>			
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

	<b>(1274) Competition Animal Submission Form</b>			
	<b>Classification</b> F	<b>ID</b> 1274	<b>Revision</b> 4	<b>Effective Date</b> 4/1/2025 11:57:15 AM

(Please use the table below for multiple samples)

Animal ID	Specimen	Species	Gender