



UIPM Medical Rules

1. Principles

1.1 World Anti-Doping Code

1.1.1. The UIPM subjects to the World Anti-Doping Code and cooperates with the World Anti-Doping Agency (WADA) concerning its application and implementation. The definitions contained in Appendix 1 to the WADA Code are integral parts of these Rules, with the exception of the term “event” which must be read for UIPM as “competition”, “event” being one of the five disciplines of one UIPM competition.

1.2 Definition of Doping

1.2.1. Doping is defined as the occurrence of one or more of the anti-doping rule violations set forth in Article 1.2.2 through 1.2.9. The following constitute anti-doping rule violations.

1.2.2. The presence of a Prohibited Substance or its Metabolites or Markers in an athlete’s bodily Specimen. Athletes are responsible for any Prohibited Substance or its Metabolites or Markers found to be present in their bodily Specimens. Accordingly, it is not necessary that intent, fault, negligence or Knowing Use on the athlete’s part be demonstrated in order to establish an anti-doping violation under article 1.2.1.

- i) Excepting those substances for which a quantitative reporting threshold is specifically identified in the Prohibited List, the detected presence of any quantity of a Prohibited Substance or its Metabolites or Markers in an athlete’s Sample shall constitute an anti-doping rule violation.
- ii) As an exception to the general rule of Article 1.2.2, the Prohibited List may establish special criteria for the evaluation of Prohibited Substances that can also be produced endogenously.

1.2.3. The Use or Attempted Use of a Prohibited Substance or a Prohibited Method..

- i) The success or failure of the Use of a Prohibited Substance or Prohibited Method is not material. It is sufficient that the Prohibited Substance or Prohibited Method was Used or Attempted to be Used for an anti-doping rule violation to be committed.

1.2.4. Refusing, or failing without compelling justification, to submit to Sample collection after notification as authorized in applicable anti-doping rules or otherwise evading Sample collection.

1.2.5. Violation of applicable requirements regarding athlete availability for Out-of-Competition Testing including failure to provide required whereabouts information and missed tests that are declared based on reasonable rules.

1.2.6. Tampering, or Attempting to tamper, with any part of Doping Control.

1.2.7. Possession of Prohibited Substances and Methods:

- i) Possession by an athlete at any time or place of a substance that is prohibited in Out-of-Competition Testing or a Prohibited Method unless the athlete establishes that the Possession is pursuant to a therapeutic use exemption granted in accordance with Article 5.3 (Therapeutic Use) or other acceptable justification.
- ii) Possession of a substance that is prohibited in Out-of-Competition Testing or a Prohibited Method by athlete support personnel in connection with an athlete,



competition or training, unless the athlete support personnel establishes that the Possession is pursuant to a therapeutic use exemption granted to an athlete in accordance with Article 5.3 (Therapeutic Use) or other acceptable justification.

1.2.8. Trafficking in any Prohibited Substance or Prohibited Method.

1.2.9. Administration or Attempted administration of a Prohibited Substance or Prohibited Method to any athlete, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an anti-doping rule violation or any Attempted violation.

1.2.10. Articles 1.2.2 through 1.2.9 apply as far as applicable to horses for pentathlon.

1.2.11. Prohibited Substances and Methods for UIPM athletes means any substance/method so described in the current (including revisions that are continuously published by WADA) WADA Prohibited List. The WADA Prohibited List and all revisions shall go into effect for the UIPM three months after their publication by WADA. The WADA Prohibited List is available for consultation and download from the WADA website <http://www.wada-ama.org>. In addition, the UIPM will make the current WADA Prohibited List available to each National Federation. Each National Federation must ensure that the current WADA Prohibited List is available to its members.

1.2.12. For Biathle, betablockers and alcohol are not considered to be Prohibited Substances.

1.2.13. Prohibited Substances for horses means substances capable at any time of acting on one or more of the following mammalian body systems: the nervous, the cardiovascular, the respiratory, the digestive system (except oral treatment by the histamine H₂-receptor antagonist Ranitidine and the proton pump inhibitor Omeprazole), the urinary, the reproductive, the musculoskeletal system, the skin, the blood system, the immune system (other than those in licensed vaccines), the endocrine system.

- i) Prohibited Substances for horses include antipyretics, analgesics, anti-inflammatory and cytotoxic substances as well as endocrine secretions and their synthetic counterparts.
- ii) Substances endogenous to the horse, substances arising from plants traditionally grazed or harvested as equine feed and substances in equine feed arising from contamination during cultivation, processing or treatment, storage or transportations are prohibited above thresholds. Substances below the following thresholds are not actionable:
 - available Carbon dioxine: 37 millimoles per litre in plasma;
 - Dimethyle sulphoxide : 15 micrograms per millilitre in urine or 1 microgram per millilitre in plasma;
 - Estranediol in male horses (other than Geldings) : the mass of free and conjugated 5 α -estrane-3 β , 17 α -diol to the mass of free and conjugated 5(10)-estrene-3 β , 17 α -diol in urine at a ratio of 1;
 - Hydrocortisone: 1 microgram per millilitre in urine;
 - Salicylic acid: 750 micrograms per millilitre in urine or 6,5 micrograms per millilitre in plasma;
 - Testosterone: 0,02 micrograms free and conjugated Testosterone per millilitre in urine from geldings or 0,055 microgram free and conjugated testosterone per millilitre in urine from fillies and mares (unless in foal);
 - Theobromine: 2 micrograms per millilitre in urine.



