

## APPENDIX A\_\_REQUEST FOR SAMPLE RESIDUE RELEASE FORM

REQUESTOR PERSONAL INFORMATION	
Full name	
Mailing Address & Phone Number	
E-mail Address	
POSITIVE TEST INFORMATION	
Positive Certificate Number e.g. 20-001-RCN	
Race Course & Race Date	
Substance(s) detected	
REFEREE LABORATORY INFORMATION	
Laboratory Name	
Contact Person Information	
Address	
Phone Number	
Have you attached the written confirmation from the Referee laboratory that it will accept the Sample residue?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you requesting a Data package?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you sent a copy of this request to your Provincial Regulatory Body?    YES <input type="checkbox"/> NO <input type="checkbox"/>	

**By signing this form, I hereby agree to pay any costs associated with handling, packaging, shipping and testing of the sample, and any other related costs. I also agree to instruct the Referee laboratory to provide a copy of the testing results directly to the CPMA and the corresponding Provincial Regulatory Body (PRB) when the referee testing is complete.**

Send the completed form by fax to 613-949-1538 or by email to [aafc.cpma\\_samplerequest-demandedenchantillon\\_acpm.aac@agr.gc.ca](mailto:aafc.cpma_samplerequest-demandedenchantillon_acpm.aac@agr.gc.ca).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

FOR CPMA USE ONLY	
Request received on _____	by: _____
Approval letter sent _____	Residue released on _____
Data Package Request approved    YES <input type="checkbox"/> NO <input type="checkbox"/>	Data Package released on _____