

FILLING IN THE DOPING CONTROL FORM

HOW TO FILL IN THE DOPING CONTROL FORMS



ATHLETICS
INTEGRITY
UNIT

FILLING IN THE DOPING CONTROL FORM

When you are selected for Doping Control you will be presented with a form like this to sign and complete.

- Fill in your Name, Nationality and Event so it is legible.
- You will be notified as to the type of test. In this example, it is an In-Competition, Blood and Urine test.
- The Doping Control Officer (DCO) or Chaperone will countersign the form.
- If it is in competition, confirm the competition details, date and time of notification.
- Sign the form: by doing so you are providing consent that you have been notified and will provide the sample, and understand that you should proceed immediately to the Doping Control Station.
- A failure to sign the form may constitute an Anti Doping Rule Violation (ADRV).

Please write legibly and in CAPITAL letters / Ecrire lisiblement en majuscules

DOPING CONTROL NOTIFICATION / NOTIFICATION DE CONTROLE ANTIDOPAGE

1. ATHLETE INFORMATION • RENSEIGNEMENTS SUR L'ATHLETE

NAME / NOM: SMITH, SURNAME / NOM DE FAMILLE: JOSEPH, NATIONALITY / NATIONALITE: GBR, EVENT / EPREUVE: 200m

2. NOTIFICATION • NOTIFICATION

TYPE OF TEST / TYPE DE TEST: ☒ IN-COMPETITION / EN CONCOURS, ☐ OUT-OF-COMPETITION / EN DEHORS DE CONCOURS, ☒ BLOOD / SANG, ☒ URINE / URINE, ☐ BOTH / LES DEUX, ☐ OTHER / AUTRE: MAGNETIC LOGS, LOCATION / LIEU: ESP, VALENCIA, DATE AND TIME OF NOTIFICATION / DATE ET HEURE DE LA NOTIFICATION: 26/06/2017 15:09, COMPETITION / COMPETITION: EUROPEAN TEAM CHAMPIONSHIPS

3. NOTIFICATION ACKNOWLEDGEMENT • CONFIRMATION D'ACCEPTION DE LA NOTIFICATION

By signing this form, I acknowledge that I have been notified for doping control, I understand that I have read this notice, and I consent to provide samples as requested, I understand that I have the right to be accompanied by a representative and/or an interpreter during the doping control process, I understand that failure or refusal to sign this form and/or provide a sample may constitute an anti-doping rule violation.

En signant ce formulaire, j'atteste: que j'ai été informé de ma sélection pour un contrôle antidopage, que j'ai attentivement lu cet avertissement et que je consens à fournir des échantillons si cela me rendra au point de contrôle de dopage immédiatement après la notification, que j'ai été informé de mon droit d'être accompagné d'un représentant et/ou d'un interprète pendant la production de l'échantillon, et que j'ai été informé que tout manquement ou refus de signer ce formulaire et/ou de fournir un échantillon peut constituer une infraction des règles antidopage.

ATHLETE'S SIGNATURE • SIGNATURE DE L'ATHLETE: [Signature]

DCO'S SIGNATURE • SIGNATURE DU DOPING CONTROL OFFICER: [Signature]



INSIDE THE DOPING CONTROL STATION

You and your representative will need to sign into the Doping Control Station (DCS).

- Section 1: Complete this confirming your details, testing location and ID.
- Section 2: Confirm your Sport, Discipline, In-Competition Test, Arrival time into the DCS, Date, Gender and the Mission Code (the DCO will complete this). Check and confirm the sample code for the blood sample and the time it was drawn. Check and complete the urine sample code numbers, volume of urine provided, time the urine was sealed and the Specific Gravity recorded. If you completed a partial sample for urine, check and complete that section. Carefully and clearly record any medication or supplements taken in the last seven days. You may use a supplementary form if more space is needed.
- Section 3: Record any comments on the procedure that you may have. You, your athlete representative, the BCO and DCO must all sign and date the form with the time completed. Read carefully that you accept all the points in the box.
- You keep the pink form, the World Athletics will get the white copy, whilst the yellow form goes to the Lab (with no personal details) and the Testing Authority has the green copy.

[illegible]

COMPLETING THE BLOOD SAMPLING FORM

If you are asked for a blood sample there is another form to complete.

- Section 1: Confirm and check all Athlete Information.
- Section 2: Complete the details and sign to confirm that you understand and consent to everything. Remember that failure to sign may be seen as an ADRV.
- Section 3: Complete fully. Check the time of collection, all code numbers and carefully and correctly answer all four questions with full details. Declare any medication or supplements taken in the last seven days.
- Section 4: Add any comments or concerns that you may have about the procedure. Your athlete representative, the DCO and BCO will sign and date the form, and you must sign confirming you understand the rules and do not contest any aspect of the procedure.
- You keep the pink form, the World Athletics will get the white copy, the yellow goes to the Lab (with no personal details) and the Testing Authority has the green copy.

[illegible]

FILLING IN AN OUT-OF-COMPETITION TEST FORM

For an Out-of-Competition Test, the Doping Control Form will be the same.

There are two differences:

- Section 2, the box marked Out-Of-Competition will be checked instead of In-Competition.
- Section 3: The Out-Of-Competition box will be checked. Otherwise you complete the form in the same way, as shown in the example opposite.

Please write legibly and in CAPITAL letters

IAAF
BLOOD SAMPLING FORM

1. ATHLETE INFORMATION

NAME: BARISTE DATE: CEUNE DATE OF BIRTH: 09/11/1990

NATIONALITY: FEA EVENT: 800m FINALS (P/PROV) ☒ PRELIMINARY ☐ FINALS ☐ OASPORT

CLUB/TEAM: Chapelle @ Warden Fr. ADDRESS: 03205531

2. INFORMATION / COMMENT

DATE: 15/07/2017 COUNTRY: FRANCE CITY: LILLE TIME: 08:15

COMMISSION: N/A SEX: M SAMPLES: MSCHMOS ANALYST: MSCHMOS

PURPOSE OF BLOOD SAMPLING: Phrasing of relevant parameters for anti-doping purposes and/or detection of biological abnormalities and methods

☒ I understand that I have been selected for a doping control
☒ I understand that the purpose of the blood sampling has been explained to me
☒ I understand that, by signing this form, I am granting the consent to a blood sample being taken from me
☒ I understand that I could report to the doping control station immediately
☒ I understand that failure or refusal to sign this form and/or provide a sample may be regarded as an anti-doping rule violation

3. INFORMATION FOR ANALYSIS

☒ ATHLETICS ☐ OTHER SPORTS ☐ OTHER

DATE OF ANALYSIS: 08/12/17 TIME OF ANALYSIS: 16:00 ANALYST: 166676233

NAME: MSCHMOS SAMPLE: MSCHMOS

☒ I have the athlete trained or competed in the last 2 weeks
☒ I have the athlete trained, competed or competed in the last 2 weeks (1/1000) during the last 2 weeks
☒ I have the athlete used any form of altitude simulation during the last 2 weeks (1/1000) last week
☒ I have the athlete used any form of altitude simulation during the last 3 months

DECLARATION: MSCHMOS 14/08/17 MSCHMOS 14/08/17

4. CONFIRMATION OF PROCEDURE FOR BLOOD TESTING

COMMENTS: Any comments about the test: NONE

ATHLETE REPRESENTATIVE (Name and signature): NONE

DOCTOR/CLINICAL OFFICER (Name and signature): MSCHMOS

BLOOD CONTROL OFFICER (Name and signature): MSCHMOS

DATE: 15/07/2017

1. I certify that the information I have given on this document is correct.
2. I certify that the athlete's consent has been obtained in writing.
3. I have read and understood the test protocol and I agree to the procedure by the IAAF of all personal information relating to the doping control through IAAF (including but not limited to the disclosure of such information to third parties, in accordance with IAAF Anti-Doping Rules and Regulations and Regulations.
4. I certify that any doping, substance or other information relating to the doping control shall be reported to the IAAF in accordance with IAAF Competition Rules.
5. I certify that the information on this document is true and correct. I understand that failure or refusal to sign this form and/or provide a sample may be regarded as an anti-doping rule violation.



HINTS AND TIPS

- Always take your time and take care when filling in the forms.
- Keep your pink form filed in a safe place, at least until you receive notification of the negative test.
- Always check that no personal details are readable on the Yellow Laboratory copy.
- Remember that not signing a form may count as an **Anti Doping Rule Violation (ADRV)**.