1.3 Sphere of Application

- 1.3.1. These Rules apply to each national federation and each participant in the activity of the UIPM or any of its national federations by virtue of the participant's membership, accreditation or participation in the UIPM or its national federation activities or competitions.
- 1.3.2. All athletes and horses participating in or preparing for UIPM competitions are subject to doping controls (urine samples, blood tests and other authorised techniques for detecting Prohibited Substances or Methods) in and out of competition.
- 1.3.3. All Member Federations must comply with these Rules and shall include them either directly or by reference into their regulations. They shall report to the UIPM Secretary General at the end of every year the results of all Doping Controls within their jurisdiction sorted by athlete and identifying each date on which the athlete was tested, the entity conducting the test, and whether the test was in competition or out of competition. When a Member Federation has received an Adverse Analytical Finding on one of its athletes it shall report to the UIPM and to WADA within fourteen days of the result or waiver of the B sample all necessary details. The Member Federation shall also report to the UIPM and to WADA any decision taken in this matter within fourteen days from this decision. The UIPM reserves to apply its Medical and Disciplinary Rules directly on any such athlete in case of non-compliance of any such decision.
- 1.3.4. All female athletes participating in UIPM competitions can be requested by the UIPM Medical Committee a certificate confirming their gender.

2. Offence of Doping and its Punishment

- 2.1 Doping contravenes the fundamental principles of Olympism, of fair play and sports and medical ethics.
- 2.2 Punishment for Doping and trafficking with Prohibited Substances and the respective procedure is ruled by the UIPM Disciplinary Rules.

3. Proof of Doping

- 3.1 The UIPM and its National Federations bear the burden of establishing that an anti-doping rule violation has occurred. The standard of proof, taking into account the seriousness of the allegation which is made, is greater than a mere balance of probability but less than proof beyond a reasonable doubt. Where these Rules place the burden of proof upon the athlete or other Person alleged to have committed an anti-doping rule violation to rebut a presumption or establish specified facts or circumstances, the standard of proof is by a balance of probability.
- 3.2 Facts related to anti-doping rule violations may be established by any means, including admissions. The following rules of proof are applied in doping cases:
 - 3.2.1. WADA-accredited laboratories are presumed to have conducted Sample analysis and custodial procedures in accordance with the International Standard for Laboratory Analysis. The athlete may rebut this presumption by establishing that a departure from the International Standard occurred.



- 3.2.2. If the athlete rebuts the preceding presumption by showing that a departure from the International Standard occurred, then the UIPM or its National Federation shall have the burden to establish that such departure did not cause the Adverse Analytical Finding.
- 3.2.3. Departures from the International Standard for Testing which did not cause an Adverse Analytical Finding or other anti-doping rule violation do not invalidate such results. If the athlete or other person concerned establishes that departures from the International Standard occurred during Testing then the UIPM or its National Federation shall have the burden to establish that such departures did not cause the Adverse Analytical Finding or the factual basis for the anti-doping rule violation.

4. Doping Controls

4.1 Without any notice at any time and at any place, the UIPM has the right to carry out Doping Controls, with and without the assistance of WADA, of athletes, including banned or suspended athletes, and horses of UIPM members. The members are required to support the work of the UIPM, especially in presenting the selected athletes and horses and providing all necessary information, including on their training schedules giving date and place, as requested by the UIPM Headquarters. This right of the UIPM relates to all sports practised within UIPM.

4.2 UIPM Registered Testing Pool

The 15 top ranked athletes, male as well as female, on the World Ranking List in Modern Pentathlon and Biathlon, as of 1 January each year, and the gold medal winners at the previous World Championships, if not included on the World Ranking List, form the UIPM Registered Testing Pool. Also athletes who are serving periods of ineligibility as consequences of anti-doping rule violations are part of the UIPM Registered Testing Pool. The National Federation of each athlete in this Registered Testing Pool must file by 15 September each year a report with the UIPM on forms provided by UIPM which specifies on a daily basis the locations (address and telephone number) and times where the respective athletes will be residing, training and competing for the forthcoming season. The National Federations must update this information as necessary so that it is current at all times. This whereabouts information is shared by UIPM with WADA and other Anti-Doping Organisations having jurisdiction to test an athlete on the strict condition that it be used only for Doping Control purposes.

4.3 An athlete who has been identified by the UIPM for inclusion in the UIPM's Registered Testing Pool will continue to be available for No Advance Notice Out-of-Competition Testing, unless and until the athlete gives written notice to the UIPM that he has retired or until he no longer satisfies the criteria for inclusion into the UIPM's Registered Testing Pool and has been so informed by the UIPM. An athlete who has given notice of retirement to the UIPM may not resume competing unless he notifies the UIPM at least twelve months before he expects to return to competition and is available for unannounced Out-of-Competition Testing, at any time during the period before actual return to competition.

4.4 In addition to athletes included in the UIPM Registered Testing Pool the Chairman of the Medical Committee and the UIPM President may select athletes for UIPM Target Testing based on the following criteria: Injury; Withdrawal or absence from expected Competition; Withdrawal or absence from expected Competition; Retirement; Behaviour indicating doping; Sudden major improvements in performance; Changes in athlete whereabouts information that can indicate a potential increase in the risk of doping,



including moving to a remote location; Athlete sport performance history; Details of past Doping Controls; and Athlete reinstatement after a period of Ineligibility.

