REQUEST DESCRIPTION:

Organization/Federation:	Sport:	Event Date:	Nº of samples:
Event name:	Location of the event:	Sample delivery/receive date:	

Analysis requested on athlete samples:

1. Urine samples
☐ In competition test (full screen)
☐ Out of competition test (partial screen)
☐ IRMS
☐ ESAs (erythropoiesis stimulating agents)
☐ Growth hormone releasing factors (GHRF)
☐ Analogues of Growth Hormone Realising Hormone (GHRH)

2. Serum samples
☐ ESAs
☐ hGH (human growth hormone) – isoforms test
☐ Steroid Passport
☐ Endocrine Passport

3. Blood samples:
☐ ESAs (in plasma)
☐ Biological passport (haematological parameters)
☐ HBOCs (haemoglobin-based oxygen carriers)

4. DBS samples (Dried blood drops)
☐ Multi-analyte test
☐ ESAs
☐ Anabolic steroid esters

5.Others
☐ "B" sample analysis
☐ Other (please specify): _____

INFORMATION FOR DELIVERY OF RESULTS:

Organization:	Name of the contact person:	
Telephone:	Fax:	E-mail:
Address:	Results to be delivered by: ☐ Fax ☐ Mail ☐ 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: