



# ROYAL WESTERN INDIA TURF CLUB, LTD

## RACING CALENDAR

## MEDICATION RULES

**These Rules shall be effective from 1<sup>st</sup> May 2022**

# **ROYAL WESTERN INDIA TURF CLUB, LTD**

## **RACING CALENDAR**

## **MEDICATION RULES**

**In super session of the Medication Rules dated 1<sup>st</sup> August 2015 the following Medication Rules as Approved by Turf Authority of India shall be in force.**

### **MEDICATION AND TREATMENT OF HORSES IN TRAINING AND RACING AND ANTI-DOPING CONTROL**

**These Rules shall be effective from 1<sup>st</sup> May 2022**

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**MEDICATION RULES FOR HORSES IN TRAINING AND RACING AND  
ANTI-DOPING CONTROL**

**Objectives of Medication Rules:**

The objectives are:

1. To protect the welfare of race horses
2. To protect the integrity of horse racing
3. To ensure fair competition and transparency
4. To protect the breed

Under the Medication Rules, Racing Authorities will at their discretion, carry out testing for prohibited substances at any time in the career of any horse, from the commencement of training till retirement. The urine and / or blood samples will be collected for analysis as post race samples, random samples in training. Collection of Samples arriving from other racing centers for racing, as well as returning after racing and horses returning from out of training/ competition shall be at the discretion of the respective Race club.

THE PRACTICES WHICH WILL BE CONSIDERED AS BREACH OF RULES FOR “MEDICATION CONTROL FOR HORSES IN TRAINING AND RACING” ARE CONSISTENT WITH THE ARTICLE 6 OF THE INTERNATIONAL AGREEMENT ON BREEDING, RACING AND WAGERING OF IFHA, for which India is a signatory country.

However, the Rules of Medication are not intended to discourage the proper veterinary treatment of sick racehorses if such treatment would not threaten any of the objectives. International harmonization for the control of certain therapeutic substances has been achieved through the application of International Screening Limits and information is provided on the observed Detection Times corresponding to these screening limits for drugs after they have been administered to horses at the reported dose rates. However, veterinary surgeons using this information should be aware of its limitations, as the detection time can vary from horse to horse.

**MEDICATION RULES**

**RULE No. 1**

These Rules shall come into operation on the first day of May 2022, and any other Rules of Racing repugnant to or inconsistent with these Rules shall be annulled as from that day, but such annulment shall not:-

- a) affect the previous operation of any Rule so annulled or anything duly done or suffered thereunder;  
or
- b) affect any right, privilege, obligation, or liability acquired, accrued, or incurred under any Rule so annulled;  
or
- c) affect any penalty or disqualification incurred in respect of any offence committed against any Rule so annulled;  
or
- d) affect any investigation, proceeding; or remedy in respect of any such right, privilege, obligation, liability, or penalty as aforesaid.

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**RULE No. 1A**

These Rules:

- a) apply to all races held under the management or control of the Six Turf Clubs of India together constituting the Turf Authorities of India (TAI);
- b) together with the **Racing Calendar** shall all be read and construed as the **Medication Rules** of the Six Turf Clubs and apply to all races held under the management or control of the TAI.

**RULE No. 2**

Any person who takes part in any matter or race meeting coming within the Rules of Racing agrees to be bound by and comply with them.

**RULE No. 3**

A person breaches these Rules if:-

- a) a Rule expressly provides as such;
- b) the person is required to do something under a Rule but does not do it;
- c) the person is prohibited from doing something under a Rule but does it.

**RULE No. 4**

If a person breaches any of these Rules the person may be penalized, regardless of whether or not the Rule expressly provides that the person may be penalized.

**RULE No. 5**

Stewards appointed in accordance to the Rules of Racing of the respective Turf Club shall have the power without being liable for any damages in consequence of the exercise of such powers as laid down in rule 5 (a) & (b): -

- a) to take or cause to be taken, at any time, any sample from any horse and to make or cause to be made any test or analysis to determine whether any prohibited or illicit substance is present in the system of the horse;
- b) to take possession on the premises of the Race Club or elsewhere of any horse, whether dead or alive and to detain and/or remove such horse in order to have conducted whatever test and/or examinations as they think necessary.

**RULE No. 6**

Only Veterinarians, duly approved by the Stewards of the Club are permitted to administer medicines. Except for such Veterinarians, it is forbidden for any other person to administer any medication or to bring a syringe or a hypodermic needle where racehorses are sheltered.

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**RULE No. 7**

**PROHIBITED SUBSTANCES:** Prohibited Substances are substances capable at any time of causing an action or effect, or both an action and effect, within one or more of the following mammalian body systems:

1. The Nervous system;
2. The Cardiovascular system;
3. The Respiratory system;
4. The Digestive system;
5. The Urinary system;
6. The Reproductive system;
7. The Musculoskeletal system;
8. The Blood system;
9. The Immune system except for licensed vaccines against infectious agents;
10. The Endocrine system;
11. The Eyes and ears.

**RULE No. 7A**

**Prohibited** Substances falling within, but not limited to, the following:

- acidifying agents;
- adrenergic blocking agents;
- adrenergic stimulants;
- agents affecting calcium and bone metabolism;
- agents that directly or indirectly affect or manipulate gene expression
- alcohols;
- alkalinising agents;
- anaesthetic agents;
- analgesics;
- antiangina agents;
- antianxiety agents;
- antiarrhythmic agents;
- anticholinergic agents;
- anticoagulants;
- anticonvulsants;
- antidepressants;
- antiemetics;
- antifibrinolytic agents;
- antihistamines;
- antihypertensive agents;
- anti-inflammatory agents;
- antinauseants;
- antineoplastic agents;
- antipsychotic agents;
- antipyretics;
- antirheumatoid agents;
- antispasmodic agents;

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- antithrombotic agents;
  - antitussive agents;
  - blood coagulants;
  - bronchodilators;
  - bronchospasm relaxants;
  - buffering agents;
  - central nervous system stimulants;
  - cholinergic agents;
  - corticosteroids;
  - depressants;
  - diuretics;
  - endocrine secretions and their synthetic counterparts
  - erectile dysfunction agents;
  - fibrinolytic agents;
  - haematopoietic agents;
  - haemostatic agents;
  - hormones (including trophic hormones) and their synthetic counterparts;
  - hypnotics;
  - hypoglycaemic agents;
  - hypolipidaemic agents;
  - immunomodifiers;
  - masking agents;
  - muscle relaxants;
  - narcotic analgesics;
  - neuromuscular agents;
  - oxygen carriers
  - plasma volume expanders;
  - respiratory stimulants;
  - sedatives;
  - stimulants;
  - sympathomimetic amines;
  - tranquillisers;
  - vasodilators;
  - vasopressor agents;
  - vitamins administered by injection; and

**RULE No. 7 B :**

Shall include metabolites, artefacts and isomers of the prohibited substances described in 7 and 7A.

**RULE No. 8 :**

**THE FOLLOWING SUBSTANCES AT OR BELOW THE SHOWN THRESHOLD LEVELS RESPECTIVELY SET OUT ARE EXEMPT FROM THE PROVISIONS OF RULE No. 7.**

<b>Threshold name</b>	<b>Threshold Levels</b>
Arsenic	0.3 microgram total arsenic per millilitre in urine
Boldenone	0.015 micrograms free and conjugated boldenone per millilitre in urine from male horses (other than geldings)
Carbon dioxide	36 millimoles available carbondioxide per litre in plasma
Cobalt	0.1 microgram total cobalt per millilitre in urine 0.025 microgram total cobalt (free and protein bound) per ml in plasma
Dimethyl sulphoxide	15 micrograms dimethyl sulphoxide per millilitre in urine, or 1 microgram dimethyl sulphoxide per millilitre in plasma
Estradiol in male horses (other than geldings)	0.045 microgram free and glucuroconjugated 5Q-estrane-3 $\alpha$ , 17Q-diol per millilitre in urine when, at the screening stage, the free and glucuroconjugated 5Q-estrane-3 $\alpha$ , 17Q-diol exceeds the free and glucuroconjugated 5,10 estrane-3 $\alpha$ ,17Q-diol in the urine
Hydrocortisone	1 microgram hydrocortisone per millilitre in urine
Methoxytyramine	4 micrograms free and conjugated 3-methoxytyramine per millilitre in urine
Salicylic acid	750 micrograms salicylic acid per millilitre in urine, or 6.5 micrograms salicylic acid per millilitre in plasma.
Testosterone	0.02 microgram free and conjugated testosterone per millilitre in urine from geldings, or 100 picograms free testosterone per millilitre in plasma from geldings, fillies and mares (unless in foal), or 0.055 microgram free and conjugated testosterone per millilitre in urine from fillies and mares (unless in foal)
Prednisolone	0.01 microgram free prednisolone per millilitre in urine

*N.B: The conjugated substance is the substance that can be liberated from conjugates. Each threshold, including those for the same substance in urine and plasma, can be applied independently.*

Thresholds are regulatory limits and the numerical values expressed above do not carry any implied precision (e.g., 0.3 is the same 0.300). Whether a threshold has been exceeded or not in a sample is established solely from the concentration determined and the uncertainty of measurement associated with such determination.

These will be regularly updated by the Stewards of the Club. The new threshold levels will only apply after the Stewards of the Club have duly ratified and notified the changes. For any finding of a prohibited substance, the Horse Racing Authority may decide either itself or at the owner's or trainer's request to examine the horse further.

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**NOTE :** Cobalt threshold values:

- The threshold levels for Cobalt were determined following an international survey of cobalt concentrations in racehorses on race days.
- A normal racing diet is more than sufficient to meet a horse's nutritional requirements for cobalt and vitamin B12; neither cases of cobalt deficiency nor disease for which cobalt is the indicated treatment have been documented in the horse.
- From evidence to date, as a guide, no more than 1 mg of cobalt from a single dose maybe given by injection and no more than 5 mg by mouth within 3 days preceding race day. Local Rules regarding administration of Prohibited Substances in the period leading up to and including race day must be noted.
- Injectable cobalt supplements offer no nutritional advantages because incorporation of cobalt into the vitamin B12 molecule occurs within the horse's gut.
- Trainers should consult with their veterinarians to ensure that their oral supplementation regimen provides only the amount of cobalt necessary to meet the scientifically established nutritional requirements of the horse for cobalt. The safest strategy is the selection of supplements with low amounts of cobalt, or not to use them at all.
- Nutritional supplements should only be administered at the manufacturer's recommended dose and frequency of dosing. The labels of such products should be read carefully every time that they are used.
- Many products have not been evaluated to determine if they affect cobalt concentration in the horse. The use of unregistered, inadequately labeled supplements containing cobalt risk breaching the thresholds and is extremely unwise.

**RULE No. 9 :**

Subject to Rule 8, if a horse is brought to a racecourse and a Prohibited Substance is detected in a sample taken from the horse prior to, on race day or following its running in any race, the horse must be disqualified from any race in which it started on that day.

**RULE No. 10 :**

Subject to Rule 8, if a horse is brought to a racecourse for the purpose of participating in a race and a Prohibited Substance is detected in a sample taken from the horse prior to, on race day or following its running in any race, the trainer and/or any other person who was in charge of the horse at any relevant time breaches these Rules and may be penalized.

**RULE No. 11 :**

If a horse is brought to a racecourse or recognized training track to participate in:

- a) an official trial, or
- b) any other test, for the purpose of obtaining a permit to start in a race (whether after suspension or otherwise), and a Prohibited Substance is detected in a sample taken from the horse prior to or following the relevant event, the trainer and/or any other person who was in charge of the horse at any relevant time breaches these Rules and may be penalized.



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**RULE No. 12 :**

Any person who administers, or causes to be administered, to a horse any prohibited substance:-

- i) for the purpose of affecting the performance or behaviour of a horse in a race or of preventing it's starting in a race; or
- ii) which is detected in any sample taken from such horse prior to on race day or following the running of a race breaches these Rules and may be penalized.

**RULE No. 13 :**

Any person committing a breach of any of the practices mentioned below will be guilty of an offence under these Rules and shall be liable to penalty under these Rules. The practices mentioned below are indicative and not exhaustive rule 13 (a) to (i):-

- a) The use of any unapproved object, device, behavioural activity, or chemical to achieve an inappropriate response, at any time during training or racing;
- b) Subjecting horses to medical or surgical procedures outside of a valid and transparent Owner-Trainer-Veterinarian relationship and those inconsistent with providing medical and / or welfare benefits to the horse;
- c) Use of physical or veterinary procedures or medication treatments to mask the effects or signs of injury so as to allow training or racing to the detriment of the horse's health and welfare;
- d) Practices that are fraudulent, potentially fraudulent or may have adverse consequences for the integrity of the industry;
- e) Withdrawal, manipulation and re-infusion of homologous, heterologous, or autologous, blood products or blood cells into the circulatory system with the exception of those performed for lifesaving purposes or the use of veterinary regenerative therapies for the treatment of musculoskeletal injury or disease;
- f) All treatments are the responsibility of the Trainer and must be administered under veterinary supervision. All treatments must be administered in the best interests of the horse and not to facilitate the continuation of training. In the case of substances controlled by Government regulation, these may only be administered by, or on the prescription of an Approved Veterinarian;
- g) Any practice which jeopardizes the health and welfare of the horse and the integrity of the industry;
- h) An act of cruelty to a horse, or be in possession of any article or thing which, in the opinion of the Stewards, is capable of inflicting cruelty to a horse; and
- i) Fails at any time:-
  - a) to exercise reasonable care, control or supervision of the horse so as to prevent an act of cruelty to the horse;
  - b) to take such reasonable steps as are necessary to alleviate any pain inflicted upon or being suffered by the horse;
  - c) to provide veterinary treatment to the horse where such treatment is necessary for the horse;
  - d) to provide proper and sufficient nutrition for the horse.

**RULE No. 14 : ILLICIT SUBSTANCES**

For the purpose of these Rules, Illicit Substances means any substances which are prohibited and which have no legitimate use in horses and have high potential for abuse.

The following substances are specified as Illicit Substances:

- 1) Erythropoiesis-stimulating agents, including but not limited to erythropoietin (EPO), epoetin alfa, epoetin beta, darbepoetin alfa, and methoxy polyethylene glycol-epoetin beta (Mircera); Asialo EPO: ARA-290, CNTO 530.
- 2) Non-erythropoietic EPO-receptor agonists;
- 3) Hypoxia-inducible factor (HIF) stabilisers, including but not limited to FG4592 (Roxadustat, which increases endogenous production of erythropoietin);
- 4) HIF activators, including but not limited to argon and xenon;
- 5) Allosteric effectors of haemoglobin, including but not limited to ITPP (myo-inositol trispyrophosphate);
- 6) Oxygen carriers including but not limited to perfluorochemicals, efaproxiral and modified haemoglobin products; Perfluorodecahydronophthalene, Perfluorocarbons, Perfluorodecolin, Perfluorooctylbromide, Perfluorotripropylamin
- 7) Haematopoietic growth factors, including but not limited to filgrastim;
- 8) Insulins;
- 9) Growth hormones and their releasing factors;
- 10) Insulin-like growth factor;
- 11) Synthetic proteins and peptides and synthetic analogues of endogenous proteins and peptides not registered for medical or veterinary use;
- 12) Corticotrophins, including adrenocorticotrophic hormone (ACTH) and tetracosactrin, (tetracosactide), and corticotrophin releasing factors;
- 13) Anabolic agents including  $\beta_2$  agonists (unless the substance is prescribed by a veterinarian as a bronchodilator at the appropriate dose,) and anabolic androgenic steroids (other than an anabolic androgenic steroid which is present at or below the relevant concentrations set out in Rule 8);
- 14) Selective androgen receptor modulators (SARMs); ex: Andarine, Ligandrol, Ostarine, Testolone
- 15) Selective estrogen receptor modulators (SERMs); Letrozole
- 16) Selective opioid receptor modulators (SORMs);
- 17) Peroxisome proliferator activated receptor  $\alpha$  (PPAR $\alpha$ ) agonists, including but not limited to GW 1516;
- 18) AMPK activators, including but not limited to AICAR (5-amino-1- $\beta$ -D-ribofuranosylimidazole-carboxamide);
- 19) Other agents that directly or indirectly affect or manipulate gene expression;
- 20) Agents modifying myostatin function, including but not limited to myostatin inhibitors;
- 21) Thymosin beta;
- 22) Cobra Venoms or derivatives thereof and snail venom (Ziconotide) or derivatives thereof;
- 23) Zoledronic acid and any other bisphosphonate drugs not registered for veterinary use; like Clodronate, tildronate.
- 24) Dermorphin or preparation containing Dermorphin;
- 25) Carolina Gold (One of the principle constituents of this product is Gama Aminobutyric acid: -GABA an inhibitory neuro transmitter); and
- 26) Metabolites, artifacts and isomers of any of the substances specified above (from 1 to 26)
- 27) Cardarine (GW-501516),
- 28) The illicit substances also include DEA Schedule I, DEA Schedule II drugs and Anabolic Steroids and Sex hormones as listed below.