- 4.5 Doping Controls take place in substantial conformity with the current International Standard for Testing (including revisions that are continuously published by WADA). Completed tests are promptly reported through the WADA clearinghouse to avoid unnecessary duplication in Testing.
- 4.6 The National Federation holds responsibility for any of its athletes in the UIPM Registered Testing Pool who is unavailable for Testing on three attempts during any period of 18 consecutive months. For each attempt, the Doping Control Officer must visit all locations during the times specified by the athlete for that date and must stay two hours at each location. Notification must be sent to the athlete and his National Federation between each attempt which is to be counted as an unavailable test.
- 4.7 The National Federation of any athlete in the UIPM Registered Testing Pool which fails to timely submit a required report to the UIPM after receipt of two formal written warnings from the UIPM to do so in the preceding 18 months holds responsibility according to the UIPM Disciplinary Rules. The athlete who fails to timely submit his Whereabouts to his National Federation after receipt of two formal written warnings from the UIPM or his National Federation to do so in the preceding 18 months holds responsibility according to the UIPM Disciplinary Rules.
- 4.8 Doping Controls at Olympic Games, World Championships, World Cup Finals and Olympic Qualification Competitions in all UIPM sports are conducted under the supervision of a UIPM Medical Delegate, Member of the UIPM Medical Committee.
- 4.9 Doping Controls at World Cups, Continental and Regional Championships, CISM Championships and Category “B” UIPM competitions in all UIPM sports are conducted by persons accredited by the official National medical federation or association or governmental body. The UIPM Medical Committee is entitled to delegate its members to supervise these controls.
- 4.10 Doping Controls at Category “C” UIPM competitions are conducted by the hosting National Federation in application of these Rules.
- 4.11 Doping Controls out of competition are conducted by agents of WADA or other authorised organisations as agreed upon between UIPM and WADA. Such Doping Controls can also be conducted by UIPM Medical Delegates authorised by the UIPM Executive Board upon proposal of the UIPM Medical Committee. Doping Controls out of competition are subject to these Rules.

5. General Medical Care to Athletes and Veterinary Surgeon to Horses

- 5.1 All UIPM athletes must have physical evaluations by their medical staff or their National Federation medical doctors. Records should be kept on file on each of the UIPM Member Federations of the athletes' health and any subsequent injury or illness. A significant lapse in training requires update medical evaluation that would also become part of a medical record on file with the Member Organisation.
- 5.2 Illnesses are recorded for retrospective evaluation of illness/injury trends. It is recommended that all UIPM Member Federations keep such a record of the injury. When medically indicated, a formal request may be made through the UIPM Headquarters for



such records from the Member Federations. Care must be taken to preserve the privacy of the athletes and their identity, unless permission by the athlete is obtained in writing. The information must be used to advance the health and safety of the sport and its participants, and will not be used to advantage or disadvantage of any athlete or organisation.

- 5.3** All UIPM athletes with a documented medical condition requiring the use of a Prohibited Substance or a Prohibited Method must first obtain a Therapeutic Use Exemption (TUE) by the UIPM Therapeutic Use Committee, which consists of three members of the UIPM Medical Committee, all of them appointed by the Chairperson of the UIPM Medical Committee. The Chairperson of the UIPM Therapeutic Use Committee is authorised to deal with Abbreviated Therapeutic Use Exemption Applications and to report to the UIPM Therapeutic Use Committee. All other TUE applications are dealt with by the UIPM Therapeutic Use Committee as a whole. The Chairperson and the Committee have to consider a request for TUE by applying the current International Standard for Therapeutic Use Exemptions (including revisions that are continuously published by WADA). The International Standard for Therapeutic Use Exemptions and all revisions shall go into effect for the UIPM three months after their publication by WADA. The UIPM will make the current WADA International Standard for Therapeutic Use Exemptions available to each National Federation. Each National Federation must ensure that the current International Standard for Therapeutic Use Exemptions is available to its members. All TUE's granted by UIPM are reported to the respective athlete's National Federation and to WADA. TUE's granted by the National Federations for athletes competing on the national level must be promptly reported to the UIPM and to WADA.
- 5.4** Requests of athletes for a TUE by UIPM must be submitted, except in emergency situations, not later than 21 days before the athlete's participation at a UIPM event. The decision on granting or denial of a TUE must be taken not later than 7 days before the athlete's participation at a UIPM event. The athlete has the right to appeal against this decision to the UIPM Executive Board. For the procedure Chapter XII UIPM Disciplinary Rules applies accordingly. The decision of the UIPM Executive Board can be reviewed by WADA upon request from the athlete. WADA also has the right to review on its own initiative the granting of TUE. If WADA determines that such granting or denial did not comply with international standards for TUE, WADA may reverse the initial decision. The decision by WADA reversing the granting or denial of a TUE may be appealed to the CAS by the UIPM Executive Board or by the athlete.
- 5.5** It is recognised that environmental conditions impact the health and safety of all and also the athlete. Therefore, the scheduling of events and order of events must be made such as to take advantage of the coolness of the morning in the hot climates and the warmth of the midday in the cooler climates if the events are outdoors.
- 5.6** Organising Committees of UIPM competitions must provide adequate fluids and food for breakfast, lunch and snacks at all competitions sites. An estimate of the average calorie intake for a 1,89 m, 82 kg male athlete is 3,000 calories. This may be higher during heavy training periods but for a competition day, this would be a reasonable average. Fluid intake must average between 3-6 quarts per person, depending on the heat and humidity. Sports drinks must be between 6-8% carbohydrate concentration. Some of the food selection may be limited by the ability to keep certain foods cold.
- 5.7** To prevent any transmission of blood born viral diseases from participants or by pieces of equipment to participants, all athletes with bleeding wounds and blood stained equipment must be removed from the competition and cleaned as well as disinfected before returning



to the event. Bandaging of the injured area must be accomplished as to prevent contamination to others.

