



AERA Form 14 Medication Control Program Reporting

ABN: 14 684 748 206
 Inc No: Y1458516

Please fill in this form after the event and send to: **AERA National Medication Control Officer – 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				

