



THIS PAGE TO BE SENT WITH SAMPLE
 TO: LGC LTD, Newmarket Road, Fordham,
 Cambridgeshire, CB7 5WW

IMPORTANT
SIGN, DATE & AFFIX
BARCODE LABEL HERE
and on PINK copy and
blood sample

Permissions & declaration from the seller

ALL fields must be completed

I, the Seller/Agent, give permission for a blood sample to be taken from:

Name of Horse: _____ Gender: Male / Female / Gelding

The horse has received the following medication in the past 30 days: _____ product / dose / route / administration date

NB If no medication has been used/given please state **NONE**

Name of Seller/Agent: _____ Signature _____ Date: ____/____/____

BY COMPLETING THIS FORM, I CONFIRM THAT I GIVE MY CONSENT TO LGC to process my personal data in connection with the above or where there is a lawful basis (please tick box)

Name and Address of Veterinary Surgeon/Practice: _____
 _____ Postcode: _____

I declare that this sample has been taken as part of a pre-purchase/insurance examination.

Signature of Veterinary Surgeon: _____ Date: ____/____/____

Name and Address of Prospective Purchaser: _____

Storage/testing instructions from the Vet:

THE SAMPLE WILL BE STORED UNLESS IMMEDIATE SCREENING BOX IS TICKED

IMMEDIATE SCREENING



THIS PAGE TO BE RETAINED AND
FILED BY THE VETERINARY SURGEON

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