The following are considered as Illicit Substances apart from those which have already been listed above under Rule No.14.

This list is only illustrative in nature and not exhaustive and is subject to further Amendments / Additions / Alterations.

**LIST OF ILLICIT SUBSTANCES****DEA Schedule - I**

Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs are:

<b>Substance</b>	<b>DEA Number</b>	<b>Non Narcotic</b>	<b>Other Names</b>
1-(1-Phenylcyclohexyl)pyrrolidine	7458	N	PCPy, PHP, rolicyclidine
1-(2-Phenylethyl)-4-phenyl-4-acetoxypiperidine	9663		PEPAP, synthetic heroin
1-[1-(2-Thienyl)cyclohexyl]piperidine	7470	N	TCP, tenocyclidine
1-[1-(2-Thienyl)cyclohexyl]pyrrolidine	7473	N	TCPy
1-Methyl-4-phenyl-4-propionoxypiperidine	9661		MPPP, synthetic heroin
2,5-Dimethoxy-4-ethylamphetamine	7399	N	DOET
2,5-Dimethoxyamphetamine	7396	N	DMA, 2,5-DMA
3,4,5-Trimethoxyamphetamine	7390	N	TMA
3,4-Methylenedioxyamphetamine	7400	N	MDA, Love Drug
3,4-Methylenedioxymethamphetamine	7405	N	MDMA, Ecstasy, XTC
3,4-Methylenedioxy-N-ethylamphetamine	7404	N	N-ethyl MDA, MDE, MDEA
3-Methylfentanyl	9813		China White, fentanyl
3-Methylthiofentanyl	9833		Chine White, fentanyl
4-Bromo-2,5-dimethoxyamphetamine	7391	N	DOB, 4-bromo-DMA
4-Bromo-2,5-dimethoxyphenethylamine	7392	N	Nexus, 2-CB, has been sold as Ecstasy, i.e. MDMA
4-Methoxyamphetamine	7411	N	PMA
4-Methyl-2,5-dimethoxyamphetamine	7395	N	DOM, STP
4-Methylaminorex (cis isomer)	1590	N	U4Euh, McN-422
5-Methoxy-3,4-methylenedioxyamphetamine	7401	N	MMDA
Acetorphine	9319		
Acetyl-alpha-methylfentanyl	9815		
Acetyldihydrocodeine	9051		Acetylcodone
Acetylmethadol	9601		Methadyl acetate
Allylprodine	9602		Alphacetylmethadol except
Alphacetylmethadol except	9603		
levo-alphacetylmethadol			
Alpha-Ethyltryptamine	7249	N	ET, Trip
Alphameprodine	9604		
Alphamethadol	9605		
Alpha-Methylfentanyl	9814		China White, fentanyl
Alpha-Methylthiofentanyl	9832		China White, fentanyl
Aminorex	1585	N	has been sold as methamphetamine
Benzethidine	9606		
Benzylmorphine	9052		
Betacetylmethadol	9607		
Beta-Hydroxy-3-methylfentanyl	9831		China White, fentanyl
Beta-Hydroxyfentanyl	9830		China White, fentanyl
Betameprodine	9608		
Betamethadol	9609		
Betaprodine	9611		

Bufotenine	7433		
Cathinone	1235	N	Constituent of “Khat” plant
Clonitazene	9612		
Codeine methylbromide	9070		
Codeine-N-oxide	9053		
Cyprenorphine	9054		
Desomorphine	9055		
Dextromoramide	9613		Palfium, Jetrium, Narcolo
Diampromide	9615		
Diethylthiambutene	9616		
Diethyltryptamine	7434	N	DET
Difenoxin	9168		Lyspafen
Dihydromorphine	9145		
Dimenoxadol	9617		
Dimepheptanol	9618		
Dimethylthiambutene	9619		
Dimethyltryptamine	7435	N	DMT
Dioxaphetyl butyrate	9621		
Dipipanone ellconal	9622		Dipipan, phenylpiperone HCl, Diconal,
Drotebanol	9335		Metebanyl, oxymethebanol
Ethylmethylthiambutene	9623		
Etonitazene	9624		
Etorphine (except HCl)	9056		
Etoxidine	9625		
Fenethylamine	1503	N	Captagon, amfetyline, ethyltheophylline amphetamine
Furethidine	9626		
Gama Hydroxybutyric Acid (GHB)	2010	N	GHB, gama hydroxybutyrate, sodium oxybate
Heroin	9200		Diacetylmorphine, diamorphine
Hydromorphanol	9301		
Hydroxypethidine	9627		
Ibogaine	7260	N	Constituent of “Tabernanthe iboga” plant
Ketobemidone	9628		Cliradon
Levomoramide	9629		
Levophenacetylmorphan	9631		
Lysergic acid diethylamide	7315	N	LSD, lysergide
Marijuana	7360	N	Cannabis, marijuana
Mecloqualone	2572	N	Nubarene
Mescaline	7381	N	Constituent of “Peyote” cacti
Methaqualone	2565	N	Quaalude, Parest, Somnafac, Opitimid, Mandrax
Methcathinone	1237	N	N-Methylcathinone, “cat”
Methyldesorphine	9302		
Methyldihydromorphine	9304		
Morpheridine	9632		
Morphine methylbromide	9305		
Morphine methylsulfonate	9306		
Morphine-N-oxide	9307		
Myrophine	9308		

N,N-Dimethylamphetamine	1480	N	
N-Ethyl-1-phenylcyclohexylamine	7455	N	PCE
N-Ethyl-3-piperidyl benzilate	7482	N	JB 323
N-Ethylamphetamine	1475	N	NEA
N-Hydroxy-3,4-methylenedioxyamphetamine	7402	N	N-hydroxy MDA
Nicocodeine	9309		
Nicomorphine	9312		Vilan
N-Methyl-3-piperidyl benzilate	7484	N	JB 336
Noracymethadol	9633		
Norlevorphanol	9634		
Normethadone	9635		Phenyldimazone
Normorphine	9313		
Norpipanone	9636		
Para-Fluorofentanyl	9812		China White, fentanyl
Parahexyl	7374	N	Synhexyl,
Peyote	7415	N	Cactus which contains mescaline
Phenadoxone	9637		
Phenampromide	9638		
Phenomorphin	9647		
Phenoperidine	9641		Operidine, Lealgin
Pholcodine	9314		Copholco, Adaphol, Codisol, Lantuss, Pholcolin
Piritramide	9642		Piridolan
Proheptazine	9643		
Properidine	9644		
Propiram	9649		Algeril
Psilocybin	7437	N	Constituent of "Magic mushrooms"
Psilocyn	7438	N	Psilocin, constituent of "Magic mushrooms"
Racemoramide	9645		
Tetrahydrocannabinols	7370	N	Cannabidiol, THC, Delta-8 THC, Delta-9 THC & others
Thebacon	9315		Acetylhydrocodone, Acedicon Thebacetyl
Thiofentanyl	9835		Chine white, fentanyl
Tilidine	9750		Tilidate, Valoron, Kitadol, Lak, Tilsa
Trimeperidine	9646		Promedolum

**DEA Schedule – II**

Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence.

<b>Drug Name</b>	<b>Trade Name</b>
1-Phenylcyclohexylamine	Precursor of PCP
1-Piperidinocyclohexane	PCC, Precursor of PCP Exanecarbonitrile
Alfentanil	Alfenta
Alphaprodine	Nisentil
Amobarbital	Amytal, Tuinal
Amphetamine	Dexedrine, Biphphetamine
Anileridine	Leritine
Benzoylcegonine	Cocaine Metabolite
Bezitramide	Burgodin
Carfentanil	Wildnil
Coca Leaves	
Cocaine	Methylbenzoylcegonine Crack
Codeine	Morphine Methyl ester, Methylmorphine
Dextropropoxyphene, bulk 9 non-dosage forms	Propoxyphene
Dihydrocodeine	Didrate, Parzone
Diphenoxylate	
Diprenorphine	M50-50
Ecgonine	Cocaine Precursor in Coca Leaves
Ethylmorphine	Dionin
Etorphine HCl	M99
Fentanyl	Innovar, Sublamizar, Duragesic
Glutethimide	Doriden, Dorimide
Hydrocodone	Dihydrocodeinone
Hydromorphone	
Isomethadone	Isoamidone
Levo-alphaacetylmethadol acetate	LAAM, Long acting Methadone Levomethadyl
Levomethorphan	
Levorphanol	Levo-Dromoran
Meperidine	Demerol, mepergan, Pethidine
Meperidine Intermediate-A	Meperidine Precursor
Meperidine Intermediate-B	Meperidine Precursor
Meperidine Intermediate-C	Meperidine Precursor
Metazocine	
Methadone	Dolophine, Methadose, Amidone
Methadone intermediate	Methadone Precursor
Methamphetamine	Desoxyn, D-desoxyephedrine, ICE, Crank, Speed
Methylphenidate	Ritalin

**NOTE:** **Reserpine** or any preparation containing Reserpine shall not be permitted to be brought or used by any person, including Veterinarians, within the premises of the Race Club.

**LIST OF ANABOLIC STEROIDS/ SEX HORMONES, ETC.,**

<b>Drug Name</b>	<b>Trade Name</b>
Altrenogest	
Androgens	
1-Androstenedione	
Androstenediol	
Bolandiol	
Bolasterone	
Boldenone	-Equipose
Boldione	
Calusterone	
Clomiphene	
Clostebol	
Cyclofenil	
Danazol	
Dehydrochloromethyltestosterone	
Desoxymethyltestosterone	
Dihydrotestosterone	
Dromostanolone	
Drostanolone	
Epitrenbolone	
Estranediol	
Estrogens	
Exemestane	
Ethylestrenol	- Maxibolin, Organon
Fluoxymesterone	
Fornebolone	
Furazabol	
Gestrinone	
4-hydroxytestosterone	
Mestanolone	
Mesterolone	
Methandienone	
Methandriol	
Methandrostenolone	
Methasterone	
Methenolone	
Methyl-1-testosterone	
Methyldienolone	
Methylnortestosterone	
Methyltestosterone	
Metribolone	
Mibolerone	

Nandrolone	- Nandrolin, Laurabolin and Durabolin
19-norandrostenediol	
19-norandrostenedione	
Norbolethone	
Norclostebol	
Norethandrolone	
Nortestosterone	
Oxabolone	
Oxandrolone	
Oxymesterone	
Oxymetholone	
Progestin	
Prostanazol	
Raloxifene	
Qinbolone	
Stanozolol	
Stenbolone	
Tamoxifen	
Testolactone	
Testosterone	
Tetrahydrogestrinone	
Tibolone	
Toremifene	
Trenbolone	-Finoplix
Trendione	
Trimetazidine	
Tropic Harmones	Gonadotropins.Somatotropins, GnRh etc.
TB 500.	

The Steroids has been expanded to include nomenclature of Pharmacological name as well as chemical name (Systemic name).

<u>PHARMACOLOGICAL NAME</u>	<u>CHEMICAL NAME</u>
<b><u>ANDROGENS</u></b>	
Androstenedione	4-androstene-3,17-dione
11beta-hydroxyandrostenedione	11beta-4-androstene-3,17-dione
5alpha Androstanediol	5alpha-androstane-3alpha,17beta-diol
Epiandrosterone	3beta-hydroxy-5alpha-androstan-17-one
Andronosterone	4-androstene-3,11,17-trione
Dehydroepiandrosterone	3beta-hydroxy-5-androsten-17-one
Testosterone	7beta-hydroxy-4-androsten-3-one
Epitestosterone	17alpha-hydroxy-4-androsten-3-one
5alpha-dihydrotestosterone	17beta-hydroxy-5alpha-androstan-3-one
5beta-dihydrotestosterone	17beta-hydroxy-5beta-androstan-3-one
11beta-hydroxytestosterone	11beta,17beta-dihydroxy4-androsten-3one



11-ketotestosterone	17beta-hydroxy-4-androsten-3,17-dione
5-androstenedione	5-androstene-3,17dione
4-androstenediol	4-androstene-3,17diol
5-androstenediol	5-androstene-3,17diol
19-norandrostenedione	19nor 4-androstene-3,17dione
19-norandrostenediol	19nor 4-androstene-3,17diol
1,4-androstadiendione	
$\Delta$ “-1-androstene-3, 17- diol	
$\Delta$ “-1-androstene-3, 17- dione	
$\Delta$ “-1-dihydrotestosterone	
1-androstenediol (5a- androst-1-ene-3 $\alpha$ , 17 $\beta$ - diol)	
19-noretiocholanolone	
4-androstene-3,6,17 trione (6-oxo)	
5 $\alpha$ -androstane-3 $\alpha$ ,17 $\alpha$ - diol	
5 $\alpha$ -androstane-3 $\beta$ ,17 $\alpha$ - diol	
5 $\alpha$ -androstane-3 $\beta$ ,17 $\beta$ - diol	
5 $\alpha$ -androstane-3 $\alpha$ , 17 $\beta$ - diol, androst-4-ene- 3 $\alpha$ ,17 $\alpha$ -diol	
7-keto-dhea;	
7 $\alpha$ -hydroxy-dhea	
7 $\beta$ -hydroxy-dhea	
Androst-4-ene-3 $\alpha$ ,17 $\beta$ - diol	
Androst-4-ene-3 $\beta$ ,17 $\alpha$ - diol	
Androst-5-ene-3 $\alpha$ ,17 $\alpha$ - diol	
Androst-5-ene-3 $\alpha$ ,17 $\beta$ - diol	
Androst-5-ene-3 $\beta$ ,17 $\alpha$ - diol	
Androsta-1,4,6-triene- 3,17-dione (androstatrienedione)	
Etiocholanolone	
Formebolone	
Formestane	
Fulvestrant	
Metandienone	
Metenolone	
Norandrosterone	
Prasterone (dehydroepiandrosterone, DHEA, 3 $\alpha$ - hydroxyandrost-5-en-17-one)	
Quinbolone	
Trestol	

**ESTROGENS**

Estrone	3-hydroxy-1,3,5,(10)-estratrien-17-one
Estradiol	1,3,5(10)-estratriene-3,17beta-diol
Estriol	1,3,5(10)-estratriend-3,16alpha,17beta-iol

**PROGESTINS**

Pregnenolone	3beta-hydroxy-5-pregnen-20-one
17-hydroxypregnenolone	3beta,17-dihydroxy-5-pregnen-20-one
Progesterone	4-pregnene-3, 20-dione
17-hydroxyprogesterone	17-hydroxy-4-pregnene-3,20-dione

**TROPIC HORMONES**

Gonadotropins : Chorionic Gonadotropin (CG), Luteinizing Hormone (LH)  
Somatotropins etc  
GnRh

**Peptide hormones, growth factors and related substances:**

- a) erythropoiesis-stimulating agents, including but not limited to erythropoietin (EPO), epoetin alfa, epoetin beta, darbepoetin alfa, and methoxy polyethylene glycol-epoetin beta, peginesatide, hypoxia inducible factor (HIF)-1 stabilisers, ARA-290, *Asialo EPO*, EPO-Fc, EPO-mimetic peptides (EMP),
- b) growth hormones and growth hormone releasing factors, insulin-like growth factor-1 (IGF-1), and other growth factors ex: Somatrem, *CJC-1295*, *sermorelin* and *tesamorelin* : *growth hormones* Secretagogues (GHS), e.g., ghrelin and ghrelin mimetics, e.g., anamorelin and ipamorelin
- c) synthetic proteins and peptides and synthetic analogues of endogenous proteins and peptides not registered for medical or veterinary use,

**Hormones and metabolic modulators**

- a) Aromatase inhibitors,
- b) selective estrogen receptor modulators (SERMS) and other anti-estrogenic substances,
- c) agents modifying myostatin function, including but not limited to myostatin inhibitors,
- d) insulins
- e) peroxisome proliferator activated receptor  $\alpha$  (PPAR $\alpha$ ) agonists, including but not limited to GW 1516,
- f) AMPK activators, including but not limited to AICAR (5-aminoimidazole-4-carboxamide- 1- $\beta$ -D-ribofuranoside)

And

Any such substance either a compound or metabolite, that is chemically or pharmacologically related to any of the above mentioned drug .

