DOPING CONTROL REQUEST FORM

**Member Federation**:

**Athlete’s** Full Name**:**

Date of Birth**:**

**Name of Competition**:

**Venue of Competition**:

**Event:**

**Date of Event:**

**TYPE OF RECORD**

National

European (1)

World(1)

Other

**AGE GROUP**

U18

U20

U23

Senior

We hereby request a doping control to be performed. We are aware, that the cost of this doping control will be deducted by European Athletics from the amount of subvention due to our country.

**Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Leader**

Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doping Official**

Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

European Athletics shall be responsible for the cost of the EPO analysis in case of an Area or World record (if applicable), however the respective Member Federation will remain responsible for the cost of the conventional analysis.