

REQUEST DESCRIPTION:

Organization/Federation:	Sport:	Event Date:	Nº of samples:
Event name:	Location of the event:	Sample delivery/receive date:	
Requested assays: 1. Athlete's samples: 1.1. Urine samples <input type="checkbox"/> In competition test (full screen) <input type="checkbox"/> Out of competition test (partial screen) <input type="checkbox"/> IRMS <input type="checkbox"/> ESAs (erythropoiesis stimulating agents) <input type="checkbox"/> Growth hormone releasing factors (GHRF) <input type="checkbox"/> Analogues of Growth Hormone Releasing Hormone (GHRH) 1.2. Serum samples <input type="checkbox"/> ESAs <input type="checkbox"/> hGH (human growth hormone) – isoforms test <input type="checkbox"/> hGH (human growth hormone) – biomarkers test		2. Animal's samples: <input type="checkbox"/> In competition test <input type="checkbox"/> Veterinary analysis: <input type="checkbox"/> Analysis of steroidal anti-inflammatory drugs (SAIDs) <input type="checkbox"/> Analysis of non-steroidal anti-inflammatory drugs (NSAIDs) 1.3. Blood samples: <input type="checkbox"/> ESAs (in plasma) <input type="checkbox"/> Biological passport (haematological parameters) <input type="checkbox"/> HBOCs (haemoglobin-based oxygen carriers) 1.4. DBS samples <input type="checkbox"/> Multi-analyte test <input type="checkbox"/> ESAs 1.5. Others <input type="checkbox"/> "B" sample analysis <input type="checkbox"/> Other (please specify): _____	

INFORMATION FOR DELIVERY OF RESULTS:

Organization:		Name of the contact person:	
Telephone:	Fax:	E-mail:	
Address:		Results to be delivered by:	
		<input type="checkbox"/> Fax	<input type="checkbox"/> Mail <input type="checkbox"/> E-mail

Only fill in the fields highlighted in grey if you request the assay for the first time or if any information has changed

INFORMATION FOR INVOICING ANALYSES:

(Only to be filled in if you request the assay for the first time or if any information has changed)

Organization:		Name of the contact person:	
Telephone:	Fax:	E-mail:	CIF or NIF:
Address:			

Date:	Seal of the Organization requesting the assays:
Name and signature of person requesting the assays:	

TO BE FILLED IN BY THE LABORATORY

Date when request is received:	
Request received by:	
REQUEST APPROVAL: (By either the Head of the Laboratory, or by the person responsible for the department involved in the analyses or by the person to whom one of them delegates) _____; (First Name and surname, Signature, Date)	
RECEPTION BATCH:	