**Substances Lack FDA Approval and have No Legitimate use in Horses:**

- Fibroblast Growth Factors (fgfs), Hepatocyte Growth Factor (HGF), Insulin- like Growth Factor-1 (IGF-1) and its analogues, Mechano Growth Factors (mgfs), Platelet-Derived Growth Factor (PDGF), Vascular-Endothelial Growth Factor (VEGF) and any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularization, energy utilization, regenerative capacity or fiber type switching.
- Anabolic agent – lack FDA approval : GH-Releasing Peptides (ghrps), eg., alexamorelin, GHRP-6, hexarelin and pralmorelin (GHRP-2)

Any contravention of this by any person shall render such person liable to such disciplinary action that the Stewards may deem fit.

**RULE No. 15.**

The Stewards of the Club, after notification in the Official Calendar, may determine at any time any alteration to the list of Illicit Substances in Rule 14.

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**RULE No. 16.**

When a sample taken at any time from a horse trained by a licensed trainer has detected in it any Illicit Substance specified in Rule 14:-

- a) The trainer and/or any other person who was in charge of such horse at the relevant time is guilty of an offence and a disqualification of not less than 2 years must be imposed unless there is a finding that a special circumstances backed with evidence exists, in which case the penalty may be reduced;
- b) The horse may be disqualified from any race in which it has competed subsequent to the taking of such a sample found to contain an Illicit Substance.

**RULE No. 17.**

Any person who has in his possession any substance or preparation that could give rise to an offence under Rule 14 if administered at any time to a horse at any time shall be guilty of an offence and may be penalized.

**RULE No. 18.**

If a sample taken at any time from a horse has detected in it an Illicit Substance, the horse is not permitted to start in any race or official trial:-

- a) for a period of not less than 6 months from the date of the collection of the sample if detected for Anabolic Steroids and or sex hormone.
- AND
- b) until after an Illicit Substance Clearing Certificate is provided in respect of a sample taken from the horse on a date directed by the Stewards of The Club.

**RULE No. 19.**

A trainer must record in his log book (hand written) any medication or treatment administered to any horse in the trainer's care by midnight on the day on which the administration was given.

- 1) For the purpose of this Rule, each record of administration must include the following information:-
  - a) the name of the horse;
  - b) the date and time of administration of the treatment or medication;
  - c) the name of the treatment or medication administered (brand name or active constituent);
  - d) the route of administration including by injection, stomach tube, paste, topical a application or inhalation;
  - e) the amount of medication given (if applicable);
  - f) the duration of treatment (if applicable);
  - g) the name and signature of the person/s administering and/or authorizing the administration of the treatment or medication.
  
- 2) For the purposes of this rule "treatment" includes:-
  - a) shock wave therapy;
  - b) acupuncture (including laser treatment);
  - c) chiropractic treatment;
  - d) the use of any electrical stimulation device (including transcutaneous electrical nerve stimulation (TENS));
  - e) magnetic field therapy;
  - f) ultrasound;
  - g) any form of oxygen therapy, including hyperbaric oxygen therapy;

- 
- h) the taking of a blood sample.
- 3) For the purposes of this rule “medication” includes:-
- a) all Controlled Drugs administered by an approved veterinarian;
  - b) all Prescription Animal Remedies;
  - c) all Prescription Only Medicines, prescribed and/or dispensed by an Approved Veterinarian for off-label use;
  - d) all injectable medicines (intravenous, intramuscular, subcutaneous, intra-articular) not already referred to above;
  - e) all Pharmacist Only medicines;
  - f) all veterinary and other medicines containing other scheduled and unscheduled prohibited substances;
  - g) all herbal/ayurvedic preparations;
  - h) all homeopathic medicines.
- 4) Any person who breaches this Rule is guilty of an offence and may be penalized.

**RULE No. 20.**

All records required to be kept in accordance with this rule must be retained by the trainer for at least 2 years.

**RULE No. 21.**

When requested, a trainer must make available to the Stewards the record of any administration of a treatment and/or medication required under these Rules.

**RULE No. 22.**

The aforesaid does not, in any way, derogate from the absolute nature of the prohibition in Rule 7. It is clarified that on finding of a positive result, the horse shall be disqualified from that race and necessary action will be as per rules.

**RULE No. 23.**

The Trainer shall always be responsible and accountable at all times for:-

- a) The management, administration, supervision, security and control of horses and of stable employees under his/her charge;
- b) The feeding, feed supplements, treatment, stable routine, management, protection and security of the horses in his/her stable;
- c) For ensuring that only Veterinarians approved by the Stewards inject or otherwise treat horses in his/her care;
- d) For ensuring that no person is employed as a stable employee in connection with any horse in his/her care unless such person holds a license from the appropriate Authority

**RULE No. 24.**

1) A person must not, without the permission of the Stewards:-

- a) administer; or
- b) cause to be administered, any medication to a horse at any time on a race day prior to the commencement of a race in which the horse is engaged to race.
- c) any person who breaches this Rule is guilty of an offence and may be penalized.

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- 2) The Stewards may order that a horse which has received a medication in breach of sub-rule (1) be scratched from a race engagement.

**RULE No. 25.**

- 1) A person must not have in his or her possession or on his or her premises any medication, substance or preparation which has not been registered, labelled, prescribed, dispensed or obtained.
- 2) The Stewards may confiscate any medication, substance or preparation referred to in sub-rule (1), and use it as evidence in any inquiry, hearing or other proceeding under the Rules;
- 3) Any person who breaches this Rule is guilty of an offence and may be penalized.

**RULE No. 26 :**

- 1) A person must not, without the written permission of the Stewards, have in his or her possession :-
- a) on a racecourse where a race meeting is being conducted; or
  - b) in any motor vehicle, horse float or other mode of transport used for the purpose of transporting a horse/s to and/or from a race meeting, any prohibited substance, or a syringe, needle, naso-gastric tube (commonly known as stomach tube) or other instrument that could be used :-
    - i) to administer a prohibited substance to a horse; or
    - ii) to produce a prohibited substance in a horse.
- (2) The Stewards may at their discretion give written permission to a trainer on written application (and may impose terms or conditions on that permission) to have in his or her possession:-
- a) on a racecourse where a race meeting is being conducted; or
  - b) in any motor vehicle, horse float or other mode of transport used for the purpose of transporting a horse/s to and/or from a race meeting, any prohibited substance or a syringe, needle, naso-gastric tube or other instrument that could be used:-
    - i) to administer a prohibited substance to a horse; or
    - ii) to produce a prohibited substance in a horse.
- (3) A person must comply with any term or condition imposed on any permission given by the Stewards under sub-rule (2);
- (4) Any substances or items related to this rule may be confiscated by the Stewards.

**RULE No. 27. INJECTIONS AND MEDICATIONS PROHIBITED AT CERTAIN TIMES**

- 1) A person must not, without the permission of the Stewards:-
- a) inject;
  - b) cause to be injected;
  - c) attempt to inject; or
  - d) be a party to the injection or attempted injection of, a horse engaged to run in any race
    - i) at any time during the 72 hours prior to the scheduled race for any substance;
    - ii) at any time during the 14 days prior to 12.00 am on the day of the scheduled race for corticosteroids administered intra-articularly.

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- 2) If a person breaches sub-rule 1 or the Stewards reasonably suspect that such a breach has been committed, they may order the scratching of the horse from the relevant race.
  - 3) If a person breaches sub-rule 1, but the horse competes in the race, the horse may be disqualified from the race.
  - 4) For the purposes of this rule:-
    - (a) “inject” includes, but is not limited to, the insertion of a hypodermic needle into a horse;
    - (b) it is not necessary to establish whether any substance was injected, or the nature of any substance injected.
  - 5) **Specific requirements regarding bisphosphonates as per the IFHA Article 6D:**

Any bisphosphonate is not to be administered to a racehorse:

- under the age of three years and six months as determined by its recorded date of birth;  
AND
- on the day of the race or on any of the 30 days before the day of the race in which the horse is declared to run.

There must be a diagnosis determined by a veterinary surgeon that supports the use of a bisphosphonate as an appropriate treatment, and such treatment must be administered by a veterinary surgeon

**RULE No. 28. SAMPLING OF HORSES**

- a) To establish whether a prohibited substance is present, samples shall be taken from horses declared to race/ in training. The Stewards of the Club may also take samples at any time.
- b) Sampling of horses means collection of Samples - blood, urine, saliva, sweat, breath, faeces and hair or any other body tissue, body fluid or any excretion taken from any body part under the supervision of Approved Veterinarians to test for the presence of Prohibited Substances.
- c) The Standard protocol for collection of samples is in place as detailed in the Annexure I.
- d) The collected sample is to be tested in a Laboratory approved by the Stewards of the Club from time to time.
- e) The Stewards of the Club shall order to sample any horse at any time, according to the Rules. The Licensed Club Veterinarian/ Club approved Veterinarian or other persons as approved by the Authority shall carry out the sampling procedure.
- f) Whenever a horse is selected for sampling, it is the responsibility of the trainer or his authorized representative to witness the collection procedure of samples and sealing of the sample bottles, blood tubes and/or any other sealed container.
- g) Under no circumstances, can the trainer reject an official direction or request to present his horse for sample collection or cause hindrance with the sample collection process.
- h) Samples collected under a secured chain of custody shall be split, into Sample A and Sample B. The Sample A shall be sent to a Primary laboratory for testing. The Sample A shall be the sole sample used for primary analysis. Any split portion of the same sample (Sample A), however named, should not be sent to a second laboratory for primary analysis without the knowledge and consent of that laboratory. The Sample B may be analyzed for substances identified in the Sample A either automatically or at the option of the trainer/ owner/ authorized representative or Stewards of the Club.

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- i) All samples taken from horses and all tests reports for samples sent through the Club for any reason what so ever, even if such tests have been paid for by the Trainer, Owner or any other person in connection with a race horse, is deemed to be the property of the Club.
  - j) A sample may be stored, frozen, or otherwise dealt with in a manner the Stewards of the Club consider appropriate, and may be disposed off as the Stewards of the Club think fit.

**RULE No. 29:**

For the purpose of these Rules, Primary Laboratory shall mean a laboratory to which “Sample A” of a Horse is sent in the first instance. For analysis conducted for racing in India:

- a) The Primary Laboratory shall be Quantilab – Mauritius
- b) Any other Laboratory as approved by the Stewards of the Club from time to time.

**RULE No. 30 :**

For the purpose of these Rules, Reference Laboratory shall mean a laboratory to which “Sample B” of a Horse is sent for confirmatory analysis. For analysis conducted for racing in India the Reference Laboratories shall be any of the following:

- 1) The Hong Kong Jockey Club Laboratory, Hong Kong
- 2) Laboratoire Des Courses Hippiques (LCH), France
- 3) LGC, Newmarket, United Kingdom
- 4) Racing Analytical Services (RASL) Victoria, Australia
- 5) Any other Laboratory as approved by the Stewards of the Club from time to time.

**RULE No. 31.**

Upon being informed by the Stewards of the detection of a prohibited substance in Sample A by the Primary Laboratory, the concerned trainer or authorized representative shall:-

- a) Have the option of having Sample B analyzed by an approved Reference Laboratory as listed under Rule No. 30 by the Stewards. Further the name of the Witnessing Analyst if Any;
- b) Exercise such option, application must be made to the Stewards of the Club in writing within 3 working days from the date of the official intimation of the detection / of opening the envelope that identifies the prohibited substance in Sample A; Further the Trainer/ Owner/ Authorized representative have the option to arrange the presence of the witnessing analyst at the laboratory conducting the confirmatory analysis within 30 days of him nominating the name. In case the trainer is unable to arrange within this period the witnessing analyst after having nominated the name, the confirmatory analysis will proceed without the witnessing analyst. The trainer normally will be permitted to nominate only one witnessing analyst and changes will not be permitted.
- c) The provision of Witnessing Analyst to participate in witnessing analysis of Sample B, shall be subject to the Reference Laboratory permitting the same.
- d) If the Trainer/ Owner/ Authorized representative exercises the option of having Sample B analyzed, all costs including Testing charges and transportation of the sample shall be borne by trainer or authorized representative. Failure to pay for the analysis of Sample B may lead to the placing of the trainer and/or owner on the Unpaid Forfeit List;
- e) In the absence of the Trainer exercising the options as mentioned above, the initial finding by the Primary Laboratory of the presence of prohibited substance in the urine sample of the Trainer’s charge, will be treated as positive and the matter will be proceeded with. The findings of the Primary Laboratory shall be conclusive evidence that a prohibited substance has been detected in that sample for the purposes of these rules.

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**RULE No. 32.**

The Reference Laboratory shall directly convey the result of the analysis of the Sample B to the Stewards / Chief or Senior Veterinary Officer of the relevant Club.

**RULE No. 33.**

When the Reference Laboratory confirms the positive findings of the Primary Laboratory then and only then shall the sample be treated as positive. However, if the Sample B is not sent for confirmatory analysis when the Trainer/ Owner or authorized representative does not request confirmation, the sample will be treated as positive on the basis of the positive findings of the Primary Laboratory.

**IMPORTANT NOTE:**

1. Wherever any substance or metabolite or isomers of the substance and its metabolites have not been classified in the list of classes appended, the Stewards shall, at their discretion, with due technical consultation decide whether and where that particular substance is to be classified. Such classification will be applicable to all positive cases under / pending enquiry.
2. In formulating the classes mentioned, the Stewards have taken into consideration the list of prohibited substances/ illicit substance forming part of Medication Rules.
3. All concerned should be aware that a laboratory report may identify a drug only by the name of its metabolite. The metabolite might not be listed here, but the parent compound may be.
4. If a prohibited substance is identified in an official sample taken from a horse which is entered or has run in a race within one jurisdiction but which is trained in another, the Horse racing Authority where the horse is trained is to be informed and shall provide assistance when requested.

**RULE No. 34 :**

- a) In the event of the Reference Laboratory detecting the same prohibited substance or metabolites, isomers or artefacts of the same prohibited substance as detected by the Primary Laboratory, the certified findings of the referee laboratory shall be conclusive evidence that the confirmatory substance has been detected in that sample for the purposes of these rules;
- b) The reference Laboratory will report Analytical findings to the Stewards of the Club.
- c) If the reference Laboratory determines that it is unable to carry out the test for any reason including there being insufficient sample volume to make a specific identification of sample contents or if by an act of God, power failure, accident, labour strike, decomposition of the sample for any reason or any other force majeure circumstances prevents the Sample B being tested, then, the result of the test performed by the primary laboratory shall be conclusive and binding.
- d) In the event there is insufficient sample volume to make a specific identification of the sample contents or if by an act of God, power failure, accident, labour strike, decomposition of the sample for any reason or other force majeure circumstances prevents the sample from being tested by the Primary Laboratory, then, the Club shall send the second sealed bottle of spilt sample - Sample B to the Primary laboratory for being tested and the result of the test result performed by the Primary Laboratory shall be conclusive and binding without further testing by the reference laboratory.



