

# Equestrian Australia

## EA MCP Post-Sampling Submission Report



*This form is to be completed after the sampling of horses under the EA Medication Control Program*

Name of the Event \_\_\_\_\_ Date of the Event: \_\_\_\_\_

Discipline: \_\_\_\_\_

Event Organiser Name: \_\_\_\_\_

Event Organiser Billing Details: \_\_\_\_\_  
\_\_\_\_\_

State Branch: \_\_\_\_\_ Postcode: \_\_\_\_\_

EA Event: \_\_\_\_\_ FEI Event: \_\_\_\_\_ (Please Indicate)

EA/FEI Stewards Name \_\_\_\_\_

Mobile/Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Veterinarians Name: \_\_\_\_\_

Mobile/Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How many horses were sampled: \_\_\_\_\_

Courier Transit Number(s) \_\_\_\_\_

Courier Transit Number(s) \_\_\_\_\_

Courier Transit Number(s) \_\_\_\_\_

Comments on the conduct of the sampling:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: All original MCP documentation must be returned to Equestrian Australia. In addition, please scan and email to Equestrian Australia Integrity Department – [integrity@equestrian.org.au](mailto:integrity@equestrian.org.au).

EVENT NAME:

Date	Sampled Horse Name	EA/FEI Registration #	Rider Name [+ witness responsible]	Event Class	Urine Sample #	Blood Sample #	ARFL Kit # Outgoing Seal # Return Seal #	Time Held Time: Urine Time: Blood
								* * *
								* * *
								* * *
								* * *
								* * *
								* * *
								* * *
								* * *
								* * *