- 5.8 Fencing and Riding are more dangerous activities. Therefore, a faster accessibility to medical assistance is necessary. On site medical care with resuscitation capability is recommended. General medical assistance must be available to all participants and spectators as it is generally to the public.
- 5.9 Sanitary facilities must be provided for athletes and participants at each event site.
- 5.10 A veterinarian must be available for animal care.
- 5.11 Horses are not eligible to compete at any time when any limb or part of a limb has been temporarily or permanently desensitised by any means. Hypersensitisation of limbs is considered an abuse of horses.
- 5.12 When treatment of a horse with a Prohibited Substance or the use of alternative treatment or the use of medication not on the list of Prohibited Substances is required, the treating veterinarian must inform the UIPM Medical or Technical Delegate prior to treatment and achieve permission in writing. The Delegate will decide whether the horse is still fit to compete and whether it may have a possible unfair advantage as a result of treatment. If a horse must be treated with a Prohibited Substance prior to arrival at the competition, the UIPM Medical Delegate or Technical Delegate must be consulted as soon as possible upon arrival at the venue. On such occasions, a statement signed by a veterinarian must be submitted, stating the reason for treatment, the substance, the dose, route, and exact time of administration. The Delegate will decide whether the horse is fit to compete and whether it may have a possible unfair advantage as a result of treatment. At UIPM competitions where no such Delegate or other person authorised is present the Pentathlon Director is responsible to ensure the application of this rule.

6. Doping Control Laboratories

- 6.1 Only Doping Control Laboratories accredited by WADA or otherwise approved by WADA and chosen by UIPM are entitled to analyse samples taken at UIPM Doping Controls. These laboratories are announced and updated by WADA on a continuous basis. These Laboratories will analyse Doping Control Samples and report results in conformity with the current International Standard for Laboratory Analysis (with revisions published by WADA on a continuous basis).
- 6.2 Doping Control Samples will be analysed to detect Prohibited Substances and Prohibited Methods identified on the current WADA Prohibited List and other substances as may be directed by WADA pursuant to the Monitoring Program described in Article 4.5 of the World Anti-Doping Code. No sample may be used for any purpose other than the detection of substances (or classes of substances) or methods on the current WADA Prohibited List, or as otherwise identified by WADA pursuant to its Monitoring Program, without the athlete's written consent.
- 6.3 Blood or other non-urine Samples may be used either to detect Prohibited Substances or Prohibited Methods or for screening procedure purposes only. If the blood is collected for screening only, it will have no other consequences for the athlete other than to identify him for a urine test under these Anti-Doping Rules.



7. Doping Testing Procedures for UIPM Athletes

7.1 Sampling, Responsibility and Organisation

- 7.1.1. It is the responsibility of the Medical Delegates and other authorised agents and persons (Doping Control Officers – DCO), to ensure that the Doping Controls are conducted correctly.
- 7.1.2. The main tasks of these DCOs are:
- i) Inspection of the Doping Control Station where the samples are to be taken;
 - ii) Ensuring that the necessary material for collecting the samples is available;
 - iii) Technical guidance of the Doping Control Station personnel appointed by the Pentathlon Director on behalf of the Organising Committee;
 - iv) Cooperation with the UIPM Technical Delegate at the selection of the UIPM athletes for examination;
 - v) Verification of the identity of the UIPM athletes to be controlled;
 - vi) Collection of samples, their coding and sealing, recording and packing as well as dispatching or surveillance of the whole process;
 - vii) Writing a report to be addressed to the UIPM Secretary General.
- 7.1.3. The Pentathlon Director is obliged to appoint one or more male and/or female chaperones to support the DCOs in the implementation of the controls.
- 7.1.4. The Organising Committee will establish a secure Doping Control Station which must consist of:
- i) a Control Room (table, chairs, wash stand);
 - ii) an Integrated toilet;
 - iii) a Waiting room for athletes and their accompanying officials.
- 7.1.5. The Doping Control Station must be situated near the arena and clearly marked outside, as laid down by Annex 1, which is an integral part of these Rules. Adequate transport for the Medical Delegates, agents and persons authorised must be provided by the Organising Committee prior, during and after the competition.
- 7.1.6. Only the following persons are permitted to enter the Doping Control Station:
- i) The Medical Delegates, authorised agents and persons, UIPM Technical Delegates and appointed assistants as well as international observers under the Independent Observer program according to article 20.3.7 WADA Code;
 - ii) The athlete to be controlled and his accompanying official;
 - iii) The UIPM President or appointed UIPM Executive Board Member and the UIPM Secretary General.

7.2 Controls of Urine

- 7.2.1. Selection and Number of Athletes for Urine Control
- i) As a matter of principle, the best-placed athletes plus a number of female and/or male athletes whose names will be drawn by lot have to undergo the urine control. The UIPM Technical Delegate in presence of the DCO will make the draw directly after the start of the last athlete.
 - ii) The UIPM President or UIPM Medical Committee can modify the selection for urine control without previous notice.
 - iii) WADA is authorised to select UIPM athletes for out of competition control from the UIPM Registered Testing Pool.



- iv) The name of the athlete to be tested is posted at the Competition office. When initial contact is made, the DCO must ensure that the athlete is informed on his rights and responsibilities and on the location of the Doping Control Station. It is a right of the athlete to have a representative (accompanying official) and interpreter. It is the athlete's responsibility to remain within the sight of the DCO and chaperone at all times from the first moment of in-person notification by the DCO until the completion of the Sample collection procedure.
- v) The athletes must ensure to be informed and are not allowed to leave the place of competition, without verification if they are selected for Anti-Doping Control.

7.2.2. Examples for Urine Control Selection

WORLD CHAMPIONSHIPS FOR INDIVIDUAL

<i>After</i>	<i>No. of best placed</i>	<i>No. to be drawn</i>	<i>Total</i>
QUALIFI-CATION FOR THE FINAL		Two athletes from each group	2 x n° groups
FINAL	1 st - 2 nd - 3 rd	One athlete	4

WORLD CHAMPIONSHIPS RELAY

<i>After</i>	<i>No. of best placed</i>	<i>No. to be drawn</i>	<i>Total</i>
After last event	One athlete from 1 st , 2 nd , 3 rd team drawn by lot	One athlete from one other team	4

CONTINENTAL, REGIONAL CHAMPIONSHIPS, WORLD CUPS and other "One Day" Competitions

<i>After</i>	<i>No. of best placed</i>	<i>No. to be drawn</i>	<i>Total</i>
QUALIFI-CATION FOR THE FINAL		Two athletes from each group	2 x n° groups
FINAL	1 st - 2 nd - 3 rd	One athlete	4

WORLD CUP FINAL

<i>After</i>	<i>No. of best placed</i>	<i>No. to be drawn</i>	<i>Total</i>
FINAL	1 st - 2 nd - 3 rd	One athlete	4

BIATHLE WORLD CHAMPIONSHIPS

<i>After</i>	<i>No. of best placed</i>	<i>No. to be drawn</i>	<i>Total</i>
SENIOR FINAL	1 st	One athlete	2
JUNIOR FINAL	1 st	One athlete	2

UIPM CATEGORY "B" COMPETITIONS

<i>After</i>	<i>No. of best placed</i>	<i>No. to be drawn</i>	<i>Total</i>
Each Competition	1 st	Two athletes	3

7.2.3. Collection of Urine Samples

- i) The athletes selected for urine control are obliged to report to the Doping Control Station submitting an identification document, immediately after the end of competition. An escort of the Doping Control will be with the athlete all the time. The athletes are entitled to be accompanied by an official of their team and by an interpreter.



- ii) One of the chaperones will prepare a Record of Doping Control, in duplicate, which must include the name of the athlete, the country he represents, his start number, the time of request and the time of arrival at the Doping Control Station. The athlete must declare any medication he may have taken in the preceding three days.
- iii) Should the athlete report to the Doping Control Station later than one hour after the end of competition, this fact must be noted in the record and the DCO must be informed directly. The sampling procedure, nevertheless, shall be carried out like in all other cases. Also an athlete who has reported too late is entitled to be accompanied by an official of his team. However, the fact of late appearance may raise additional obligations of justification in the further procedure.
- iv) The athlete and the accompanying person must remain in the Doping Control Station's waiting room under supervision until the athlete is called into the consulting area. The athlete and any personal belongings he or the accompanying person bring with them (clothing, bags, etc.) may be searched for evidence of manipulation, upon entering and leaving the Doping Control Station.
- v) No photographs, video or tape recordings may be taken inside the Doping Control Station during the doping control procedure.
- vi) Only one athlete at a time shall be called into the Control room.
- vii) The athlete shall select a collection vessel, visually check that it is empty and clean and that all seals on the selected vessel are intact. There must be a sufficient number of clean containers available for selection, at least one more than the number of athletes to be controlled. If the athlete is not satisfied with the selected vessel, he may select another. If the athlete is not satisfied with any of the equipment available for the selection, this shall be recorded by the DCO. If the DCO does not agree with the athlete's opinion that all the collection vessels available for the selection are unsatisfactory, the DCO shall instruct the athlete to proceed with the Sample collection session. If the DCO agrees with the reasons put forward by the athlete that all the collection vessels available for the selection are unsatisfactory, the DCO shall terminate the collection of the athlete's urine Sample and this shall be recorded by the DCO.
- viii) The athlete who will be naked from the waist downward to the knees must urinate in a container selected by himself, thereby being closely supervised by a chaperone.
- ix) The collected urine Sample must comprise at least 75 ml. The athlete shall return to the Control room with the collection vessel containing the urine and shall retain control of the collection vessel and any Sample provided until the Sample is sealed. The DCO or chaperone shall witness the Sample leaving the athlete's body and record the witnessing in writing.
- x) The DCO shall use the relevant laboratory's specifications to verify, in full view of the athlete, that the volume of the urine Sample satisfies the laboratory's requirements for analysis. If insufficient urine has been provided by the athlete, the partial Sample must be placed in a box and locked. The athlete will hold the box personally until he is able to urinate again. The DCO will keep the key until the athlete is ready to urinate again. The athlete will remain under observation until further urine has been provided and sample taking procedures are complete.
- xi) If the requested urine volume of 75 ml has been provided the athlete will select another sealed plastic bag (Sample collection kit) which contains two bottles (for A and B samples). The bottles may already have a code number engraved on them. Once a Sample collection kit has been selected, the DCO and the athlete shall check that all code numbers match and that this code number is recorded accurately by the DCO. If the athlete or DCO finds that the numbers are not the same, the DCO shall instruct the athlete to choose another kit in accordance with the above procedure and record the matter. The athlete himself will pour the urine into the bottles, that is to say first the relevant laboratory's minimum volume of urine into the B bottle, and then fill the A



- bottle as much as possible. The athlete shall then fill the B bottle as much as possible with the remaining urine. A few drops of urine shall remain in the collection vessel. Next, the athlete shall close the two bottles hermetically and check that no leak occurs. The athlete shall seal the bottles as directed by the DCO. The DCO shall check, in full view of the athlete, that the bottles have been properly sealed.
- xii) Using the residual volume of urine in the collection container, specific gravity and pH of the urine must be measured by the DCO, as guided by the laboratory. These values will be recorded on the Record of Doping Control. If the pH value of a urine Sample is less than 5.0 or greater than 7.0 or the specific gravity is lower than 1010 the entire Sampling procedure as described above must be repeated until the demanded volume's specific gravity is 1010 or above and the pH value between 5.0 and 7.0. The DCO shall inform the athlete that he is required to provide a further Sample. While waiting to provide an additional Sample, the athlete shall remain under continuous observation. The DCO shall record that the Samples collected belong to a single athlete and the order in which the Samples were provided. If it is determined by the relevant laboratory that all of the athlete's Samples do not meet the laboratory's pH and specific gravity requirements for analysis and this is not related to natural causes, the Chairperson of the UIPM Medical Committee shall schedule another Sample Collection Session for the athlete as Target Testing as soon as possible. If the Target Testing Sample Collection Session also results in Samples that do not meet the laboratory's pH and/or specific gravity requirements for analysis, the UIPM Executive Board shall investigate a possible anti-doping rule violation. The non performance of a second and further test cannot invalidate a positive doping result having been revealed at a sample with gravity below 1010 or a pH value below 5.0 and above 7.0.
- xiii) The DCO shall ensure any residual urine that will not be sent for analysis is discarded in full view of the athlete.
- xiv) Should the containers have not been code-numbered in advance, the chaperone will number the containers selected by the athlete. The chaperone then will provide the athlete and his accompanying official the opportunity to verify that the containers have been correctly code-numbered.
- xv) The code number is entered into the Record of Doping Control. The athlete and his accompanying official will check whether the number on the two containers is identical with that entered in the record. The details of the Record of Doping Control are ruled by Annex 2, which is an integral of these Rules.
- xvi) Any behaviour by the athlete and/or persons accompanying him or anomalies with potential to compromise the Sample collection shall be recorded. If there are doubts as to the origin or authenticity of the Sample, the athlete shall be asked to provide an additional Sample. In case of an anomaly or if the athlete refuses to provide an additional Sample, the DCO is responsible for ensuring that any matters in this case are assessed to determine if a possible failure to comply has occurred. The DCO is responsible for ensuring that all relevant information, including information from the immediate surroundings when applicable, is obtained as soon as possible or when practicable to ensure that all knowledge of the matter can be reported and be presented as possible evidence as well as that appropriate documentation is completed to report any possible failure to comply. Sample Collection Personnel are responsible for reporting to the DCO any matter with the potential to compromise a test, and the DCO is responsible for reporting such matters to the Chairperson of the UIPM Medical Committee. The athlete shall be notified of the possible consequence and that a possible failure to comply will be investigated by the UIPM Executive Board and appropriate follow-up action will be taken. If possible, the athlete's Sample Collection Session shall be completed. The President of the UIPM and the Chairperson of the UIPM Medical Committee will ensure that the outcomes of its investigation are



considered for results management action and, if applicable, for further planning and testing.

- xvii) In conducting the Sample Collection Session the following information shall be recorded as a minimum: Date, time and type of notification (No advance notice, advance notice, in-Competition or Out-of-Competition); date and time of Sample provision; the name, date of birth, gender of the athlete; the athlete's home address and telephone number; the athlete's sport and discipline; the Sample code number; the name and signature of the Chaperone who witnessed the urine Sample provision; the name and signature of the Blood Collection Official who collected the blood Sample, where applicable and as specified below; required laboratory information on the Sample; medications and supplements taken and recent blood transfusion details if applicable, as declared by the athlete; any irregularities in procedures; athlete comments or concerns regarding the conduct of the session, if provided; the name and signature of the athlete; the name and signature of the athlete's representative, if required; and the name and signature of the DCO.
- xviii) Each A and B containers is to be placed in another containers which are to be closed and sealed immediately after the Samples have been selected.
- xix) The persons enumerated above will sign the record thus confirming that the sampling has been conducted correctly. The copies of the record will be placed in separate envelopes that must be closed and sealed and one copy must be given to the pentathlete.
- xx) The envelope(s) containing the original of the record will be handed over to the UIPM Secretary General. The envelope with the copy will be delivered to the WADA accredited Doping Control Laboratory.
- xxi) A messenger forwards the containers to the WADA accredited Doping Control Laboratory for analysis. The receipt has to be confirmed in writing by the Laboratory Director or a person appointed by him.
- xxii) Chain of Custody shall be checked by the chairperson of the UIPM Medical Committee if receipt of either the Samples with accompanying documentation or Sample collection documentation is not confirmed at their intended destination or a Sample's integrity or identity may have been compromised during transport. In this instance, the Chairperson of the UIPM Medical Committee shall consider whether the Sample should be voided.