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**RULE No. 35.**

No correspondence by telephone, writing, electronic, in person or by any other means by the owner, trainer or any other person on behalf of the owner or trainer will be entertained by the laboratory directly.

**RULE No. 36.**

No request for DNA testing will be allowed unless expressly permitted by the Stewards.

**RULE No. 37.**

- a) Out of competition testing (OOCT) means any regulatory samples collected. (Urine and /or Blood)
- b) Random Samples will be collected from horses every month or at any time as may be determined by the Stewards. The procedure for sampling will remain the same as for post-race sampling. These samples may be tested for Prohibited substances listed under Rule No. 7, 7A & 7B or all illicit substances as listed in rule No.14;
- c) Two year old horses will be sampled for the analysis of anabolic steroids and sex hormones starting from 1<sup>st</sup> November ;
- d) There shall be no advance notice for Out of Competition Testing.
- e) The OOCT shall detect and monitor misuse of Therapeutic Substances. (IFHA Article 6E). However, they may not be actionable if a legitimate treatment is appropriately recorded.

**SAMPLING OF NEW ARRIVALS/ RETURNING HORSES:**

Besides post-race urine /blood sampling and Random Sampling, the Club may undertake Sampling of Horses for detection of illicit substances including Anabolic Steroids and / or Sex Hormones at the discretion of the Stewards. Compulsory Sampling will be applicable to any horse as under:

- 1) Visiting horses for racing and horses returning after racing;
- 2) Horses returning from Out of Training/ Competition.
- 3) Any horse arriving, for the first time (excluding the ones mentioned in points (1 & 2 above) for racing purpose and horses arriving into the charge of a Licensed Trainer.

In all the three cases listed above, the horse may be first sampled in the Sampling Yard and then will be permitted to enter the stables of the Receiving Trainer. If the horse arrives at odd hours, then such a horse will be moved into an isolation stable and after the collection of urine sample will be permitted to enter the stable of the Receiving Trainer.

If such a horse is subjected to Sampling as stated in 1 above, the responsibility shall always remain that of the Trainer, in whose charge the horse arrives. The penalties will be as has been enunciated under the heading (penalties for offenses- Illicit Substances).

In case, where the horse has left a Trainer's charge and is 'Out of Training/ competition' as stated in 2 above (which will be indicated by submitting a separate Transfer of Responsibility form – see Annexure – 2) and no Upkeep and Feeding Charges has been claimed by the Trainer and paid by the Club or Owner, upon the return of such a horse to the Racecourse, the horse may be subjected to Sampling.

There will be no responsibility attached to a Trainer in cases of a horse returning a positive sample in respect of horse/s falling under Point 2 and 3, but sanctions will apply to the horse/s concerned. If such Sampling results in the detection of illicit substances including Anabolic Steroids and / or Sex Hormones, the Owner/s and Receiving Trainer shall be asked to remove such a horse from the Club's premises forthwith for a period of 6 (six) months.

Where a horse has been put 'Out of Training/ Competition', a Transfer of Responsibility will have to be submitted by the Trainer that a horse has moved from his control and care. [Appended as Annexure – '2'].

A Trainer must be able to provide full traceability of the horse that is Out of Training/ Competition from his charge which would return to him for training/ racing. If a horse is moved away from the location given by the Trainer in the Transfer of Responsibility Form, then the responsibility to provide traceability will be of the person who takes care and control the horse and has moved the horse to a different location. In case full traceability cannot be established, the concerned horse will not be permitted to enter the Racecourse for a period of 6 (six) months.

#### **RULES FOR A QUALIFIED WITNESSING ANALYST:**

- A. The Witnessing Analyst must be a member of a relevant professional body and in no way involved with the case under consideration.
- B. The role of the Witnessing Analyst is to satisfy himself that the analysis of the Confirmatory Sample from a particular horse contain/ does not contain the particular drug or its/ their metabolite as found in the primary sample by the Primary Laboratory. This will normally involve the following steps:
  - i) Ensuring that the Confirmatory Sample has been correctly sealed and identified;
  - ii) Witnessing the analysis of the Confirmatory Sample in accordance with the procedures, rules and practices followed by the Reference Laboratory.
  - iii) The Witnessing Analyst must contact the Reference Laboratory through the Club before arrival to establish how long the analysis will take. He must then ensure that he allows sufficient time to the Laboratory to complete the analysis and must be aware that extra time will be required for additional samples etc.
  - iv) The Witnessing Analyst may be shown the analytical data relating to the analysis of the Primary Sample.
  - v) If the Witnessing Analyst disagrees with the analytical report of the Primary sample then he must submit a report to the Club giving his opinion and the reason for disagreeing.
  - vi) The Witnessing Analyst has to sign an undertaking to agree to abide by the above mentioned terms.

NOTE: A Qualified Witness shall act in accordance with the Rules as mentioned above

#### **RULE No. 38 Screening Limits**

Therapeutic substances used for the treatment of racehorses are prohibited by the rules of racing at all concentrations. In order for Primary Laboratory to report the presence of certain therapeutic substances in a consistent manner, International Screening Limits (ISLs) have been agreed for these substances.

The ISL is the urine or plasma concentration adopted for the screening of a specified therapeutic prohibited substance; it is derived from administration studies followed by a risk analysis consisting of two components: a risk assessment (evaluation of the effect of the substance and factors related to its control) and a risk management (decision step for harmonisation). ISLs are harmonised detection limits agreed following input by international consensus and are conveyed by instruction from racing authorities to the Primary Laboratory. The ISLs are simply the detection limits to be used by the Primary Laboratory when screening for certain therapeutic substances as instructed by the authorities; they are not international thresholds. When the screening procedure indicates the ISL, in either urine or plasma, has been exceeded, all that is required is qualitative confirmatory analysis (usually by mass spectrometry) to confirm the presence or absence of the prohibited substance. Quantification is not required.

The ISL need not be applied in the event of the detection of two or more pharmacologically-related therapeutic substances, or any such substance and a diuretic, in an official sample.

All samples taken from horses in India and analysed by the Primary Laboratory adhere to the International Screening Limits as approved by the IFHA.

The International Screening Limits in urine and plasma and the international residue limits in urine and plasma for environmental contaminants are available on the IFHA website: [www.ifhaonline.org](http://www.ifhaonline.org)

### International screening limits and detection times

The Advisory Council on Equine Prohibited Substances and Practices and the International Federation of Horse racing Authorities - IFHA acknowledges the significant effort of the EHSLC (European Horserace Scientific Liaison Committee) over a number of years in determining these Detection Times. It must be noted that these detection times are for specific proprietary preparations, at specified dose and dosing regimens and for specified routes of administration and veterinarians using this information should be aware of its limitations and are advised to read the following document “International Screening Limits and Detection Times:

**A) The International Screening Limits in urine for the following commonly used Therapeutic Substances approved by The Turf Authorities of India :** *[This list shall be updated periodically]:*

Substance	Nanograms per millilitre in hydrolysed urine (unless otherwise specified)
Acepromazine	10 *e
Betamethasone	0.2
Bromhexine	200 *d
Butorphanol	1
Carprofen	100
Clenbuterol	0.1
Dantrolene	3 in unhydrolysed urine *g
Dembrexine	100
Detomidine	2 *f
Dexamethasone	0.2
Diclofenac	50
Dipyrrone	1000 *a
Eltenac	50
Flunixin	100
Furosemide	50
Ipratropium	0.25
Ketoprofen	100
Lidocaine	10 *b
Meclofenamic Acid	250
Medetomidine	5 *h
Meloxicam	10
Mepivacaine	10 *c
Naproxen	250
N-Butylscopolammonium	25
Omeprazole	1 in unhydrolysed urine
Oxxyphenbutazone	100
Phenylbutazone	100
Romifidine	1
Salbutamol	0.5
Triamcinolone Acetonide	0.5
Vedaprofen	50
Procaine	20 (approved by Turf Authorities of India)
Xylazine(4 hydroxyxylazine)	10

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- \*a Controlled by 4-methylaminoantipyrine
  - \*b Controlled by 3'-hydroxylicocaine
  - \*c Controlled by 3'-hydroxymepivacaine
  - \*d Controlled by ambroxal
  - \*e Controlled by 2-(1-hydroxyethyl)promazine sulphoxide
  - \*f Controlled by 3'-hydroxydetomidine
  - \*g Controlled by 5-hydroxydantrolene
  - \*h Controlled by 3'-hydroxymedetomidine

B). The International Screening Limits in **Plasma** for the following commonly used Therapeutic Substances approved by the Turf Authorities of India.

Substance	International Screening Limit (nanograms per millilitre Plasma)
Acepromazine	0.02
Butorphanol	0.01
Carprofen	100
Dantrolene	0.1ng/ml of 5 – Hydroxy Dantrolene
Dembrexine	5
Detomidine	0.02 *a
Dexamethasone	0.02
Firocoxib	2
Flunixin	1
Furosemide	0.1
Ketoprofen	2ng/ml under the condition of a single Intravenous or oral use
Lidocaine	0.05
Meclofenamic Acid	5
Medetomidine	0.02 *b
Meloxicam	1
Mepivacaine	0.05
N-Butylscopolammonium	0.05
Omeprazole	1
Phenylbutazone	100
Procaine	1
Vedaprofen	5
Xylazine(4 hydroxyxylazine)	0.05

\*a Controlled by 3'-hydroxydetomidine

\*b Controlled by 3'-hydroxymedetomidine

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**C) INTERNATIONAL RESIDUE LIMITS**

International Residue Limits are detection limits agreed following input by international consensus and are conveyed by instruction from racing authorities to their laboratories. The residue limits are simply detection limits to be used by laboratories when screening for certain contaminant or environmental substances as instructed by the authorities; they are not international thresholds. When the screening procedure indicates the residue limit, in either urine or plasma, has been exceeded, all that is required is qualitative confirmatory analysis (usually by mass spectrometry) to confirm the presence or absence of the prohibited substance. Quantification is not required.

The IFHA recommends International Residue Limits in **Urine** for the following substances in Feed, which are considered as Feed Contaminants and are approved by the Turf Authorities of India.

Atropine	60 ng/ml
Bufotenine	10 µg/ml
Caffeine	50 ng/ml
Dimethyl Sulfoxide (DMSO)	15 ug/ml
DMT	10 µg/ml
Hordenine	80 µg/ml
Morphine (total) *	30 ng/ml
Methylsulfonylmethane (MSM)	1200 ug/ml
Scopolamine	60 ng/ml
Theophylline	250 ng/ml
Theobromine	2 µg/ml

# These refer to the free and conjugated concentrations unless indicated otherwise.

\* Conjugated substances like morphine glucuronides can be difficult to hydrolyse.

D) Feed Contaminants – International Residue Limits in **Plasma** for the following substance has been approved by the Turf Authorities of India.

Caffeine	20 ng/ml
Dimethyl Sulfoxide (DMSO)	1000 ng/ml
Theobromine	0.3 mg/ml

All samples taken from horses in India and analyzed by the primary laboratory adhere to the International Screening Limits as approved by the IFHA.

**Publication of Detection Times on the IFHA Website for Legitimate Therapeutic  
Substances Controlled by International Screening Limits**

**Detection Times for Legitimate Therapeutic Substances Controlled by International Screening Limits**

<b>Substance</b>	<b>Preparation</b>	<b>Dose</b>	<b>Route of Administration (no of horses)</b>	<b>Detection Time (hours)</b>
Acepromazine	Sedalin® Vetoquinol UK Ltd	0.15mg/kg, single dose	Oral (6)	72
Butorphanol	Torbugesic® Fort Dodge Animal Health Ltd	100µg/kg, single dose	i.v. (6)	72
Butyl scopolamine	Buscopan® Boehringer Ingelheim	0.3mg/kg, single dose	i.v. (6)	≤48 ^
Butyl scopolamine/ Dipyrone(Metamizole)	Buscopan® Compositum Boehringer Ingelheim	0.2mg/kg butyl scopolamine / 25mg/kg dipyrone (Metamizole), single dose	i.v. (6)	72
Carprofen	Rimadyl® Pfizer Ltd	0.7mg/kg, single dose	i.v. (6)	264(11 days)
Clenbuterol	Ventipulmin® Syrup (25 micrograms/mL) Boehringer Ingelheim	1.6mg/kg/day for 10 days, once daily	Oral (6)	312(13 days)
Clenbuterol	Ventipulmin® Injection (30 micrograms/mL) Boehringer Ingelheim	0.3mg/kg/day for 5 days, once daily	Nebulised \$ (6)	144(6 days)
Dantrolene	Dantrium®	500mg for 3 days, oncedaily	Oral (12)	48
Dembrexine	Sputolysin® Boehringer Ingelheim	0.3mg/kg, 9 doses at 12h intervals	Oral (6)	96
Detomidine	Domosedan® Orion Pharma, Finland	0.02mg/kg, single dose	i.v. (10)	≤48 ^
Detomidine/ Butorphanol	Domosedan® Janssen Torbugesic® Pfizer	10µg/kg followed after 5 minutes with 25µg/kg Torbugesic®, single dose	i.v. (6)	72
Dexamethasone	Voren® Boehringer isonicotinate	0.03mg/kg, single dose Ingelheim Ltd (15ml/500kg horse)	i.m. (6)	336(14 days)
Dexamethasone sodiumphosphate	Dexadreson® Intervet UK Ltd	0.06mg/kg, single dose (15ml/500kg horse)	i.v. (6)	120(5 days)
Dipyrone	Vetalgin®Intervet Deutschland GmbH	30mg/kg, single dose	i.v. (10)	72
Eltenac	Telzenac® ScheringPlough Animal Health	0.5mg/kg for 5 days,once daily	i.v. (6)	192(8 days)
Flunixin	Finadyne® Schering Plough	1mg/kg, single dose	i.v. (4)	144(6 days)
Furosemide	Dimazon® Intervet	1mg/kg, single dose	i.v. (6)	≤ 48 ^

Ipratropium	Atrovent® solution for nebulisation (0.5 mg/ml) Boehringer Ingelheim	5.5µg/kg/day for 3 days, once daily (16.5µg/kg in total)	Nebulised ** (6) [MDI-Spacer]	120 (5 days) [168,7 days]
Ketoprofen	Ketofen® Merial Animal Health Ltd	2.2mg/kg for 5 days, once daily	i.v. (6)	96
Lidocaine	Norocaine® Norbrook Laboratories	300mg/15mL, single dose 60mg/3mL, single dose	s/c (6)s/c (6)	72
Meclofenamic acid	Not commercially available. Sigma †	2.2mg/kg, single dose	i.v. (6)	≤ 48 ^
Meclofenamic acid	Dynoton Biove Laboratory, Arques, France	4mg/kg for 5 days, once daily	Oral (6)	120(5 days)
Meloxicam	Metacam® Boehringer Ingelheim	0.6mg/kg for 14 days, once daily	Oral (8)	72
Mepivacaine	Intra-Epicaine® Arnolds Vet Products Ltd #	2mL/40mg, single dose (0.07 – 0.09mg/kg)	s/c to lateral aspect of distal limb (6)	72
Mepivacaine	Intra-Epicaine® Arnolds Vet Products Ltd #	8mL/160mg, single dose (0.28-0.36mg/kg)	s/c neck (6)	72
Naproxen	Naprosyn® Roche	10mg/kg for 5 days, once daily	Oral (6)	>360(>15 days)
Omeprazole	Gastrogard® 37% Oral Paste, Merial	1mg/kg for 28 days, once daily	Oral *	≤ 48 ^
Phenylbutazone	Equipazolone® Arnolds Vet Products Ltd Phenylarthrite® Vetoquinol SAEquipazolone® Intervet SA	4.7mg/kg for 5 days, twice daily 8.8mg/kg, single dose 8.8mg/kg twice daily for 1 day, followed by 4.4mg/kg for 10 days, twice daily	Oral (2) i.v. (6)  Oral (6)	168(7 days)
Romifidine	Sedivet® Boehringer Ingelheim	80µg/kg, single dose	i.v. (8)	60
Romifidine/Butorphanol	Sedivet® Boehringer Ingelheim Torbugesic® Pfizer	60µg/kg, followed after 5 minutes with 25µg/kg Torbugesic®, single dose	i.v. (6)	72
Salbutamol	Ventolin Evohaler® Allen & Hansburys	5 x 100µg actuations per dose for 2 days at 4 hourly dosing during the day	Inhaled via a pMDI through a spacer in onostrils ‡ (6)	72
Vedaprofen	Quadrisol® Intervet SA	2mg/kg, single dose	i.v. (6)	96

It must be noted that these detection times are for specific proprietary preparations, at specified dose and dosing regimens and for specified routes of administration, and veterinarians using this information should be aware of its limitations and are advised to read the following document “International Screening Limits and Detection Times - Information for Practicing Veterinary Surgeons”.

