



DOPING CONTROL FORM GUIDELINES

version January 2020



These guidelines were drafted to standardise the completion of the **World Athletics Doping Control Forms** with the following Document IDs:

Blood Sample Transfer Form	IAAF_002F-4_REV5-Janvier2018
Blood Sampling Form	IAAF_002F-3_REV7-Janvier2018
Chain of Custody Form	IAAF_002F-5_REV4-Janvier2018
Doping Control Form	IAAF_002F-2_REV7-Janvier2018
Doping Control Notification Form	IAAF_002F-1_REV5-Janvier2018
Supplementary Report Form	IAAF_Janvier2018

The information included in these guidelines shall be implemented also in case a WADA certified paperless system is in use during the sample collection.

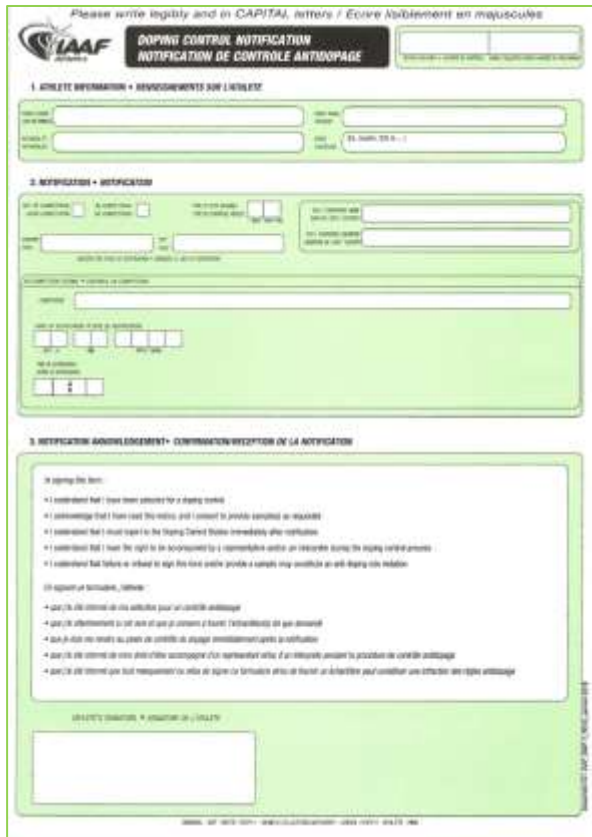
The World Athletics (IAAF) **copy of the forms shall be handed over European Athletics Staff** present on site or **forwarded with a registered mail** to European Athletics office (Avenue Louis Ruchonnet 16, CH-1003 Lausanne, Switzerland) as soon as possible after the sample collection.

The **Sample Collection Agency** assigned for the testing mission **shall also ensure that the doping control forms are immediately registered in ADAMS** using the mission code previously provided by European Athletics Office!

DOPING CONTROL FORMS

Used during **URINE** testing

The following forms shall be used for **urine testing** at any European Athletics Event or Meeting:



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

IAAF **DOPING CONTROL NOTIFICATION**
NOTIFICATION DE CONTRÔLE ANTI-DOPAGE

1. ATHLETE INFORMATION - RENSEIGNEMENTS SUR L'ATHLÈTE

2. NOTIFICATION - NOTIFICATION

3. NOTIFICATION ACKNOWLEDGEMENT - CONFIRMATION/RECEPTION DE LA NOTIFICATION

IN signing the form:

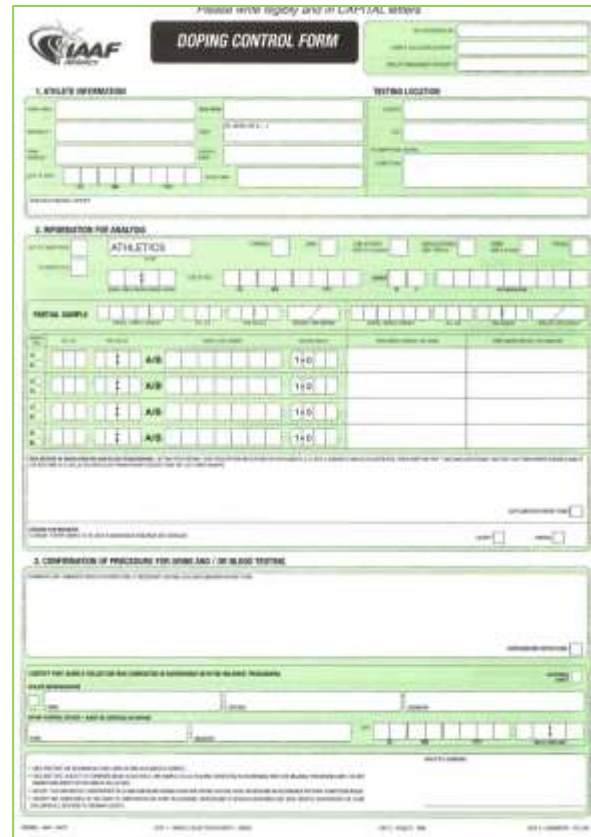
- I understand that I am being selected for a doping control.
- I acknowledge that I have read this notice and I consent to provide specimens as required.
- I understand that I must report to the Doping Control Officer immediately after notification.
- I understand that I have the right to be accompanied by a representative within an hour after the doping control process.
- I understand that failure to report to sign this form within a certain time available in anti-doping rule violation.

IN signing as witness, witness:

- I am the official of this selection for a doping control.
- I am the official of the event or the person in charge of the doping control.
- I am the official of the event or the person in charge of the doping control.
- I am the official of the event or the person in charge of the doping control.
- I am the official of the event or the person in charge of the doping control.

IAAF FORM 1001 (2015) (EN) - IAAF/CONSEIL INTERNATIONAL D'ATHLETISME - IAAF FORM 1001 (2015) (FR)

Doping Control Notification



Please write legibly and in CAPITAL letters

IAAF **DOPING CONTROL FORM**

1. ATHLETE INFORMATION

2. INFORMATION FOR ANALYSIS

3. CONFIRMATION OF PROCEDURE FOR URINE AND / OR BLOOD TESTING

4. SIGNATURE OF ATHLETE AND / OR WITNESS

IAAF FORM 1002 (2015) (EN) - IAAF/CONSEIL INTERNATIONAL D'ATHLETISME - IAAF FORM 1002 (2015) (FR)

Doping Control Form



IAAF **CHAIN OF CUSTODY FORM**

1. SAMPLE COLLECTION DETAILS

2. SAMPLES DATE NUMBER AND ANALYTICAL INFORMATION

3. CHAIN OF CUSTODY: TRANSPORTATION AND STORAGE

4. TRANSFER TO LABORATORY OF CUSTODY

5. RECEIPT BY LABORATORY

IAAF FORM 1003 (2015) (EN) - IAAF/CONSEIL INTERNATIONAL D'ATHLETISME - IAAF FORM 1003 (2015) (FR)

Chain of Custody


1. DOPING CONTROL NOTIFICATION

1.1. Athlete Information

European Athletics (EA) shall be indicated as "Testing Authority"

The acronym of the National Anti-Doping Agency/Organisation shall be indicated as "Sample Collection Agency" where appropriate

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



DOPING CONTROL NOTIFICATION
 NOTIFICATION DE CONTROLE ANTIDOPAGE

TESTING AUTHORITY • AUTORITE DE CONTROLE	SAMPLE COLLECTION AGENCY • AGENCE DE PRELEVEMENT

1. ATHLETE INFORMATION • RENSEIGNEMENTS SUR L'ATHLETE

<p>FAMILY NAME NOM DE FAMILLE</p> <input style="width: 90%; height: 25px;" type="text"/>	<p>GIVEN NAME PRENOM</p> <input style="width: 90%; height: 25px;" type="text"/>
<p>NATIONALITY NATIONALITE</p> <input style="width: 90%; height: 25px;" type="text"/>	<p>EVENT DISCIPLINE</p> <input style="width: 90%; height: 25px;" type="text"/> <p style="font-size: small;">(Ex. Javelin, 200 m ...)</p>

The IOC approved three letter code of the selected athlete's country shall be used (e.g.: POR and not Portugal)

Family and given name listed in the start list shall be used

Record the discipline (e.g.: 100m, High Jump, Heptathlon) only!

1.2. Notification

European Athletics normally conducts "In competition" tests, so the appropriate box shall be marked with an "X"

The IOC approved three letter code of the country where the notification is taking place shall be used (e.g.: POR and not Portugal)

"Notification Form" shall be only used for urine testing as the Blood Sampling Form contains its own notification part

2. NOTIFICATION • NOTIFICATION

OUT OF COMPETITION IN COMPETITION
 HORS COMPETITION EN COMPETITION

TYPE OF TEST REQUIRED
 TYPE DE CONTROLE REQUIS (URINE) (BLOOD) (SWEAT)

COUNTRY CITY
 PAYS VILLE

INDICATE THE PLACE OF NOTIFICATION • INDIQUEZ LE LIEU DE NOTIFICATION

IOC / CHAPERONE NAME
 NOM DE L'ACD / ESCORTE

IOC / CHAPERONE SIGNATURE
 SIGNATURE DE L'ACD / ESCORTE

IN COMPETITION TESTING • CONTROLE EN COMPETITION

COMPETITION

DATE OF NOTIFICATION • DATE DE NOTIFICATION

 DD / JJ MM YYYY / AAAA

TIME OF NOTIFICATION
 HEURE DE NOTIFICATION

Don't forget to correctly indicate the time of notification
Use the 24 hour clock!

