

STATE OF CALIFORNIA
REQUEST TO RELEASE EVIDENCE
CHRB-56 (Rev. 5/97)

CALIFORNIA HORSE RACING BOARD

CONFIDENTIAL

To: CALIFORNIA HORSE RACING BOARD
Attn: SPLIT SAMPLE PROGRAM
1010 Hurley Way, Suite 300
Sacramento, CA 95825

I am requesting the California Horse Racing Board (CHRB) to release to a Board approved laboratory the split sample identified as # _____ which has been detected to contain _____

I fully understand that I am responsible for all costs incurred by the transporting and testing of split sample identified as # _____ to the laboratory I have chosen:

Laboratory Name and Address

I have enclosed payment of \$ _____ to cover costs of materials, packing, shipping and handling.

I have selected and will make payment to the designated laboratory named above, to test the split sample.

I understand that verification of payment for all shipping and laboratory fees must be received by the CHRB within five (5) working days from the date of this form. If such verification of payment is not received, I understand that the split sample will not be released or shipped to the above laboratory and a hearing will be held based on the original confirmation report from the official testing laboratory.

Owner/Trainer Signature

Date

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Telephone No.

Original: Laboratory
Duplicate: California Horse Racing Board