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**International Screening Limits and Detection Times:****Information for Practicing Veterinary Surgeons**

There are three reasons for having rules to control the use of drugs in horse racing:

1. To ensure fair competition;
2. To protect the welfare of racehorses; and
3. To protect the breed.

However, the Rules of Racing are not intended to discourage the proper veterinary treatment of sick racehorses if such treatment would not threaten any of these three important objectives.

The following information is intended to help veterinary surgeons to give advice as to when racehorses may be raced following treatment. International harmonisation for the control of certain therapeutic substances has been achieved through the application of International Screening Limits and information is provided on the observed Detection Times corresponding to these screening limits for drugs after they have been administered to horses at the reported dose rates. However, veterinary surgeons using this information should be aware of its limitations.

**Limitations**

**Detection Time definition:** the time at which the urinary concentration of the drug, or its metabolites or isomers, in all the horses in the study was below internationally agreed screening limit for the drug using routine or standard screening methods.

**Veterinary surgeons are reminded of the following:**

The Rules of Racing regarding prohibited substances continue to apply a strict liability on the trainer and the promulgation of this information does not alter this. Therefore veterinary surgeons should use their professional judgment when they are asked for advice.

In the administration studies for the determination of the published Detection Times, the drugs were administered at the manufacturer's recommended dose using the usual route of administration to a limited number of horses under controlled, scientific conditions.

The following points should be clearly noted in respect of the stated Detection Times:

- 1) In the experiments, the drugs were administered only to healthy horses under controlled, scientific conditions. These horses were not exercised under conditions that might be expected in routine training.
- 2) The use of these drugs therapeutically in unhealthy animals may result in longer Detection Times due to a number of factors, including variation in urine pH, altered biotransformation and/or excretory processes.
- 3) The effect of training /exercise programmes, different diet and stable management may cause variation in drug elimination.
- 4) The Detection Times are valid only in respect of the particular formulation, dose or dosage regimen employed.
- 5) The use of different proprietary formulations may result in different Detection Times on account of variations in bioavailability. Repeat dosing will alter the Detection Time due to possible drug accumulation.



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- 6) The stated Detection Times reflect only the precise conditions of the administration protocol used for the scientific study. Even a slight variation in the route of administration, such as intra-articular injections that have become partly extra-articular, can increase Detection Times significantly. Veterinary surgeons should therefore regard these data as information. There may be variables encountered in routine treatment of horses in training that affect drug elimination.
  - 7) Irrespective of the route of administration, there is a risk that a horse may ingest excreted drug from the bedding of its stable (thus increasing the Detection Time unpredictably) if its stable is not regularly and carefully cleaned out after the treatment has been administered.
  - 8) These recommendations for Screening Limits/Detection Times may not necessarily apply in the event of the detection of two or more pharmacologically related substances, or any substance and a diuretic, in an official sample.

The '**Detection Times**' given here are not synonymous with '**Withdrawal Times**'. To decide a Withdrawal Time an adequate safety margin must be added to the stated Detection Time. This safety margin must be chosen by the treating veterinarian using his/her professional judgement and discretion, to allow for biological, pharmaceutical and pharmacological variation, so as to minimise the possibility that a positive finding will occur on the day of racing.

It is incumbent on the veterinary surgeon to exercise full professional judgement, taking into account all relevant circumstances, and the most up to date information, before advising when a horse may race after drug treatment.

**The International Federation of Horseracing Authorities and Royal Western India Club Ltd., Mumbai/Pune accepts no liability or responsibility for the direct or indirect consequences of any person using or relying exclusively upon the data in these information sheets, to the exclusion of professional judgement, under any given circumstances.**

**CLASSIFICATION OF PROHIBITED SUBSTANCES, INFRINGEMENTS AND THE PENALTY  
ATTRACTED IN DETECTION OF PROHIBITED SUBSTANCES**

**LISTING BY CLASSIFICATION**

**CLASS 1:** Stimulant and depressant drugs that have the highest potential to affect performance and that have no generally accepted medical use in the racing horse.

<b>Drug Name</b>	<b>Trade Name(s)</b>
3, 4-Methylenedioxypropylamphetamine	MDPV, "Bath Salts"
Apomorphine	
Benzylpiperazine(BZP)	
Cholpromazine	
Donepezil	Aricept
Endorphins	
Enkephalins	
Ethylphenidate	
Hydroxyamphetamine	Paradrine
Lofentanil	
Mazindol	Sanorex
Meldonium	Mildronate
Mephentermine	Wyamine
Metaraminol	Aramine
Mitragynine	Kratom
Nikethamide	Coramine
Oxycodone	Percodan
Oxymorphone	Numorphan
Pemoline	Cylert
Pentylene-tetrazol	Metrazol, Nioric
Phenazocine	Narphen
Phencyclidine(PCP)	Semylan
Phendimetrazine	Bontril, etc.
Phenmetrazine	Preludin
Picrotoxin	
Remifentanil	Ultiva
Strychnine	
Sufentanil	Sufenta
Synthetic cannabis	Spice,K2,Kronic
Ziconotide	

**CLASS 2 : Drugs that have a high potential to affect performance, but less potential than drugs in Class 1.** These drugs are not generally accepted as therapeutic agents in racing horses,

Drug Name	Trade Name(s)
Acecarbromal	
Acetophenazine	Tindal
Adinazolam	
Alclofenac	
Alcuronium	Alloferin
Alpidem	Anaxyl
Alprazolam	Xanax
Alprenolol	
Althesin	Saffan
Amisulpride	Solian
Amitriptyline	Elavil, Amitril, Endep
Amoxapine	Asendin
Amperozide	
Amyl Nitrate	
Anilopam	Anisine
Aprobarbital	Alurate
Articaine	Septocaine; Ultracaine, etc.
Atipamazole	
Atomoxetine	Strattera
Atracurium	Tracrium
Azacylonol	Frenque
Azaperone	Stresnil, Suicalm,
Barbital	Veronal
Barbiturates	
Bemegride	Megimide, Mikedimide
Benoxaprofen	
Benperidol	Anquil
Bentazepam	Tiadipona
Benzactizine	Deprol, Bronchodiletten
Benzoctamine	
Benzodiazepines	
Benzonatate	Tessalon, Tessalon Perles,
Benzphetamine	Didrex
Benztropine	Cogentin
Biriperone	
Botulinum toxin	
Brimonidine	
Bromazepam	Lexotan, Lectopam
Bromisovalum	Diffucord, etc
Bromocriptine	Parlodel
Bromperidol	Bromidol
Brotizolam	Brotocol
Bupivacaine	Marcaine
Buprenorphine	Temgesic
Buspirone	Buspar
Buspropion	Wellbutrin
Butabarbital	Butacaps, Butasol, etc.

Butacaine	Butyn
Butalbital(Talbutal)	Fiorinal
Butanilicaine	Hostacain
Butaperazine	Repoise
Butoctamide	Listomin
Caffeine	
Camazepam	Paxor
Capsaisin	
Captodiame	Covatine
Carbidopa+Levodopa	Sinemet
Carbromol	Mifudorm
Carisoprodol	Soma, Rela
Carphenazine	Proketazine
Carpipramine	Prazinil
Carticaine (See articaine)	Septocaine; Ultracaine etc.
Chloralose (Alpha-chloralose)	
Chloral betaine	Beta-chlor
Chloral hydrate	Nactec, Oridrate, etc
Chloraldehyde(chloral)	
Chlordiazepoxide	Librium
Chlormezanone	Trancopal
Chloroform	
Chlorhexidol	
Chloroprocaine	Nesacaine
Chlorproethazine	Newiplege
Chlorprothixene	Taractan
Cinchocaine	Nupercaine
Citalopram	Celex
Clibucaine	Batrax
Clobazam	Urbanyl
Clocapramine	
Clomethiazole	
Clomipramine	Anafranil
Clonazepam	Klonopin
Clorazepate	Tranxene
Clormecaine	Placacid
Clothiapine	Entermin
Clotiazepam	Trecalmo, Rize
Cloxazolam	Enadel, Sepazon, Tolestan
Clozapine	Clozaril, Leponex
Conorphone	
Corticaine	Ultracain
Crotetamide	
Cyamemazine	Tercian
Cyclobarbital	Phanodorm
Decamethonium	Syncurine
Demoxepam	
Desipramine	Norpromine, Pertofrane
Dezocine	Dalgan ®
Dibucaine	Nupercainal, Cinchocaine

Dichloralphenazone	Febenol, Isocom
Diethylpropion	Tepanil, etc.
Dilorazepam	Briantum
Dixyrazine	Esucos
Dopamine	Intropin (Derivative: 3-Methpxytyramine)
Doxacurium	Nuromax
Doxapram	Dopram
Doxefazepam	Doxans
Doxepin	Adapin, Sinequan
Droperidol	Inapsine, Droleptan,
Duloxetine	
Enciprazine	
Ephedrine	
Epibatidine	
Epinephrine	
Ergoloid Mesylates (dihydroergocombine Mesylate, dihydroergocristinemesylate & dihydroergocryptine)	Hydergine
Estazolam	Domnamid, Eurodin, Nuctalon
Eszopiclone	
Ethamivan	
Ethanol	
Ethchlorvynol	Placidyl
Ethinamate	Valmid
Ethoheptazine	Zactane
Ethopropazine	Parsidol
Ethylisobutrazine	Diquel
Etidocaine	Duranest
Etifoxin	Stresam
Etizolam	Depas, Pasaden
Etodroxizine	Indunox
Etomidate	
Fenarbamate	Tymium
Fenclozic Acid	Cincopal
Fenfluramine	Pondimin
Fluanisone	Sedalande
Fludiazepam	Erispam
Flunitrazepam	Rohypnol, Narcozep, Darkene, Hypnodorm
Fluopromazine	Psyquil, Siquil
Fluoresone	Caducid
Fluoxetine	Prozac
Flupenthixol	Depixol, Fluanxol
Fluphenazine	Prolixin, Permitil, Anatensol etc.
Flurazepam	Dalmane
Fluspirilene	Imap, Rediptin
Flutoprazepam	Restas
Fluvoxamine	Dumirox, Faverin etc.
Galantamine	Reminyl
Gallamine	Flaxedil
Gepirone	
Halazepam	Paxipam

Haloperidol	Haldol
Haloxazolam	Somelin
Hemoglobin Glutamers	Oxyglobin, Hemopure
Hexafluorenium	Myalexen
Hexobarbital	Evipal
Hexylcaine	Cyclaine
Homophenazine	Pelvichthol
Hordenine	
Hydroxyzine	Atarax
Ibomal	Noctal
Imipramine	Imavate, Presamine
Isapirone	
Isocarboxazid	Marplan
Isoproterenol	Isoprel
Isoxicam	Maxicam
Ketamine	Ketalar, Ketaset, Vetalar
Ketazolam	Anxon, Laftram, Solatran Loftran
Lenperone	Elanone-V
Levamisole	
Lidocaine	Xylocaine
Lithium	Lithizine, Duralith etc.
Lobeline	
Loflazepate, Ethyl	Victan
Loprazolam	Dormonort, Havlane
Lorazepam	Ativan
Lormetazepam	Noctamid
Loxapine	Laxitane
Maprotiline	Ludiomil
Mebutamate	Axiten, Dormate, Capla
Meclofenoxate	Lucidiril etc.
Medazepam	Nobrium etc.
Melperone	Eunerpan
Memantine	Namenda
Meparfynol	Oblivon
Mepazine	Pacatal
Mephenoalone	Control, etc
Mephénytoin	Mesantoin
Mephobarbital	Mebaral
Mepivacaine	Carbocaine
Meprobamate	Equanil, Miltown
Mesoridazine	Serentil
Metaclazepam	Talis
Metformin	
Metharbital	Gemonil
Methohexital	Brevital
Methotrimeprazine	Levoprome, Neurocil etc.
Methyprylon	Noludar
Metocurine	Metubine
Metomidate	Hypnodil
Mexazolam	Melex
Mirtazepine	Remeron
Mivacurium	Mivacron

Modafinil	Provigil
Molindone	Moban
Moperone	Luvatren
Mosaprimine	
Naepaine	Amylsin
Nalbuphine	Nubain
Nalorphine	Nalline, lethidrone
Nefazodone	Serzone
Nimetazepam	Erimin
Nitrazepam	Mogadon
Nitroglycerine	
Nordiazepam	Calmday, Nordaz etc.
Norepinephrine	
Nortriptyline	Aventyl, Pamelor
Olanzepine	Zyprexa
Oxazepam	Serax
Oxazolam	Serenal
Oxilofine(hydroxyephedrine)	
Oxyperitine	Forit, Integrin
Paliperidone	
Pancuronium	Pavulon
Paraldehyde	Paral
Paroxetine	Paxil, Seroxat
Penfluridol	Cyperon
Pentobarbital	Nembutal
Perazine	Taxilan
Periciazine	Alodept, etc
Perlapine	Hypnodin
Perphenazine	Trilafon
Phenaglycodol	Acalo, Alcamid, etc.
Phenelzine	Nardelzine, Nardil
Phenobarbital	Luminal
Phentermine	Lomamin
Piminodine	Alvodine, cimadon
Pimobenden	
Pimozide	Orap
Pinazepam	Domar
Pipamperone	Dipiperon
Pipecuronium	Arduan
Pipequaline	
Piperacetazine	Psymod, Quide
Piperocaine	Metycaine
Pipotiazine	Lonseren, Piportil
Pipradrol	Dataril, Gerondyl etc
Piquindone	
Prazepam	Verstran, Centrax
Prilocaine	Citanest
Prochlorperazine	Darbazine, Compazine
Propanidid	
Propiomazine	Largon
Propionylpromazine	Tranvet
Propofol	Diprivan, Disoprivan

Propoxycaïne	Ravocaine
Prothipendyl	Dominal
Protriptyline	Concordin, Triptil
Proxibarbitol	Axeen, Centralgol
Pyrrithyldione	Hybersulfan, conodor
Quazipam	Doral
Quetiapine	Seroquel
Racemethorphan	
Racemorphan	
Raclopride	
Ractopamine	Raylean
Remoxipride	Roxiam
Reserpine	Serpasil
Rilmazafone	
Risperidone	
Ritanserin	
Rivastigmine	Exelon
Rocuronium	Zemuron
Rofecoxib	Vioxx
Ropivacaine	Naropin
Secobarbital(Quinalbarbitone)	Seconal
Selegiline	Eldepryl, Jumex
Sertraline	Lustral, Zoloft
Spiclomazine	
Spiperone	
Succinylcholine	Sucostrin, Quelin etc.
Sulfondiethylmethane	
Sulfonmethane	
Sulforidazine	Inofal
Sulpiride	Aiglonyl, sulpitil
Sultopride	Barnetil
Talbutal	Lotusate
Tandospirone	
Temazepam	Restoril
Tetrabenazine	Nitoman
Tetracaine	Pontocaine
Tetrazepam	Musaril, Myolastin
Thebaine	
Thialbarbital	Kemithal
Thiamylal	Surital
Thiethylperazine	Torecan
Thiopental	Pentothal
Thiopropazate	D artal
Thiopropazine	Majeptil
Thioridazine	Mellaril
Thiothixene	Navane
Tiapride	Italprid, Luxoben etc.
Tiletamine	Component of Telazol
Timiperone	Tolopelon
Tofisopam	Grandaxain, Seriel
Topirimate	Topamax
Tramadol	Ultram



Tranylcypromine	Parnate
Trazodone	Desyrel
Tretoquinol	Inolin
Triazolam	Halcion
Tribromethanol	
Tricaine Methanesulfonate	Finquel
Trichloroethanol	
Trichloethylene	Trilene, Trimar
Triclofos	Triclos
Trifluomeprazine	Nortran
Trifluoperazine	Stelazine
Trifluperidol	Triperidol
Triflupromazine	Vetame, Vesprin
Trimipramine	Surmontil
Tubocurarine(Curare)	Metubin
Tybamate	Benvil, Nospan etc
Urethane	
Valdecoxib	
Valnoctamide	Nirvanyl
Venlafaxine	Efflexor
Veralipride	Accional, Veralipril
Vercuronium	Norcuron
Viloxazine	Catatrol, Vivalan etc
Vinbarbital	Delvinol
Vinylbital	Optanox, Speda
Yohimbine	
Zaleplon	Sonata
Zilpaterol Hydrochloride	Zilpaterol
Ziprasidone	Geodon
Zolazepam	
Zolpidem	Ambien, Stilnox
Zomepirac	Zomax
Zopiclone	Imovan
Zotepine	Lodopin
Zuclopthixol	Ciatyl, Cesordinol

**CLASS 3 :** Drugs that may or may not have generally accepted medical use in the racing horse, but the pharmacology of which suggests less potential to affect performance than drugs in Class 2:

Drugs in this class include bronchodilator and other drugs with primary effects on the autonomic nervous system, antihistamines with sedative properties and the high ceiling diuretics.