7.2.4. Analysis of Urine Samples – Determination of Results

- i) During the analysis, only the Laboratory Director and his personnel, the Chairperson of the DCC of the UIPM concerned or the Chairperson of the UIPM Medical Committee, members of the UIPM Executive Board and the DCO, as applicable, shall have access to the Laboratory.
- ii) The result of the analysis must be treated confidentially. It shall be communicated in a way regarded as suitable for this purpose only to the authorised agent and to the UIPM Secretary General.
- iii) The results will be evaluated as designated to the controlled athletes by the Chairman of the Medical Committee and/or DCO in co-operation with the UIPM Secretary General or authorised agent.
- iv) Upon receipt of an A Sample Adverse Analytical Finding, the Chairperson of the UIPM Medical Committee assisted by the UIPM Secretary General will conduct a review to determine whether an applicable therapeutic use exemption has been granted or whether there is any apparent departure from the current International Standards for Testing or Laboratory Analysis that undermines the validity of the Adverse Analytical Finding. If this review does not reveal an applicable therapeutic use exemption or departure from the Standards mentioned before that undermines the validity of the Adverse Analytical Finding, the UIPM Secretary General will immediately inform in



- writing the athlete and the representative of the team concerned, if this team is still at the competition site. If the team has already left when the positive result of the analysis becomes available, the UIPM Secretary General will notify the athlete and the National Federation involved.
- v) This notification includes the Adverse Analytical Finding, the anti-doping rule violated, any follow-up investigation as may be required by the current WADA Prohibited List and its results, including the assertion, whether an anti-doping rule was violated, the athlete's right to promptly request the analysis of the B Sample or, failing such a request, that the B Sample analysis may be deemed waived, the right of the athlete and/or his representatives to attend the B Sample opening and analysis if such analysis is requested, and the athlete's right to request copies of the A and B Samples laboratory documentation package which includes information as required by the current International Standard for Laboratory Analysis. The athlete's National Federation must demand an explanation from the athlete, which explanation, if any, must be relayed to the UIPM Secretary General.
 - vi) The control analysis, if so requested, is conducted at the same Laboratory under the supervision of a member of the UIPM Medical Committee within three weeks of the notification under Article 7.2.4.iv) above. The National Federation of the athlete in question is entitled to send a maximum of three representatives to the Laboratory to attend the analysis of the B sample. The UIPM is entitled to proceed with the B Sample analysis even if so waived by the athlete.
 - vii) The member of the UIPM Medical Committee will forward the result of second examination to the UIPM Secretary General. If the B Sample proves negative, the entire test will be considered negative and the athlete and his National Federation so informed. In case of a second positive result the UIPM Secretary General will initiate the necessary procedures, and inform the athlete, his National Federation and WADA. All expenses that have been incurred due to examination of the B Sample, will be paid by the National Federation concerned.
 - viii) For apparent anti-doping rule violations that do not involve Adverse Analytical Findings, the UIPM Secretary General will conduct any necessary follow-up investigation and will then promptly notify the athlete and his National Federation of the anti-doping rule which appears to have been violated, the basis of the violation and the further procedure under the UIPM Disciplinary Rules.

7.3 Alcohol Test

- 7.3.1. The test for alcohol is performed by a screening test of expired air by breath analyser, from a number of athletes selected at the direction of the UIPM Medical and/or UIPM Technical Delegate during the shooting event.
- 7.3.2. If the screening test is positive (over 0,1g/l), the pentathlete must undergo taking of vein blood for control of ethanol. The Sampling is done on site, whereby only one Sample is taken. The analysis of blood sample will be conducted at a suitable laboratory, which need not necessarily be a WADA accredited laboratory, in the host country in the presence of the DCO and/or a member of the UIPM Medical Committee and/or the UIPM Technical Delegate. The time allowed to pass between the Sampling and the analysis must be as short as possible and no longer than one hour. In Modern Pentathlon the analysis must be completed before the end of the Fencing event. The method for analysis to be used is gas chromatography with flame ionisation detector head space analysis.
- 7.3.3. The costs for the breath test are covered by the UIPM, the costs for the blood test are covered by the Organising Committee.



7.3.4. In case of an Adverse Analytical Finding article 7.2 above applies, as far as applicable.

7.4 Blood and Gene Controls

7.4.1. Blood controls of UIPM athletes are organised to determine the values of the following parameters in blood samples: haemoglobin, haematocrit and reticulocytes values. Gene controls are organized to detect, whether gene or cell doping, i.e. the non-therapeutic use of genes, genetic elements and/or cells that have the capacity to enhance athletic performance, has taken place.

7.4.2. Selection of Athletes for Blood Controls

- i) As a rule, a certain number of athletes, whose names will be selected, must undergo a blood control. Blood controls will be conducted in selected competitions or whenever decided by the UIPM Executive Board in consultation with the UIPM Medical Committee.
- ii) All blood samples shall only be taken by qualified personnel (Blood Collection Official) appointed by the UIPM Medical Committee or other DCO.
- iii) Any athlete may be selected for blood control by a Member of the UIPM Medical Committee and/or President of the UIPM. WADA is authorised to selection as agreed upon with the UIPM.
- iv) The selected athletes will be informed by the officials mentioned under Article 7.4.2 ii) above and must sign a document of acknowledgement, which includes the time of Sampling.