The official name of the event shall be used (e.g.: European Team Championships 1st League and not ETCH 1L)

1.3. Notification Acknowledgement

3. NOTIFICATION ACKNOWLEDGEMENT • CONFIRMATION/RECEPTION DE LA NOTIFICATION

In signing this form :

- I understand that I have been selected for a doping control
- I acknowledge that I have read this notice, and I consent to provide sample(s) as requested
- I understand that I must report to the Doping Control Station immediately after notification
- 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 avis et que je consens à fournir l'échantillon(s) tel que demandé
- que je dois me rendre au poste de contrôle du 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 procédure de contrôle antidopage
- 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

Doc 28F-1

Doc

ORIGINAL - IAAF - WHITE / COPY 1 - SAMPLE COLLECTION AUTHORITY - GREEN / COPY 2 - ATHLETE - PINK

The form must be duly signed by the athlete selected for testing

The original copy of the form shall be forwarded to European Athletics and **not to World Athletics!**


2. DOPING CONTROL FORM

2.1. Athlete Information & Testing location

Family and given name listed in the official ID card provided shall be used

Record the discipline (e.g.: 100m, High Jump, Heptathlon) only!

European Athletics (EA) shall be indicated as **“Testing Authority”**
 The acronym of the National Anti-Doping Agency/Organisation shall be indicated as **“Sample Collection Authority”**
 WA – AIU shall be indicated as **“Results Management Authority”**



DOPING CONTROL FORM

TEST AUTHORISED BY	
SAMPLE COLLECTION AUTHORITY	
RESULTS MANAGEMENT AUTHORITY	

1. ATHLETE INFORMATION

FAMILY NAME	GIVEN NAME			
NATIONALITY	EVENT <small>(Ex. Javelin, 200 m, ...)</small>			
EMAIL ADDRESS	COACH'S NAME			
DATE OF BIRTH	DOCTOR'S NAME			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; text-align: center;">DD</td> <td style="width: 20%; border: 1px solid black; text-align: center;">MM</td> <td style="width: 60%; border: 1px solid black; text-align: center;">YYYY</td> </tr> </table>		DD	MM	YYYY
DD	MM	YYYY		
ATHLETE ID PROVIDED / SPECIFY				

TESTING LOCATION

COUNTRY	
CITY	
IN COMPETITION TESTING	
COMPETITION	

Due to data privacy and GDPR only the type (e.g.: Passport, driving license) of the government issued document can be recorded. Accreditation cards (with or without picture) cannot be used for identification purposes.

The IOC approved three letter code shall be used (e.g.: POR and not Portugal)

The official name of the event shall be used (e.g.: European Team Championships 1st League and not ETCH 1L)

2.2. Information for analysis

2. INFORMATION FOR ANALYSIS

ATHLETICS
SPORT

OUT OF COMPETITION
IN COMPETITION

DATE OF TEST
ARRIVAL TIME AT DOPING CONTROL STATION

COMBINED JUMPS LONG DISTANCE (800 m or greater) MIDDLE DISTANCE (800-1500 m) SPRINT (400 m or less) THROWS

TEST MISSION CODE

PARTIAL SAMPLE

SAMPLE TYPE	VOL. (mL)	TIME SEALED	ATHLETE / DCS INITIALS	PARTIAL SAMPLE NUMBER	VOL. (mL)	TIME SEALED	ATHLETE / DCS INITIALS
<input checked="" type="checkbox"/> U <input checked="" type="checkbox"/> B			A/B				
<input type="checkbox"/> U <input type="checkbox"/> B			A/B				
<input type="checkbox"/> U <input type="checkbox"/> B			A/B				
<input type="checkbox"/> U <input type="checkbox"/> B			A/B				

SAMPLE CODE NUMBER

SPECIFIC DENSITY

URINE SAMPLE WITH ATHLETE / DCS NAME

URINE SA

DECLARATION OF MEDICATION USE AND BLOOD TRANSFUSIONS: LIST ANY PRESCRIPTION / NON-PRESCRIPTION MEDICATIONS OR SUPPLEMENTS, E.G. BETA-2 AGONISTS AND GLUCOCORTICIDS, TAKEN OVER THE PAST 7 DAYS (INCLUDE DOSAGE AND DATE). A BLOOD SAMPLE IS COLLECTED; ANY BLOOD TRANSFUSIONS RECEIVED OVER THE LAST THREE MONTHS.

SUPPLEMENTARY REPORT FORM

CONSENT FOR RESEARCH
I CONSENT FOR MY SAMPLE TO BE USED IN ANONYMOUS RESEARCH (SEE OVERLEAF)

I ACCEPT I REFUSE

European Athletics normally conducts "In competition" tests, so the appropriate box shall be marked with an "X"

Don't forget to select the athlete's right discipline

The test mission code provided by European Athletics Office shall be used

Don't forget to indicate the time of arrival to the DCS

European Athletics uses separate forms for Blood Sample collection! Mark type of sample collected with an "X"

Use additional supplementary report forms if needed and mark with an "X" accordingly

Don't forget to mark the box with an "X" according to the athlete's decision

Please **strikethrough those** box/parts of the form which have not been used (e.g.: partial sample; second urine sample) or not applicable!

2.3. Confirmation of Procedure for urine and/or Blood Testing

Don't forget to indicate the time when the sample collection was completed

Use additional supplementary report forms if needed and mark with an "X" accordingly

3. CONFIRMATION OF PROCEDURE FOR URINE AND / OR BLOOD TESTING

COMMENTS: ANY COMMENTS SHOULD BE NOTED HERE. IF NECESSARY CONTINUE ON A SUPPLEMENTARY REPORT FORM.

SUPPLEMENTARY REPORT FORM

I CERTIFY THAT SAMPLE COLLECTION WAS CONDUCTED IN ACCORDANCE WITH THE RELEVANT PROCEDURES

ADDITIONAL SAMPLE

ATHLETE REPRESENTATIVE

N/A NAME POSITION SIGNATURE

DOPING CONTROL OFFICER • AGENT DE CONTROLE DU DOPAGE

NAME SIGNATURE

DATE DD MM YYYY TIME OF COMPLETION

ATHLETE'S SIGNATURE

• I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS DOCUMENT IS CORRECT.
 • I DECLARE THAT, SUBJECT TO COMMENTS MADE IN SECTION 3, THE SAMPLE COLLECTION WAS CONDUCTED IN ACCORDANCE WITH THE RELEVANT PROCEDURES AND I DO NOT CONTEST ANY ASPECT OF THE SAMPLE COLLECTION.
 • I ACCEPT THAT ANY DISPUTE, CONTROVERSY OR CLAIM HOWSOEVER ARISING FROM THIS DOPING CONTROL SHALL BE RESOLVED IN ACCORDANCE WITH IAAF COMPETITION RULES.
 • I ACCEPT THE COMPETENCE OF THE COURT OF ARBITRATION FOR SPORT IN LAUSANNE, SWITZERLAND TO RESOLVE DEFINITELY ANY SUCH DISPUTE, CONTROVERSY OR CLAIM EXCLUDING ALL RECOURSE TO ORDINARY COURTS.

Document ID : IAAF_002F-2_REV7_Janvier 2018

ORIGINAL - IAAF - WHITE COPY 1 - SAMPLE COLLECTION AUTHORITY - GREEN COPY 2 - ATHLETE - PINK COPY 3 - LABORATORY - YELLOW

The original copy of the form shall be forwarded to European Athletics and **not to World Athletics!**

The form must be duly signed by the athlete selected for testing

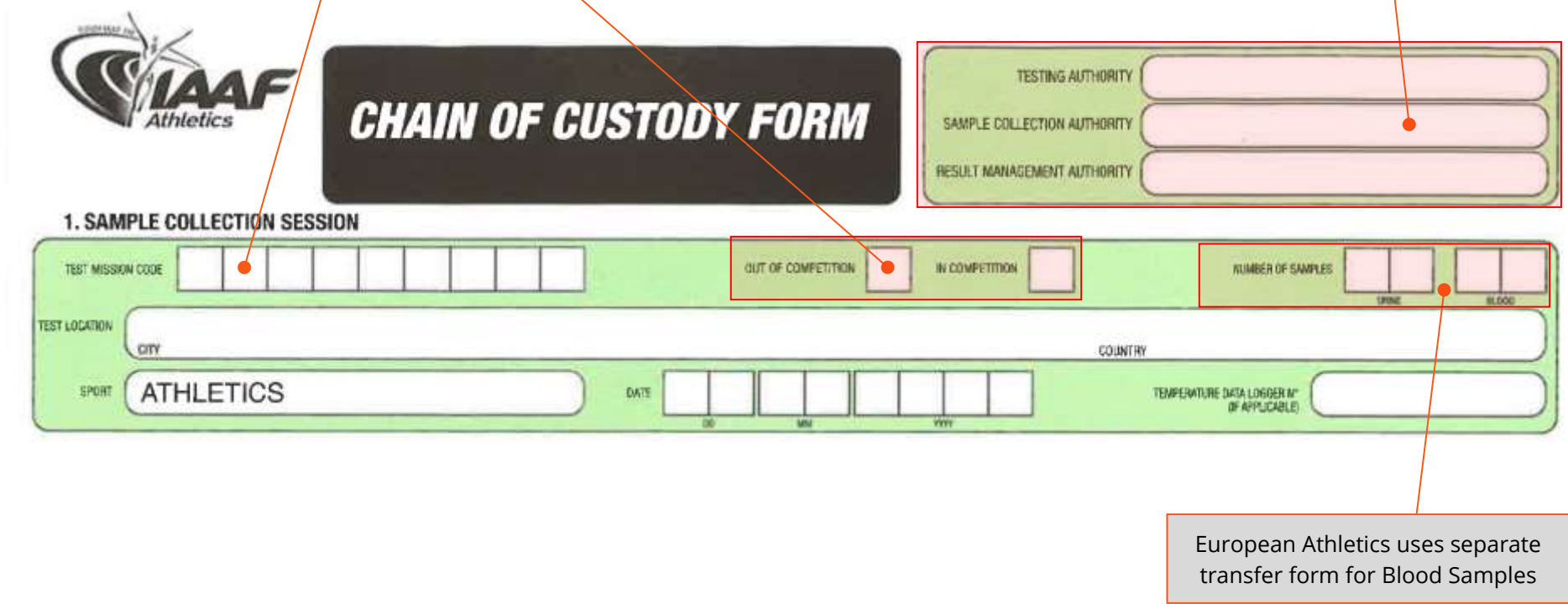
3. CHAIN OF CUSTODY FORM

3.1. Sample Collection Session

The test mission code provided by European Athletics Office shall be used

European Athletics normally conducts "In competition" tests, so the appropriate box shall be ticked

European Athletics (EA) shall be indicated as "**Testing Authority**"
The acronym of the National Anti-Doping Agency/Organisation shall be indicated as "**Sample Collection Agency**"
WA - AIU shall be indicated as "**Results Management Authority**"



IAAF Athletics

CHAIN OF CUSTODY FORM

1. SAMPLE COLLECTION SESSION

TEST MISSION CODE:

OUT OF COMPETITION: IN COMPETITION:

NUMBER OF SAMPLES:

TEST LOCATION: CITY: COUNTRY:

SPORT: DATE:

TEMPERATURE DATA LOGGER N° (IF APPLICABLE):

TESTING AUTHORITY:

SAMPLE COLLECTION AUTHORITY:

RESULT MANAGEMENT AUTHORITY:

European Athletics uses separate transfer form for Blood Samples

3.2. Sample code numbers and analytical information

Mark here with an "X" if extra analysis have been requested (e.g. ESA)

2. SAMPLES CODE NUMBERS AND ANALYTICAL INFORMATION

SAMPLE CODE NUMBERS					SPECIFIC SAMPLE ANALYSIS (IF APPLICABLE)					SAMPLE CODE NUMBERS					SPECIFIC SAMPLE ANALYSIS (IF APPLICABLE)														
A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER
A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER
A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER
A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER
A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER
A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER
A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER
A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER	A/B					ESAs	GH	GHRFs	ADP	OTHER

OTHER LABORATORY ANALYSIS

1. GC/C/IRMS	5. GH BIOMARKERS
2. INSULINS	6. BLOOD TRANSFUSIONS
3. IGF-1 ANALOGUES	7. HBOCS
4. GH ISOFORMS	8. OTHER <input type="text"/>

3.3. Chain of custody, transportation and storage

The Doping Control Station shall be indicated as the first storage location

3. CHAIN OF CUSTODY, TRANSPORTATION AND STORAGE

RECEIVED / SEALED BY	NAME <input type="text"/>	SIGNATURE <input type="text"/>	POSITION/ROLE <input type="text"/>
	DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TIME <input type="text"/> <input type="text"/> <input type="text"/>	SEAL NUMBER (IF APPLICABLE) <input type="text"/>
DETAILS OF LOCATION	<input type="text"/>		
RECEIVED BY	NAME <input type="text"/>	SIGNATURE <input type="text"/>	POSITION/ROLE <input type="text"/>
	DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TIME <input type="text"/> <input type="text"/> <input type="text"/>	SEAL NUMBER (IF APPLICABLE) <input type="text"/>
DETAILS OF LOCATION	<input type="text"/>		

3.4. Transfer to laboratory or courier

4. TRANSFER TO LABORATORY OR COURIER

NAME OF THE LABORATORY

SCP NAME SIGNATURE DATE DROP-OFF TIME

IF TRANSFERRED BY COURIER

COMPANY NAME WAYBILL NUMBER LOCATION

COURIER NAME COURIER SIGNATURE

TRANSFER BY OTHER MEANS
 BY HAND OTHER (PLEASE IDENTIFY) NAME SIGNATURE

RECEIPT BY LABORATORY

LAB. REP. NAME LAB. REP. POSITION LAB. REP. SIGNATURE

I CONFIRM THAT I HAVE RECEIVED THE SAMPLES PACKAGE TODAY ON TIME

COMMENTS

Document ID: IAAF_002F-5_REV4_Janvier 2018

ORIGINAL - IAAF - WHITE COPY 1 - SAMPLE COLLECTION AUTHORITY - GREEN COPY 2 - LABORATORY - PINK

All copies of the form shall be attached to the outside of the package and delivered to the allocated laboratory. European Athletics will obtain a duly signed copy of the form from the laboratory

DOPING CONTROL FORMS

Used during **BLOOD** testing

The following forms shall be used for **blood testing** at any European Athletics Event or Meeting:

Please write legibly and in CAPITAL letters

IAAF **BLOOD SAMPLING FORM**

1. ATHLETE INFORMATION

2. INFORMATION / COMMENT

3. INFORMATION FOR ANALYSIS

4. COMPARISON OF PROCEDURES FOR BLOOD TESTS

IAAF - 2018

Blood Sampling Form

Please write legibly and in CAPITAL letters

IAAF **BLOOD SAMPLE TRANSFER FORM**

1. ATHLETE INFORMATION

2. SAMPLE ID

3. STORAGE

4. TRANSFER TO LABORATORY

IAAF - 2018

Blood Sample Transfer Form

4. BLOOD SAMPLING FORM

4.1. Athlete Information

The IOC approved three letter code of the selected athlete's country shall be used (e.g.: POR and not Portugal)

European Athletics (EA) shall be indicated as **"Testing Authority"**
The acronym of the National Anti-Doping Agency/Organisation shall be indicated as **"Sample Collection Agency"**
WA - AIU shall be indicated as **"Results Management Authority"**



Please write legibly and in CAPITAL letters

BLOOD SAMPLING FORM

1. ATHLETE INFORMATION

FAMILY NAME	GIVEN NAME	DATE OF BIRTH		
NATIONALITY	EVENT	DC	MM	YYYY
DOCTOR'S NAME	COACH'S NAME	ATHLETE ID PROVIDED? YES NO		
E-MAIL OR POSTAL ADDRESS		DOCUMENT TYPE		
		DOCUMENT NUMBER		

Family and given name listed in the official ID card provided shall be used

Beside the name of the discipline (e.g.: 100m woman) **the final position** of the selected athlete (e.g.: 2nd) **cannot be indicated**

Only passport or ID card can be used for identification purposes and **only the type of the document** used for identification purposes **can be recorded** on the DCFs (no indication of the documents number is allowed due to GDPR). Accreditation card with picture and individual document number **cannot be accepted** for identification purpose.

4.2. Athlete information

The IOC approved three letter code of the country where the sample collecting is conducted shall be used (e.g.: POR and not Portugal)

Don't forget to correctly indicate the time of notification

2. NOTIFICATION / CONSENT

DATE

DD MM YYYY

COUNTRY

CITY

TIME

COMPETITION

(where applicable)

DCO / CHAPERONE NAME

DCO / CHAPERONE SIGNATURE

PURPOSE OF BLOOD SAMPLING: Profiling of relevant parameters for anti-doping purposes and/or detection of Prohibited Substances and Methods

- I understand that I have been selected for a doping control
- I confirm that the purpose of the blood sampling has been explained to me
- I understand that, by signing this form, I am granting my consent to a blood sample being taken from me
- I understand that I must 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