<b>Drug Name</b>	<b>Trade Name(s)</b>
Acebutolol	Sectral
Acepromazine	Atrovet,Notensil,Promace ®
Albuterol(Salbutamol)	Proventil, Ventolin
Almotriptan	Axert
Ambenonium	Mytelase, Myeuran
Aminophylline	Aminophyllin etc.
Amitraz	Mitaban
Amlodipine	Norvasc
Arcoline	
Arformoterol	
Atenolol	Tenormin
Atropine	
Benazeprilat,	
Benazepril and MC-Tab*	Lotensin
Betaxolol	Kerlone
Bethanidine	Esbatal
Biperiden	Akineton
Bisoprolol	Zebeta, Bisobloc etc
Bitolterol	Effectin
Bretylum	Bretylol
Brimonidine	Alphagan
Bromfenac	Duract
Bromodiphenhydramine	
Brompheniramine	Dimetane, Disomer
Bufexamac	
Bumetanide	Bumex
Butorphanol	Stadol, Torbugesic
Candesartan	Atacand
Captopril	Capolen
Carazolol	Carbacel, Conducton
Carbachol	Lentin, Doryl
Carbamezapine	Tegretol
Carbinoxamine	Clistin
Carteolol	Cartrol
Carvedilol	Coreg
Celecoxib	Celebrex
Cimeterol	
Clemastine	Tavist
Clenbutarol	Ventipulmin
Clidinium	Quarezan,clindex etc.
Clonidine	Catapres
Cobalt	
Cyclandelate	Cyclospasmol
Cyclizine	Merazine
Cycrimine	Pagitane
Cyproheptadine	Periactin

Deracoxib	Deremaxx
Detomidine	Dormosedan
Diazepam	Valium
Diazoxide	Proglycem
Diflunisal	
Diisopropylamine	
Dimeflin	
Diphenhydramine	Benadryl
Dipyridamole	Persantine
Divalproex	Depakote
Dobutamine	Dobutrex
Doxazosin	
Doxylamine	Decapryn
Dyphylline	
Edrophonium	Tensilon
Eletripan	Relpax
Enalapril(metabolite Enalaprilat)	Vasotec
Erthrityl Tetranitrate	Cardilate
Esmolol	Brevibloc
Etamiphylline	
Ethacrynic acid	Edecrin
Ethosuximide	Zarontin
Ethylnorepinephrine	Bronkephrine
Etodolac	Lodine
Etofylline	
Felbamate	Felbatol
Fenbufen	Cincopal
Fenoldopam	Corlopam
Fenopfen	Nalfon
Fenoterol	Berotec
Fenspiride	Respiride Respan etc.
Fentiazac	
Flurbiprofen	Froben
Flufenamic Acid	
Flupirtine	Katadolone
Formoterol	Altram
Fosinopril, Fosinoprilat	Monopril
Fosphenytoin	Cerebyx
Furosemide	Lasix
Gabapentine	Neurontin
Guanadrel	Hylorel
Guanethidine	Ismelin
Guanabenz	Wytensin
Heptaminol	Corofundol
Homatropine	Homapin
Hydralazine	Apresoline
Ibutilide	Corvert
Iloprost	Ventavis
Indomethacin	Indocin
Ipratropium	
Irbesarten	Avapro
Isoetharine	Bronkosol

Isosorbide dinitrate	Isordil
Kebuzone	
Ketorolac	Toradol
Labetalol	Normodyne
Lamotrigine	Lamictal
Levobunolol	Betagan
Lisinopril	Prinivil, Zestril
Loperamide	Imodium
Losartan	Hyzaar
Mabuterol	
Mecamylamine	Inversine
Meclizine	Antivert, Bonine
Medetomidine	Domitor
Mefenamic Acid	Ponstel
Mepenzolate	Cantil
Metaproterenol	Alupent, Metaprel
Methacholine	
Methantheline	Banthine
Methapyrilene	Histadyl
Methdilazine	Tacaryl
Methixene	Trest
Methoxamine	Vasoxyl
Methoxyphenamine	Orthoxide
Methylatropine	
Methyldienolone	
Methyldopa	Aldomet
Metolazone	
Metoprolol	Lopressor
Mibefradil	Posicor
Midazolam	Versed
Midodrine	Pro Amiline
Minoxidil	Loniten
Moexipril(metabolite moexiprilat)	Uniretic
Muscarine	
Nabumetone	Anthraxan, Relafen, Reliflex
Nadolol	Corgard
Naloxone	Narcan
Naltrexone	Revia
Naratriptan	Amerge
Nebivolol	
Nefopam	
Neostigmine	Prostigmine
Nicotine & Metabolite cotinine	
Niflumic Acid	Nifluril
Nimesulide	
Nylidrine	Arlidin
Olmesartan	Benicar
Oxcarbazepine	Trileptal
Oxprenolol	Trasicor
Papaverine	Pavagen, etc
Paramethadione	Paradione
Pargyline	Eutonyl

Penbutolol	Levatol
Pentaerythritol Tetranitrate	Duotrate
Pentazocine	Talwin
Pergolide	
Perindopril	Biprel
Phenoxybenzamine	Dibenzyline
Phentolamine	Regitine
Phenylephrine	Isophrin, Neo-Synephrine
Phenylpropanolamine	Propadrine
Physostigmine	Eserine
Pindolol	Viskin
Pirbuterol	Maxair
Piretanide	Arelix, Tauliz
Prazosin	Minipress
Primidone	Mysoline
Procaine	
Procatenol	Pro Air
Procyclidine	Kemadrin
Promazine	Sparine
Promethazine	Phenergan
Propantheline	Pro-Banthine
Propentophylline	Karsivan
Propranolol	Inderal
Protokylol	Ventaire
Pseudoephedrine	Cenafed, Novafed
Pyridostigmine	Mestinon, Regonol
Pyrilamine	Neoantergan, Equihist
Quinapril, Metabolite Quinaprilat	Accupril
Ramipril, Metabolite ramiprilat	Altace
Romifidine	Sedivet
Ritodrine	Yutopar
Rizatriptan	Maxalt
Salmeterol	
Sibutramine	Meridia
Sildenafil	Viagra
Sotalol	Betapace, Sotacor
Spirapril, metabolite Spiraprilat	Renomax
Sulindac	Clinoril
Sumatriptan	Imitrex
Tadalafil	Cialis
TCO2	
Telmisartin	Micardis
Tenoxicam	Alganex etc.,
Tepoxalin	
Terazosin	Hytrin
Terbutaline	Brethine, Bricanyl
Theophylline	Aqualphyllin, etc
Tiaprofenic Acid	Surgam
Timolol	Blocardrin
Tolazoline	Priscoline
Tolmetin	Tolectin
Torse mide(Torasemide)	Demadex

Trandolapril (and metabolite) Trandolaprilat	Tarka
Trihexylphenidyl	Artane
Trimethadione	Finoplix
Trimethaphan	Arfonad
Tripelennamine	BZ
Tripolidine	Actidil
Valerenic Acid	
Valsartan	Diovan
Vardenafil	Levitra
Xylazine	Rompun,Bay Va1470
Zolmitriptan	Zomig
Zonisamide	Zonegran

**CLASS 4:** This class includes therapeutic medications that would be expected to have less potential to affect performance than those in Class 3. Drugs in this class include less potent diuretics, corticosteroids, antihistamines and skeletal muscle relaxants without prominent CNS effects, expectorants and mucolytics, hemostatics, cardiac glycosides and antiarrhythmics, topical anesthetics, antidiarrheals and mild analgesics. This class also includes the non-steroidal anti-inflammatory drugs (NSAIDs):

<b>Drug Name</b>	<b>Trade Name(s)</b>
Acetaminophen(Paracetamol)	Tylenol, Tempra etc.
Acetanilid	
Acetazolamide	Diamox, Vetamox
Acetophenetidin(Phenacetin)	
Acetylcysteine	
Acetylsalicylic Acid (Aspirin)	
Alclometasone	Aclovate
Adrenochrome	monosemicarbazone salicylate)
Aldosterone	Aldocortin, Electro cortin
Ambroxol	Ambрил, etc
Amcinonide	Cyclocort
Amiloride	Moduretic; Midamor
Aminocaproic acid	Amicar, Caprocid
Aminodarone	
2-Aminoheptaine	Tuamine
Aminopyrine	
Amisometradine	Rolictron
Amlopidine	Norvasc, Ammiviv
Amrinone	
Anisotropine	Valpin
Antipyrine	
Apazone(Azapropazone)	Rheumox
Aprindine	
Baclofen	Lioresal
Beclomethasone	Propaderm
Benazepril	Lotrel
Bendroflumethiazide	Naturetin
Benoxinate	Dorsacaine
Benzocaine	
Benzthiazide	
Bepridil	Bepadil

Betamethasone	Betasone, etc
Bethanechol	Urecholine, Duvoid
Bromhexine	Oletor, etc
Budesonide	Pulmacort, Rhinocort
Butamben(butyl aminobenzoate)	Butesin
Butaoxycaine	Stadacain
N-Butylscopolamine	
N-Butylscopolammonium	
Camphor	
Canrenone	
Carbazochrome	
Carprofen	Rimadyl
Cetirizine	Zyrtec
Chlormerodrin	Neohydrin
Chlorophenesin	Maolate
Chloroquine	Avloclor
Chlorothiazide	Diuril
Chlorpheniramine	Chlortriemton, etc
Chlorthalidone	Hydroton
Chlorzoxazone	Paraflex
Ciclesonide	
Cilostazol	
Clanobutin	
Clobetasol	Tenovate
Clocortolone	Cloderm
Clofenamide	
Colchicine	
Cortisone	Cortone, etc
Corticotropic hormones	ACTH
Cyclobenzaprine	Flexeril
Cyclomethylcaine	Surfacaine
Cyclothiazide	Anhydron, Renazide
Dantrolene	Dantrium
Dembroxol (Dembrexine)	Sputolysin
Deoxycorticosterone	Percortin, DOCA, Descotone, Dorcostrin
Desonite	Des Owen
Desoximetasone	Topicort
Dexamethasone	Azium, etc
Dextromethorphan	
Dichlorphenamide	Daramide
Diclofenac	Voltaren, Voltarol
Diflorasone	Florone, Maxiflor
Diflucortolone	Flu-Cortinest etc.
Digitoxin	Crystodigin
Digoxin	Lanoxin
Dihydroergotamine	
Diltiazem	Cardizem
Dimethisoquin	Quotane
Dimethylsulfoxide(DMSO)	Domoso
Dipyrrone	Novin, Methampyrone
Disopyramide	Norpace
Dyclonine	Dyclone

Eltenac	
Ergonovine	Ergotrate
Ergotamine	Gynergen, Cafergot etc.
Etanercept	Enbrel
Ethamsylate	
Ethoin	Peganone
Ethoxzolamide	Cardrase, Ethamide
Ethylaminobenzoate	Semets, etc Benzocaine)
Felodipine	Plendil
Fexofenadine	Allegra
Firocoxib	
Flecainide	Idalon
Floctafenine	Idalon, idarac
Flucinolone	Synalar, etc
Fludrocortisone	Alforone etc
Flumethasone	Flucort etc
Flumethiazide	Ademol
Flunarizine	Sibelium
Flunisolide	Bronilide etc
Flunixin	Banamine
Fluocinolone	Synalar
Fluocinonide	Licon, Lidex
Fluorometholone	FML
Fluoroprednisolone	Predef-2X
Fluprednisolone	Alphadrol
Flurandrenolide	Cordran
Fluticasone	Flixonase, Flutide
Glycopyrrolate	Robinul
Guaifenesin(glycerol guaiacolate)	Gecolate
Halcinonide	Halog
Halobetasol	Ultravate
Hexocyclium	Tral
Hydrochlorthiazide	Hydrodiuril
Hydrocortisone(cortisol)	Cortef etc.
Hydroflumethiazide	Saluron
Ibuprofen	Motrin, Advil, Nurpin etc
Indapamide	
Infliximab	Remicade
Isoflupredone	Predef
Isometheptene	Octin, Octon
Isopropamide	Darbid
Isoxsuprine	Vasodilan
Isradipine	Dynacirc
Ketoprofen	Orudis
Letosteine	Visiotol(Viscotiol)
Loratidine	Claritin
Meclofenamic acid	Arquel
Medrysone	Medruisar etc.
Meloxicam	Mobic
Mephesisin	Tolserol
Meralluride	Mercurhydrin
Merbaphen	Novasural



Mercaptomerin	Thiomerin
Mercumalilin	Cumertilin
Mersalyl	Salyrgan
Metaxalone	Skelaxin
Methazolamide	Naptazane
Methocarbamol	Robaxin
Methotrexate	Folex, Nexate etc
Methscopolamine	Pamine
Methylchlorthiazide	Enduron
Methylergonovine	Methergine
Methylprednisolone	Medrol
Methysergide	Sansert
Metiamide	
Metoclopramide	Reglan
Methsuximide	Celontin
Methylamino antipyrine	Antipyrine etc
Mexilitine	Mexilil
Milrinone	
Mometasone	Elocon
Montelukast	Singulair
Naphazoline	Privine
Naproxen	Equiproxen, Naprosyn
Nicardipine	Cardine
Nifedipine	Procardia
Nimodipine	Nemotop
Orphenadrine	Norlfex
Oxaprozin	Deflam, Daypro
Oxymetazoline	Afrin
Oxyphenbutazone	Tandearil
Oxyphencyclimine	Daricon
Oxyphenonium	Antrenyl
Paramethasone	Haldrone
Pentoxifylline	Trental, Vazofirin
Phenacemide	Phenurone
Phensuximide	Milontin
Phenylbutazone	Butazolidin, Equizone Etc.
Phenytoin	Dilantin
Piroxicam	Feldene
Polythiazide	Renese
Pramoxine	Tronothaine
Prednisolone	Delta-Cortef etc.
Prednisone	Meticorten, etc
Probenecid	
Procainamide	Pronestyl
Propafenone	Rythmol
Proparacaine	Ophthaine
Propylhexedrine	Benzedrex
Quinidine	Quinidex, Quinocardine
Salicylamide	
Salicylate	
Scopolamine(Hyoscine)	Triptone
Spirolactone	Aldactone

