**AERA Medication Control Reporting**

Please fill in this form after the event and send to:

**AERA EADCM Coordinator – Marylou Locke**

Email: maryloulocke@bigpond.com

|  |  |
| --- | --- |
| Name of MCP Steward |  |
| Name of Ride |  |
| Name of Ride Organisers |  |
| State |  |
| Date of ride |  |
| Number of kits ordered |  |
| Number of samples sent to lab |  |
| Date samples posted |  |
| Number of horses swabbed  | FEI | AERA |
|  | Bloods |  | Bloods |  |
|  | Urine |  | Urine |  |
| Concerns |  |
| Comments re improvements |  |