**AERA Medication Control Reporting**

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

**AERA EADCM Coordinator – Marylou Locke**

Email: [maryloulocke@bigpond.com](mailto: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 |  | | | |