Sulfasalazine	Azulfidine, Azaline
Terfenadine	Seldane, Triludan
Tetrahydrozoline	Tyzine
Theobromine	
Thiosalicylate	
Thiphenamil	Trocinate
Tocainide	Tonocard
Tolfenamic acid	
Tranexamic acid	
Triamcinolone	Vetalog etc
Triamterene	Dyrenium
Trichlormethiazide	Naqua, Naquasone
Tridihexethyl	Pathilon
Trimeprazine	Temaril
Tripolidine	Actidil
Tuaminoheptane	Tuamine
Vedaprofen	
Verapamil	Calan, Isoptin
Xylometazoline	Otrivin t
Zafirlukast	Accolate
Zeranol	Ralgro
Zileuton	Zyflo

**CLASS 5:** This class includes therapeutic medications as well as certain miscellaneous agents as DMSO and other medications. Included specifically are agents that have very localized actions only, such as anti-ulcer drugs and certain anti-allergic drugs. The anticoagulant drugs are also included:

<b>Drug Name</b>	<b>Trade Name(s)</b>
Acenocoumarol	
Anisindione	
Arsenic	
Cimetidine	Tagamet
Cromolyn	Intal
Dicumarol	Dicumarol
Dimethylsulphone(MSM)	
Dipenadione	
Esomeprazole	Nexium
Famotidine	Gaster etc
Lansoprazole	
Mesalamine	Asacol
Misoprostel	Cytotec
Nedocromil	Tilade
Nizatidine	Axid
Olsalazine	Dipentum
Omeprazole	Prilosec, Losec
Pantoprazole	Protonix
Phenindione	Hedulin
Phenprocoumon	Liquamar
Pirenzapine	Gastrozepin
Polyethylene glycol	
Rabeprazole	Aciphex
Ranitidine	Zantac
Warfarin	Coumadin, Coufarin

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**NON-CLASSIFIED SUBSTANCES**

Substances that are considered to have no effect on the physiology of a racing animal except to improve nutrition or treat or prevent infectious or parasite infestations, are not classified. Those substances normally include antimicrobials, antiparasitic drugs, and nutrients such as Vitamins, Examples of such substances include the following:

**Antibiotics :**

Penicillins  
Cephalosporins  
Chloramphenicol  
Aminoglycosides  
Sulfonamides and trimethoprim  
Tetractckubes(Tetracyclines)  
Nitrofurans  
Metronidazole

**Anthelmintics :**

Avermectins  
Benzimidaziles  
Piperazines  
Pyrantel  
Tetramisole

**Antifungals****Vitamins**

A, D, E, K, B, Vitamins  
Vitamin C

**THIS DOCUMENT IS A GENERAL REFERENCE AND NOT A COMPREHENSIVE LIST. THIS LIST DESCRIBES THE BASIC OR PARENT CHEMICAL AND DOES NOT DESCRIBE THE SALTS, ISOMERS AND SALTS OF ISOMERS, ESTERS, ETHERS AND DERIVATIVES, WHICH MAY ALSO BE CONTROLLED SUBSTANCES.**

**PUNISHMENTS WITH REGARDS TO INFRINGEMENTS IN DETECTION OF  
PROHIBITED SUBSTANCES**

**CLASS OF DRUGS****NORMS**

<b>Class 1 Drug</b>	90 days to 3yrs suspension / non-grant of Trainer's license and fine of Rs.30,000/- to the trainer and disqualification of the horse.
1st Infringement	Suspension of 90 days /non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
2nd Infringement	Suspension of 180 days /non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
3rd Infringement	Suspension of 1 year/ non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
4th Infringement	Suspension of 2 years/non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
5th Infringement	<i>Non grant of</i> Trainer's License for 3 years and fine of Rs.30,000/- and disqualification of the horse.

<b>Class II Drug</b>	60 days to 2years suspension / non-grant of Trainer's license, and fine of Rs.30,000/- to the trainer and disqualification of the horse.
1st Infringement	Suspension of 60 days /non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
2nd Infringement	Suspension of 120 days /non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
3rd Infringement	Suspension of 180 days/non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
4th Infringement	Suspension of 1 year/non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
5th Infringement	<i>Non grant of</i> Trainer's License for 2 years and fine of Rs.30,000/- and disqualification of the horse.

<b>Class III Drug</b>	30 days to 1 year suspension / non-grant of Trainer's license, and fine of Rs.30,000/- to the trainer and disqualification of the horse.
1st Infringement	Suspension of 30 days / non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
2nd Infringement	Suspension of 60 days / non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
3rd Infringement	Suspension of 120 days / non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
4th Infringement	Suspension of 180 days / non-grant of Trainer's License, fine of Rs.30,000/- and disqualification of the horse.
5th Infringement	Non grant of Trainer's License for 1 year and fine of Rs.30,000/- and disqualification of the horse.

<b>Class IV Drug</b>	Fine up to Rs.2,00,000/- to the Trainer and disqualification of the horse.
1st Infringement	Fine of Rs.40,000/- and disqualification of the horse.
2nd Infringement	Fine of Rs.60,000/- and disqualification of the horse.
3rd Infringement	Fine of Rs.80,000/- and disqualification of the horse.
4th Infringement	Fine of Rs.100,000/- and disqualification of the horse.
5th Infringement	Fine of Rs.2,00,000/- and disqualification of the horse.

<b>Class V Drug</b>	Fine up to Rs. 1,00,000- to the Trainer & disqualification of the horse.
1st Infringement	Fine of Rs.20,000/- and disqualification of the horse.
2nd Infringement	Fine of Rs.40,000/- and disqualification of the horse.
3rd Infringement	Fine of Rs.60,000/- and disqualification of the horse.
4th Infringement	Fine of Rs.80,000/- and disqualification of the horse.
5th Infringement	Fine of Rs.1,00,000/- and disqualification of the horse.

### **PENALTIES FOR OFFENCES- ILLICIT SUBSTANCES**

Any horse that tests positive for an ILLICIT SUBSTANCE including ANABOLIC STEROIDS AND SEX HORMONES, the Trainer and / or any other person so charged by the Stewards will be declared a Disqualified Person and suffer the following penalties:

- 1<sup>st</sup> infringement - Disqualification for a period of 2 years
- 2<sup>nd</sup> infringement - Disqualification for a period of 3 years;
- 3<sup>rd</sup> infringement – Warn-Off.

The horse found positive for Anabolic Steroid(s)/Sex Hormone(s) shall not be permitted to race for a period of 180 days and such horse/s shall be subjected to testing for Anabolic Steroid(s)/Sex Hormone(s) before entering in a race and such entry shall not be accepted till such time the sample comes negative for Anabolic Steroid(s)/Sex Hormone(s).

Any horse that tests positive for an illicit substance which is covered under the separate list of drugs termed as “ILLICIT SUBSTANCES”, the concerned trainer shall be declared a disqualified person and the commencement of the punishment shall be with effect from the date of receipt of the respective report (Primary Analysis report or confirmatory analysis report whichever is later).

**NOTE 1:** The above guidelines are for the liability of the Trainer, as he is wholly and solely responsible for the care, welfare and security of the horse/s under his charge, hence shall attract the punishment / penalties mentioned above for the detection of prohibited substances. If proof of actual involvement of Trainer in violation of any of these rules is forthcoming to the satisfaction of the Stewards, then the Stewards shall be entitled to take further action and for such period of time as they deem fit, without in anyway being limited by the above guidelines.

**NOTE 2:** The infringement in Class 1, 2 & 3 will attract suspension and fines whereas Class 4 & 5 infringements will attract only fines.

**NOTE 3:** The computation of penalty under the norms shall solely be as per the Classification of the Drug. There will not be a cross reference between Classes while determining the number of past infringements.

**NOTE 4:** In case of past infringements, the period for which the punishment are to be cumulative will be restricted to 5 years only, starting backwards from the date on which a sample that tested “positive” was collected. Whilst computing penalties for offences for drugs in Class 1, 2 and 3 in the block period of 5 years, offences for drugs in Class 4 and 5 will not be considered and vice versa. Further, the quantum of punishment for past infringement in the preceding 5 years shall be 25% of the stipulated punishment in the norms for each Class of drug. The additional penalty will be levied as under:

	1 <sup>st</sup> Offence	2 <sup>nd</sup> Offence	3 <sup>rd</sup> Offence	4 <sup>th</sup> Offence
Class 1	22 days	45 days	90 days	180 days
Class 2	15 days	39 days	45 days	90 days
Class 3	10 days	15 days	30 days	45 days
Class 4	Rs.10,000/-	Rs.15,000/-	Rs.20,000/-	Rs.25,000/-
Class 5	Rs.5000/-	Rs.10,000/-	Rs.15,000/-	Rs.20,000/-

#### **EXAMPLE OF COMPUTATION OF PENALTY :**

If a Trainer’s horse is positive for a Class 3 substance and the Trainer has had earlier positives in Class 1 & Class 2, then the cumulative penalty will be an additional penalty for 1<sup>st</sup> infringement in Class 1 plus additional penalty for 1<sup>st</sup> infringement in Class 2 and will be added to 1<sup>st</sup> infringement in Class 3.

**NOTE 5:** While computing the penalty, the infringements occurring under Rules of other Turf Authorities will also be taken into consideration.

**NOTE 6:** When a Trainer is penalized for breach of the Medication Rules, then the Assistant Trainer, the Jamedar/s and the Syce of the concerned horse may also be penalized by the Stewards.

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**NOTE 7 : DISABILITIES FOR THE BREACH OF MEDICATION RULES:**

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These disabilities are not exhaustive but merely representative.

During the period of suspension, the under mentioned disabilities shall apply to the Trainer:

- i) No horse under the care of a suspended Trainer shall be permitted to race and/ or work. A Trainer whose License has been suspended will only be allowed to work his non-racing horses after the Official Track Work timing on the Reverse Track. A suspended Trainer shall not take charge of any horse during the period of suspension of his Trainer's License without the permission of the Stewards.
- ii) Should the Owner/s of the horse decide to race his/ her/ their horse/s, he/ she/ they must remove the horse/s physically from such stable within 7 days of suspension and hand over the same to another Licensed Trainer. Thereafter, any change of Trainer will be with the prior permission of the Stewards.
- iii) The suspended Trainer, whether Member of the Club or not, shall not be permitted to come to the Racecourse and/ or attend racing and / or race his horses in a race.
- iv) The suspended Trainer shall not be permitted to attend Track work at any time.
- v) However, during the period of suspension the Trainer shall be permitted to enter his stables only to attend to the horses under his charge.
- vi) A Trainer whose License has been withdrawn is a disqualified person and all the disabilities of a disqualified person shall apply to the Trainer.
- vii) No horse/s owned or part-owned by a suspended Trainer and/or spouse de facto will be permitted to race.
- viii) For any reason, if a Trainer is found involved in directly or indirectly training horses or any transfer of money to his account (other than Feeding & Upkeep Charges of horses under his charge) during the period of his suspension, very strict action will be taken against the Trainer.
- ix) A Trainer suspended for breach of Medication Rules, transfers all his horses to another Trainer, the Asst. Trainer/ Jamadar will be allowed to accompany the horses to the Trainer who receives the said horse/s. However, if the suspended Trainer retains even a single horse in his charge, he may continue to employ his Assistant and Jamadar or in the alternative his Assistant and/ or Jamadar concerned could join any other Trainer, other than the Trainer who takes charge of the suspended Trainer's horses. This rule will apply to all licensed Asst. Trainers/ Jamadars.

**Note 8:** The Punishment for detection of Illicit substances shall be independent to that of the Punishment for detection of Prohibited substances.

**Note 9:** The imposition of punishment to the Trainer shall be during the Racing Season of the respective center only, where the horse has tested positive.

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**ANNEXURE 1****SAMPLE COLLECTION PROCEDURE****1. URINE SAMPLE COLLECTION;**

- a) After the race, the horse is led to the “Sampling Yard” immediately after “All Clear” signal is given.
- b) The horse to be sampled is led by the Trainer’s Head Groom and Assistant Groom under the supervision of a Supervisor or Assistant Trainer or the Trainer himself, alongside, an Official Veterinarian accompanies the horse up to the Sampling Yard.
- c) The horse is washed, cleaned by the Trainer’s Groom and let loose inside the Sampling Yard.
- d) Sterile polythene disposable gloves are given to the Supervisor of the Trainer. After wearing the gloves, he places a sterile polythene disposable bag over a collection bucket/Mug which is then fixed in the ring of the Bucket/Mug.
- e) The Trainer’s Supervisor/ Jamadar collects the urine in the disposable bag which is lining the bucket/ Mug.
- f) After collection is over, the bag is lifted from the bucket /Mug by the Supervisor/ Jamadar and he splits the content in two separate plastic bottles (LCG Bottles/Berlinger Urine sample collection Bottles which are tamper-proof are opened/ unscrewed by the Supervisor/ Jamadar himself). About 100 ml urine sample is poured into each bottle and handed over to Club’s Official Sampling Yard staff.
- g) The Official staffs in the presence of the Supervisor of the Trainer codes, both the urine bottles with two identical bar codes, signs and write the date of collection, sex of the horse and then places them in two tamper evident bags having different codes. The adhesive tape is removed and the edges of the bag are sealed. These two samples are then placed in separate containers marked for “Primary, Sample A” and “Split, Sample B”. Sample “A” is sent to the Laboratory and Sample “B” is retained in the freezer for the optional Confirmatory Analysis.
- h) The Official paper work normally involves the following:
  - I. The Trainer has to sign a Declaration form that the urine samples are collected, sealed, coded and packed in his own or his Representative’s presence.
  - II. The Trainer has to sign a Trainer’s/ Owner’s card which carries the signature of the officiating Veterinarian, 2 same numbered bar codes (with sign, date of the Veterinarian) as on the bottles, tear-off of two tamper evident bags in which the samples are packed for official use. The Card is then packed in an envelope which only carries the bar codes and bag numbers for identification of the sample.
  - III. The Card is retained by another Official for all the samples sent for analysis.
  - IV. On a separate form all the details of codes (bar code and bag identification, name of the horse, analytical Laboratories name, sex of the horse and signature of the Official Veterinarian) are maintained with the Senior Veterinary Officer of the Club for future reference.
  - V. The samples are kept in the freezer until such time that they are sent for analysis.



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**BLOOD SAMPLE COLLECTION**

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Blood samples are collected in Gel Sep EDTA 10ml / Sodium Heparin 10 ml vacutainer tubes(BD) 10ml Four (4) tubes are kept in one collection bottle - Sample A /primary sample) and the remaining two (2) tubes are kept in another sample collection bottle - Sample B/ reference sample / confirmatory sample).

The remaining procedure is similar to the one mentioned under urine sample collection.

The collected blood samples should not be kept in freezer. These blood samples have to be kept in Refrigerator at 4<sup>o</sup> C.

**Norms regarding Private Sample Collection on written application by the Owner /Trainer**

On written application by the Owner/ Trainer, Stewards may permit **Private samples** to be taken by the Veterinary Officers of the Club, if conditions so permit. Such samples shall be analyzed at Quanti Lab, Mauritius or any laboratory approved by the Stewards from time to time. The testing charges, courier Charges, sample kit charges and any other incidental expenditure incurred by the club, shall be borne by the owner/trainer and the total amount shall be paid in advance before the **private sample** is taken. The Owner/ Trainer has to inform the name of the drug for which analysis is required as well as its time and dose of administration, if the drug had been administered and whether the administration done by the Club Veterinary Doctors or the licensed Private Veterinary Doctors. However, in case a horse changes Stable from one Trainer to another, the Owner and/ or receiving Trainer may request for such a horse to be tested, at their own cost, purely as a precautionary measure without being required to mention the name/ dose of any drug. In such testing, if a urine sample is reported 'positive' for Anabolic Steroids and/ or Sex Hormones or Illicit substance, action as per the medication rules will be taken.

If a **Private sample** is reported 'negative', but the same horse returns "positive" for a prohibited substance in any subsequent post-race sample, the Trainer of such horse will be liable for regulatory action as per the medication rules. The Trainer cannot plead the result of the **Private sample** as a mitigating circumstance.

