



OUT-OF-COMPETITION TESTING

ANY ATHLETE CAN BE TESTED OUT-OF-COMPETITION
AT ANY TIME



ATHLETICS
INTEGRITY
UNIT

OUT-OF-COMPETITION TESTING

Out-of-competition testing is an important tool in ensuring a clean sport.

If you are in the RTP you will have to provide a daily 60 minute testing slot, however any athlete can be tested out-of-competition at any time.

Who can test you?

- Your own national anti doping organisation.
- An international body - World Athletics-AIU, WADA or the IOC
- The national anti doping organisation of the country that you are in at that time.



WHAT TO EXPECT FROM AN OUT-OF-COMPETITION TEST

An Anti-Doping Officer will identify themselves to you either at home or at one of your regular activity locations.

They will show you ID and ask you to sign a notification form and provide photo ID – TIP, keep a copy with you at all times.

You will be advised whether it is a urine or blood test or both. For urine the tester will be same sex, if it is blood there will be a qualified person accompanying.

You will need to find a place to complete the test. You have the right to complete your training session, locate a representative, receive necessary medical treatment and find your photo ID. You will be observed and or accompanied while doing this.

For a blood test you will be asked if you have exercised in the previous 2 hours and asked to be sit down for 10 mins before providing the sample. **THIS IS VERY IMPORTANT!**

The image shows a sample of an IAAF notification form. The form is titled "NOTICE CONTROL NOTIFICATION / NOTIFICATIE DE CONTROL ANTI-DOPING" and is divided into several sections. The first section is "1. ATHLETE INFORMATION - INFORMATIILE DE LALEJUE". The second section is "2. NOTIFICATION - NOTIFICATIE". The third section is "3. NOTIFICATION - NOTIFICATIE" and contains a declaration of consent. A large "COPYRIGHT IAAF" watermark is overlaid on the form.



THE URINE SAMPLING PROCESS

You will be asked to complete a form like this one and to choose a sample collection pot. Always check that the sample pot is sealed.

- The Tester will accompany you to the bathroom and must observe at all times. You will need to provide at least 90 ml of urine. Divide the sample between the A and B vessels, close them in the correct way and replace them in the plastic bags provided, then place them into the storage box and seal it.
- Complete the form with the tester. Check all details and all sample bottle codes properly.
- Provide details of all medication and supplements taken in the previous 7 days. Check everything again and keep your pink copy of the form safe until your result is cleared.
- Remember to check that the yellow lab copy has no personal details.

The image shows a multi-section form for urine collection. The form is divided into several numbered sections with various fields for data entry. A large, diagonal watermark reading 'COPYRIGHT IAAF' is overlaid across the center of the form. The form includes sections for personal information, sample collection details, and laboratory information. The text is in both English and French. The form is titled 'PROCEDE DE COLLECTE D'URINE' and 'PROCEDURE FOR URINE COLLECTION'.



THE BLOOD SAMPLING PROCESS

You can be blood tested at ANY time or place, In or Out of Competition. Athletics conducts more Blood Testing than ever before to protect our sport.

- You will be notified and asked to consent to give the sample. The process will be fully explained to you.
- You can have a representative and can ask the Blood Collection Officer (BCO) for proof of qualification to draw blood.
- You must have been seated for 10 minutes and rest for 2 hours (if you have been exercising). Choose a sampling kit, a small amount of blood will be drawn from your arm or hand. The BCO will apply a dressing after the sample has been taken.
- Verify that sample is properly sealed and check all code numbers.
- Accurately answer the questions on recent training, altitude visits and loss/receipt of blood.
- Accurately fill in any medication and supplements taken in the last 7 days.
- Sign the form and keep the Pink copy.

Please write legibly and in CAPITAL letters

BLOOD SAMPLING FORM

1. ATHLETE INFORMATION

NAME: [] SURNAME: [] DATE OF BIRTH: [] GENDER: []
TEAM: [] CLUB: [] ADDRESS: []
COUNTRY OF ORIGIN: []
SIGNATURE: [] DATE: []

2. AUTHORIZATION

I authorize the collection of blood samples from my arm/hand []
I authorize the collection of blood samples from my urine []

I have read and understand the purpose of the blood sampling process []
I understand that the blood samples will be used for the purpose of monitoring my health and performance []

3. MEDICAL HISTORY

Do you have any medical conditions? []
Do you take any medication or supplements? []
Do you have any recent injuries? []
Do you have any recent altitude visits? []
Do you have any recent loss or receipt of blood? []

Signature: [] Date: []