ATHLETE'S SIGNATURE

The official name of the event shall be used (e.g.: European Team Championships 1st League and not ETCH 1L)

The form must be duly signed by the athlete and the chaperone

4.3. Information for analysis

3. INFORMATION FOR ANALYSIS

ATHLETICS

OUT OF COMPETITION
 IN COMPETITION

COMBINED EVENTS
 JUMPS
 LONG DISTANCE (3000 m or greater)
 MIDDLE DISTANCE (800-1500 m)
 SPRINT (400 m or less)
 THROWS

DATE OF TEST: DD MM YYYY
 ARRIVAL TIME AT DOPING CONTROL STATION: HH:MM
 TEST MISSION CODE: [] [] [] [] [] [] [] []
 GENDER: M F

1 tube (EDTA) SAMPLE CODE NUMBER: [] [] [] [] [] [] [] []
 1 tube (SERUM) SAMPLE CODE NUMBER: [] [] [] [] [] [] [] []
 TIME OF COLLECTION AT DOPING CONTROL STATION: HH:MM

	YES	NO	
• Has the athlete been seated for ten minutes with the feet on the floor prior to blood collection?	<input type="checkbox"/>	<input type="checkbox"/>	Type of training session or competition
• Has the athlete trained or competed in the last 2 hours?	<input type="checkbox"/>	<input type="checkbox"/>	Date (s) Altitude Location
• Has the athlete resided, trained or competed at altitude (>1500m) during the last 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Device Frequency / Duration / Intensity
• Has the athlete used any form of altitude simulation during the last 2 weeks? (e.g: Hypoxic tent, mask...)	<input type="checkbox"/>	<input type="checkbox"/>	Date (s) Volume Type and Reason
• Has the athlete lost, donated or received blood in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	
• Has the athlete been exposed to any extreme environmental conditions during the last 2 hours prior to blood collection, including any sessions in any artificial heat environment, such as a sauna?	<input type="checkbox"/>	<input type="checkbox"/>	

CONSENT FOR RESEARCH
 I CONSENT FOR MY SAMPLE TO BE USED IN ANONYMOUS RESEARCH (SEE OVERLEAF)
 I ACCEPT I REFUSE

DECLARATION OF MEDICATION. (taken in the last 7 days)

European Athletics normally conducts "In competition" tests, so the appropriate box shall be ticked

Don't forget to select the athlete's right discipline

The test mission code provided by European Athletics Office shall be used

In case of SERUM sample collection please **report on a supplementary report form** the **age** (rounded down) of the athletes (disclose only **sample codes** and avoid using names) tested!

Don't forget to indicate the time of arrival to the DCS

Don't forget to indicate the time of sample collection which shall be at least 10 minutes later than reporting to the DCS!

4.4. Confirmation of Procedure for Blood Testing

The form must be duly signed by the athlete, the DCO and BCO as applicable

Don't forget to indicate the time when the sample collection was completed

Use additional supplementary report forms if needed

4. CONFIRMATION OF PROCEDURE FOR BLOOD TESTING

COMMENTS. Any comments should be noted here

SUPPLEMENTARY REPORT FORM

ATHLETE REPRESENTATIVE (Where applicable)

NAME SIGNATURE

DOPING CONTROL OFFICER (Where applicable)

NAME SIGNATURE

BLOOD CONTROL OFFICER

NAME SIGNATURE

DATE

DD MM YYYY

TIME OF COMPLETION

ATHLETE'S SIGNATURE

- I confirm that the information I have given on this document is correct.
- I confirm that, subject to comments made in section 4, the sample collection was conducted in accordance with the relevant procedures and I do not contest any aspect of the sample collection.
- I accept that any dispute, controversy or claim howsoever arising from this doping control shall be resolved in accordance with IAAF Compellition Rules,
- I accept the competence of the Court of Arbitration for Sport in Lausanne, Switzerland to resolve definitively any such dispute, controversy or claim excluding all recourse to ordinary courts.