All **Private samples** are solely for the purpose of information of the Owner/ Trainer making such requests and ARE NOT for analysis under the Rules of Racing of the Club, except if a horse returns "positive" for Anabolic Steroids and/ or Sex Hormones or Illicit substance. This service by the Club's Veterinary Officer will be carried out at the sole discretion of the Club which may in any particular case be declined, without assigning any reason, to allow the testing to be carried out. All correspondence/ communication in this regard will be addressed to the Chief Veterinary Officer of the Club and not directly to the Analyzing Laboratory. All test results obtained from such testing of **Private samples** shall remain the property of the Club and the Owner/Trainer concerned shall be permitted the use thereof for his/ their personal use only.

**PROCEDURE TO BE FOLLOWED IN MEDICATION ENQUIRIES WHEN RACING IS CONDUCTED AT MUMBAI AND PUNE RACECOURSES UNDER THE RULES OF MEDICATION CONTROL FOR HORSES IN TRAINING AND RACING AS PUBLISHED IN THE RACING CALENDAR OF R.W.I.T.C.LTD:**

**STEWARDS OF THE CLUB AT R.W.I.T.C. LTD**

- a) The Chairman reads to the Meeting the Positive Report received from the Primary Analytical Laboratory.
- b) The Sr. Veterinary Officer reports as to which horse the specimen number of the sample mentioned refers to and under which Class of the Annexure “A” the prohibited substance belongs.
- c) The Trainer is called in and the Report is read to him then the seals on the flaps of the envelope are broke open and the Trainer is asked to verify his signature on the documentation card.
- d) The Sr. Veterinary Officer hands over a copy of the Positive Report from the Primary Laboratory to the Trainer. In case the Trainer does not wish to send the split sample to a Reference Laboratory for Confirmatory Analysis then the Positive report of the Primary Laboratory will be treated as “positive” and the result will be conclusive and binding on the Trainer. The Trainer will be asked to make his own enquiries within 15 days. The Trainer may apply for an extension of time in writing citing reasons. The Stewards may consider his request and grant him additional time at their sole discretion.
- e) The Stewards of the Club will also direct the Sr. Stipendiary Steward and the Sr. Veterinary Officer to conduct an enquiry immediately after the report has been tabled at the Stewards’ Meeting.
- f) However if the Trainer desires to have a Confirmatory Analysis carried out in accordance with the applicable Rules then the Trainer is asked to inform the Sr. Veterinary Officer of the Club within the stipulated period that is specified in the Confirmatory Analysis rules as published in the Racing Calendar of the RWITC Ltd from time to time and to also inform the Sr. Veterinary Officer of the following:
  - i) The name of the Reference Laboratory to which the split sample is to be sent for Confirmatory Analysis.
  - ii) The name of the Witnessing Analyst/Person, if any. It is the responsibility of the Trainer to find out from the Laboratory, a list of permitted qualified Analysts.
  - iii) A preliminary investigative enquiry into the positive finding may commence after the receipt of report of Primary Analysis. In case the Confirmatory Analysis report is ‘negative’, then such an enquiry will be struck out from the records.
- g) If the report of the Reference Laboratory is also “Positive”, the Stewards of the Club shall:
  - i) Direct the Sr. Veterinary Officer to hand over a copy of the Confirmatory report from the Reference Laboratory to the Trainer.
  - ii) Direct the Stipendiary Stewards and the Sr. Veterinary Officer to hold/ continue an enquiry into the case. Further, the Trainer is asked to conduct his own enquiries within a period of 15 days.
- h) In both the cases, the Stewards shall order the disqualification of the horse for that particular race and revise the order of placing.
- i) After the enquiry has been completed, the Stewards shall take action in accordance with the penalties published in the Racing Calendar of the RWITC Ltd under the Medication Control for Horses in Training and Racing.
- j) After the Trainer has been questioned he is asked to withdraw and the Stewards deliberate. The Officials are not present.
- k) After deliberations, the Trainer is re-called and informed of the result i.e. ‘Mr. \_\_\_\_\_, the Stewards of the Club, in their discretion, have decided to impose the following punishment on you.’

**PROCEDURE TO BE FOLLOWED IN MEDICATION ENQUIRIES AT OTHER RACECOURSE/S UNDER THE RULES OF MEDICATION CONTROL FOR HORSES IN TRAINING AND RACING AS PUBLISHED IN THE RACING CALENDAR OF R.W.I.T.C.LTD:**

**STEWARDS OF THE MEETING**

- a) The Chairman reads to the Meeting the Positive Report received from the Primary Analytical Laboratory.
- b) The Sr. Veterinary Officer reports as to which horse the specimen number of the sample mentioned refers to and under which Class of the Annexure “A” the prohibited substance belongs.
- c) The Trainer is called in and the Report is read to him then the seals on the flaps of the envelope are broke open and the Trainer is asked to verify his signature on the documentation card.
- d) The Sr. Veterinary Officer hands over a copy of the Positive Report from the Primary Laboratory to the Trainer. In case the Trainer does not wish to send the split sample to a Reference Laboratory for Confirmatory Analysis then the Positive report of the Primary Laboratory will be treated as “positive” and the result will be conclusive and binding on the Trainer. The Trainer will be asked to make his own enquiries within 15 days.
- e) The Stewards of the Meeting will also direct the Sr. Stipendiary Steward and the Sr. Veterinary Officer to conduct an enquiry immediately after the report has been tabled at the Meeting of the Stewards of the Meeting.
- f) However, if the Trainer desires to have a Confirmatory Analysis carried out in accordance with the applicable Rules then the Trainer is asked to inform the Sr. Veterinary Officer of the Club within the stipulated period that is specified in the Confirmatory Analysis rules as published in the Racing Calendar of the RWITC Ltd from time to time and to also inform the Sr. Veterinary Officer of the following:
  - i) The name of the Reference Laboratory to which the split sample is to be sent for Confirmatory Analysis.
  - ii) The name of the Witnessing Analyst/Person, if any. It is the responsibility of the Trainer to find out from the Laboratory, a list of permitted qualified Analysts.
  - iii) A preliminary investigative enquiry into the positive finding may commence after the receipt of report of Primary Analysis. In case the Confirmatory Analysis report is ‘negative’, then such an enquiry will be struck out from the records.
- g) If the Trainer does not decide to have Confirmatory Analysis of the split sample carried out the Stewards of the Meeting shall submit a report on the following lines to the Stewards of the Club: “The Stewards of the Meeting, as a consequence of the positive report for the presence of the prohibited substances by the chemical analyst of the Primary laboratory in the sample of the urine taken from (name of the horse \_\_\_\_\_) has run in the race (name of the Race \_\_\_\_\_) on (day and date \_\_\_\_\_) have directed the Stipendiary Stewards and the Sr. Veterinary Officer to conduct/ continue an enquiry into the case. The Trainer has been given a copy of the positive report from the Primary Laboratory and has been asked to conduct his own enquiries to lead evidence and/ or to prove his mitigating circumstances, if any, within a period of 15 days. They have further decided to report the matter to the Stewards of the Club for such action that they may consider necessary in regard to the disqualification of the horse and the penalty to be given to said Trainer.

h) where the Trainer has intimated to the Club for carrying out Confirmatory Analysis and such Confirmatory Analysis is carried out then, if the report of the Reference Laboratory is also “positive”, the Stewards of the Meeting shall submit a report on the following lines to the Stewards of the Club “The Stewards of the Meeting, as a consequence of the Confirmatory report for the presence of the prohibited substances by the chemical analyst of the Reference Laboratory in the sample of the urine taken from (name of the horse —————) it had run in the race (name of the Race ——) on (day and date ——) have directed the Stipendiary Stewards and the Sr. Veterinary Officer to conduct an enquiry into the case. The Trainer has been given a copy of the Confirmatory report from the Reference Laboratory and asked to conduct his own enquiries to lead evidence and/ or to prove his mitigating circumstances, if any, within a period of 15 days. They have further decided to report the matter to the Stewards of the Club for such action that they may consider necessary in regard to the disqualification of the horse and the penalty to be given to said Trainer.

**THE STEWARDS OF THE CLUB**

- a) The Chairman reads out to the Meeting the Report received from the Stewards of the Meeting.
- b) Disqualify the horse for that particular race and revise the order of placing.

**THE STEWARDS OF THE MEETING.**

- a) After the enquiry has been completed the Stewards of the Meeting shall take action consistent with the penalties published in the racing Calendar of the RWITC Ltd under the medication Control for Horses in Training and Racing.
- b) If the Stewards of the Meeting desire to impose penalty higher than the laid down under Rule XVII (a) of the Racing Calendar above then in such a case they shall refer to the Stewards of the Club with their recommendations.

**STEWARDS OF THE CLUB (Only if the Stewards of the Meeting refer the matter)**

- a) The Chairman reads out to the meeting the report received from the Stewards of the Meeting recommending the penalty in excess of the power granted to them under the Medication Control for Horses in Training and Racing published in the Racing Calendar of the RWITC Ltd.
- b) The Trainer is called before the Stewards inform that now he is before the Stewards of the Club and asked if he has anything further to state than what he has already deposed before the Stewards of the meeting.
- c) After the Trainer has been interviewed, he is asked to withdraw and the Stewards of the Club deliberate. The Officials are not present.
- d) After deliberation the Trainer is recalled and informed of the decision that is “Mr. \_\_\_\_\_, the Stewards of the Club, in their discretion, have decided the following punishment on you.”

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**RE: PROCEDURE FOR SELECTION OF HORSES FOR RANDOM SAMPLING**

The Stewards of the club have decided to amend the procedure for selection of horses for Random Sampling of horses in station for detection of Anabolic Steroids and Sex Hormones with immediate effect. For this purpose, 2 year old horses will be excluded till the month of November each year.

The procedure to be followed for selection of horses will be as under:

1. A total of 20 horses will be selected for Random Sampling in a month;
2. Out of a list of all Trainers, 5 Trainers will be selected by draw of lots;
3. Of the Trainers selected as above, 4 horses of each Trainer will be randomly selected by a Computer programme;
4. If a Trainer has less than 4 horses in his/ her charge, all the horses, except the 2 year old/s, will be sampled.
5. In the next month, Trainer/s & horse/s selected for the previous month may be picked up again for sampling.
6. There is a possibility that the same Trainer & horse/s may get picked again & again (08/09/2014)
7. Urine sample from horses will be collected in the Sampling Yard only.

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**NOTICES, NOTIFICATIONS, INSTRUCTIONS ETC**

**NOTICE**

**RE: SAMPLING OF HORSES & USAGE OF LABORATORY FOR ANALYSIS**

The Stewards of the Club have issued the following guidelines with regard to the captioned subject matter:

1. All Winners will be sampled.
2. QuantiLabs Mauritius has been identified as the Primary Laboratory.
3. Urine sample of all “On-money” failed favourites and special samples at discretion of the Stipendiary Stewards;
4. Urine sample of all runners from the stables of Trainer whose horse has been reported positive for the presence of prohibited substance as Follow Up samples will be collected and analyzed for a period of ONE month from the date of the receipt of Primary Report, at the discretion of Stipendiary Stewards.
5. Urine sample of Bleeders which are clear favourites (up to 2 to 1) will be mandatorily sent for analysis;
  - a) Urine samples of bleeders that are at longer odds may be collected at the behest of the Stipendiary Stewards/ Sr. Veterinary officer.
6. The Stewards may sample any horse that has been accepted to race.
7. The horses escorted by the Veterinarians to the sampling yard for the collection of Urine samples should always be accompanied by the Trainer/ Assistant/Jamadar. Under no circumstances such horses or their Syces would be allowed to move out of the sampling yard without the prior permission from the in-charge Veterinarian.
8. A horse taken to the Sampling Yard for collection of urine sample will spend no more than 30 minutes in an open stall before being taken in the Closed Stall. A horse would remain in the Sampling Yard for a maximum of 2 hours after its race. If the horse does not urinate during this period, the horse will be escorted to the Stable by the Sr. Veterinary Officer and /or a Stipendiary Steward and the Trainer for the collection of the urine sample for analysis. The urine sample collected at the stable will be escorted back to the Sampling Yard for sealing and coding. The Trainer will have to sign an additional Declaration for the urine sample collected at the Stables.
9. When a horse is unable to give a sample within a reasonable time at the stables, the sampling may be abandoned after informing the Chairman of the Stewards. If the sampling of a horse is abandoned twice, then the horse is liable to be stopped from racing.

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**NOTICE**

**RE: S.O.P. FOR COLLECTING FEED AND FEED SUPPLEMENT FOR ANALYSIS**

The SOP will be operational **ONLY** if there are WADA accredited Laboratories available for feed-testing - both for Primary as well as Confirmatory Testing.

The SOP will entail the following procedures:

1. A list of feed and supplement items or whatever material the Trainer wishes to analyze should be obtained from the Trainer at the time of the Stable Inspection of the Trainer's Yard by the Sr. Veterinary Officer and the Stipendiary Stewards following a positive finding of a prohibited substance. The material to be tested has to be declared at this stage.
2. The Club is only facilitating the Trainer in having the feed/ supplements or any other material analyzed and Trainer would have to satisfy and prove to the Club that he had used it for that particular horse before it tested positive;
3. The Stipendiary Stewards shall be entitled to decide, at their discretion, if the material sought to be tested by the Trainer, is in such condition or for any reason, is practically not possible to test the same and/ or such testing will not serve any purpose;
4. The item/s to be tested must be from the same batch that has been fed to that particular horse before it was tested positive and be in its original sealed packing;
5. The urine of other horses claimed by the Trainer to have been fed the same batch of feed or supplement may be analyzed at the Trainer's/ Owner's cost;
6. After the Club has taken the item/s in its custody, 2 (two) samples will be drawn from the containers in the presence of the Trainer;
7. The 2 (two) samples will be packaged and dispatched to the concerned laboratory in the same manner as the urine sample are sent as mentioned in the Mediation Control rules published in the Racing Calendar;
8. The feed and / or supplements will be stored in a Strong Room with adequate temperature control and under CCTV surveillance;
9. No cognizance will be taken of the loose items such as water, hay, lucerne etc. In the event the Stewards do decide to take these loose items and/ or any other item/s requested by the Trainer, the result of the Laboratory may or may not be considered as mitigating circumstances by the Stewards.
10. All costs in connection with the tests etc. shall be borne and paid by the Trainer/ Owner concerned.

Mumbai: March 14, 2015.

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Annexure – 2

**TRANSFER OF RESPONSIBILITY FORM**  
**(UNDER THE RULES OF RACING OF THE CLUB)**

I, TRAINER \_\_\_\_\_, INFORM THE CLUB THAT THE FOLLOWING HORSE/S HAS/ HAVE LEFT MY CHARGE ON \_\_\_\_\_ AND IS/ ARE NO LONGER IN MY CHARGE/ CONTROL/ CARE. TO MY KNOWLEDGE, THE HORSE/S WILL BE BASED AT \_\_\_\_\_. IF THE HORSE/S IS/ARE MOVED FROM THE LOCATION GIVEN BY ME IN THIS FORM THEN THE RESPONSIBILITY TO PROVIDE TRACEABILITY WILL BE THAT OF THE PERSON FROM WHOSE CARE AND CONTROL THE HORSE HAS MOVED TO A DIFFERENT LOCATION.  
I ALSO CONFIRM THAT THE SAID HORSE/S WILL RETURN TO ME FOR TRAINING.

THE NAME OF THE HORSE/S IS/ ARE AS FOLLOWS (GIVE PEDIGREE IF UN-NAMED):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I HAVE HANDED OVER THE ABOVE MENTIONED HORSE/S TO:

\_\_\_\_\_  
(NAME & ADDRESS OF THE OWNER/S)

W.E.F. \_\_\_\_\_

\_\_\_\_\_  
(NAME & SIGNATURE OF THE TRAINER)

DATE: \_\_\_\_\_

\_\_\_\_\_  
(NAME & SIGNATURE OF OWNER  
OR AUTHORIZED AGENT)

DATE : \_\_\_\_\_