Document ID : IAAF_002F-3_REV7_Janvier 2018

ORIGINAL - IAAF - WHITE COPY 1 - SAMPLE COLLECTION AUTHORITY - GREEN COPY 2 - ATHLETE - PINK COPY 3 - LABORATORY - YELLOW

The original copy of the form shall be forwarded to European Athletics and **not to World Athletics!**

5. BLOOD SAMPLING FORM

5.1. Doping Control Station

European Athletics normally conducts "In competition" tests, so the appropriate box shall be ticked

European Athletics (EA) shall be indicated as "Testing Authority"
The acronym of the National Anti-Doping Agency/Organisation shall be indicated as "Sample Collection Agency"
WA - AIU shall be indicated as "Results Management Authority"



Please write legibly and in CAPITAL letters

BLOOD SAMPLE TRANSFER FORM

1. DOPING CONTROL STATION

DCO/BCO NAME											OUT OF COMPETITION	<input type="checkbox"/>	IN COMPETITION	<input type="checkbox"/>								
TEST LOCATION											COMPETITION											
NUMBER OF SAMPLES												DATE					TIME SESSION COMPLETED					
	TEST MISSION CODE											DD	MM	YYYY								

The test mission code provided by European Athletics Office shall be used

The official name of the event shall be used (e.g.: European Team Championships 1st League and not ETCH 1L)

5.2. Sample ID

Please always indicate the right analysis to be conducted using the coding system indicated below

2. SAMPLE I.D

SAMPLE CODES		CODE FOR ANALYSIS	SAMPLE CODES		CODE FOR ANALYSIS
A/B	<input type="checkbox"/>		A/B	<input type="checkbox"/>	
A/B	<input type="checkbox"/>		A/B	<input type="checkbox"/>	
A/B	<input type="checkbox"/>		A/B	<input type="checkbox"/>	
A/B	<input type="checkbox"/>		A/B	<input type="checkbox"/>	
A/B	<input type="checkbox"/>		A/B	<input type="checkbox"/>	
A/B	<input type="checkbox"/>		A/B	<input type="checkbox"/>	
A/B	<input type="checkbox"/>		A/B	<input type="checkbox"/>	
A/B	<input type="checkbox"/>		A/B	<input type="checkbox"/>	

⚠ COMMENTS : Please indicate next to each sample the relevant "code for analysis" using the following codes : A1 : Measurement of blood variables for Athlete Biological passport - A2 : Erythropoiesis-stimulating agents (e.g. EPO Mircera) - A3 : Growth hormone (GH) - A4 : Blood transfusion - A5 : HBOCs

5.3. Storage

The Doping Control Station shall be indicated as the first storage location

3. STORAGE

STORAGE LOCATION # 1 AFTER COLLECTION		STORAGE LOCATION # 2	
STORAGE CONDITIONS		STORAGE CONDITIONS	
STORAGE DEVICE		STORAGE DEVICE	
COOL (2°-12° C) <input type="checkbox"/>		COOL (2°-12° C) <input type="checkbox"/>	
DCO NAME AND SIGNATURE		DCO NAME AND SIGNATURE	
IN	DATE	TIME	
	DD MM YYYY	HH:MM	
OUT	DATE	TIME	
	DD MM YYYY	HH:MM	

A temperature data logger shall be available at each sample collection station and recording of the temperature must be ensured shortly before the first sample is collected

The date and start time of the sample collection session shall be indicated

SUPPLEMENTARY REPORT FORM
Used during **URINE** and **BLOOD** testing

6. SUPPLEMENTARY REPORT FORM

6.1. Completed by

The test mission code provided by European Athletics Office shall be used



SUPPLEMENTARY REPORT FORM

SAMPLE CODE

TEST MISSION CODE

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1. COMPLETED BY

DOPING CONTROL OFFICER	<input type="checkbox"/>	ATHLETE	<input type="checkbox"/>	ATHLETE REPRESENTATIVE	<input type="checkbox"/>	OTHER (specify)	<input type="text"/>
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Please mark and fill-in boxes as appropriate

6.2. Purpose of Report

Please mark and fill-in the boxes as appropriate!

2. PURPOSE OF REPORT

ATHLETE FAILURE TO COMPLY	<input type="checkbox"/>	DECLARATION OF MEDICATION (DOPING CONTROL FORM)	<input type="checkbox"/>	COMMENTS (DOPING CONTROL FORM)	<input type="checkbox"/>	INFORMATION/INTELLIGENCE REPORT	<input type="checkbox"/>
SUPPLEMENTARY REPORT	<input type="checkbox"/>	OTHER (specify)	<input type="text"/>				

6.4. Confirmation of procedure

4. CONFIRMATION OF PROCEDURE

NAME SIGNATURE

DATE DCO NAME SIGNATURE

DD MM YYYY

Document ID: IAAF_Janvie

ORIGINAL - IAAF - WHITE COPY 1 - ATHLETE - GREEN COPY 2 - LABORATORY - PINK

The original copy of the form shall be forwarded to European Athletics and **not to World Athletics**