7.4.3. Collection of Blood Samples

- i) Articles 7.2.3 and 7.2.4 apply accordingly as far as not specified otherwise below. As to the procedure for the collection of blood Samples by venipuncture, the Technical Guide of Procedures of Blood Samples, as adopted by the Monitoring Group of the Council of Europe on 19 – 20 May 1998, is applied. The Technical Guide is attached as Annex 3, which is an integral part of these Rules.
- ii) At the time indicated, the selected athletes must come to the blood control. If some problems occur and the athlete cannot undergo the blood control at the scheduled time, the time of Sampling can be exceptionally delayed until five minutes before his start time.
- iii) The athlete must declare to the DCO and/or Blood Control Official any blood transfusion he received in the preceding months, giving the date, the reasons for the transfusion and the name of the physician or hospital that administered the transfusion. The respective official must record these statements in the Record of Doping Control.
- iv) If the athlete wants to refuse to permit blood Sampling, the possible consequences of his refusal must be explained to him by the respective official mentioned under Article 7.4.2 ii) above. If the athlete continues refusing, this fact will be noted in the record and will be signed by the official. The athlete and the person accompanying him are requested to sign as well. The official is responsible to communicate the refusal to the Chairperson of the UIPM Medical Committee.
- v) The DCO shall ensure the athlete is offered comfortable conditions including being in a relaxed position for at least 10 minutes prior to providing a Sample. The DCO shall instruct the athlete to select the Sample collection kit/s required for collecting the Sample and to check that the selected equipment has not been tampered with and the seals are intact. Art 7.2.3.vii) above applies accordingly.
- vi) The Blood Collection Official shall clean the skin with a sterile disinfectant wipe or swab in a location unlikely to adversely affect the athlete or his performance and, if required, apply a tourniquet. The Blood Collection Official shall take the blood sample of vein blood of max 3 ml from a surface forearm vein of the selected athlete into the



- final collection container. The tourniquet, if applied, shall be immediately removed after the venipuncture has been made.
- vii) In case of impossibility to take the blood sample within three attempts, the Blood Collection Official shall inform the DCO. The DCO shall terminate the collection of the blood Sample and record this and the reasons for terminating the collection. The blood control will be considered passed if the failure depended only on the capacity of the operator and not on the behaviour of the athlete.
 - viii) The Blood Collection Official shall apply a dressing to the puncture site(s) and shall dispose of used blood Sampling equipment not required for completing the Sample Collection Session.
 - ix) The athlete shall seal his Sample into the Sample collection kit as directed by the DCO. In full view of the athlete, the DCO shall check that the sealing is satisfactory.
 - x) In case of more athletes waiting for the Sampling, the sequence will be conducted in accordance with the expected sampling order. In case of delayed arrival at the Doping Control Station, the athlete will be shifted to the end of the list.
 - xi) The sealed Sample shall be kept at a cool, but not freezing, temperature prior to analysis at the Doping Control Station or dispatch for analysis at the WADA accredited Laboratory or as otherwise approved by WADA.

7.4.4. Analysis of Blood Samples

The blood samples collected and sealed in a security system should be carefully shipped to avoid haemolysis and be transported to a Laboratory recognized by the UIPM Medical Committee. They shall be analysed with regard to the value of haemoglobin and haematocrit and if necessary the analysis of reticulocytes will be carried out.

7.4.5. Determination of Results with regard to Haemoglobin and Haematocrit

- i) When the results of the analysis show a value of haemoglobin which exceeds 17 g/dl in males or 16 g/dl in females or haematocrit shows values which exceed 51% in males and 47% in females the same Sample will be retested two times more, and the average of the three tests will be the final result.
- ii) A report of the results will be immediately printed and given to the athlete. In case of a result which exceeds the limits as described above, the athlete, the official accompanying him and the DCO will sign a form declaring the temporary inability of the athlete to compete. On the same form, the athlete has the possibility to give an explanation. A copy of the form will be given to the athlete.
- iii) The remaining blood will be maintained anonymously and subsequently destroyed.

7.4.6. Consequences of Exceeded Values of Haemoglobin and Haematocrit

- i) If the final result of haemoglobin exceeds 17 g/dl (males) or 16 g/dl (females) or haematocrit shows values which exceed 51% in males and 47% in females, the respective athlete will not be allowed to start the competition and must undergo a urine control according to Article 7.2 above and falls under the same sanctions if doping will be detected.
- ii) If the final result of haemoglobin exceeds 17 g/dl (males) or 16 g/dl (females) or haematocrit shows values which exceed 51% in males and 47% in females and the subsequent urine control does not establish an abnormality leading to the consequences according to Article 7.4.6i), the respective athlete will be subject to a precautional suspension for health reasons. The suspension has immediate effect from the respective competition until a blood re-control shows haemoglobin values below 17 g/dl (males) and 16 g/dl (females) and haematocrit shows values below 51% in males and 47% in females.
- iii) Only blood re-controls performed by appropriate measuring instruments approved by the UIPM Medical Committee, and under UIPM supervision, will be accepted. A



blood re-control can be performed not earlier than fifteen days after the initial blood control showing exceeded haemoglobin values. A blood re-control must take place at the latest before the next competition, in case the period between the initial blood control showing exceeded haemoglobin or haematocrit values and the next competition exceeds fifteen days.

- iv) The blood re-control, necessary to compete again, can be performed, in addition to the international competitions in which blood controls are conducted and supported by UIPM, during control by appropriate haematological departments designated by the UIPM Medical Committee, upon proposal of the respective athlete or his Federation. The costs for this control will be charged to the athlete's Federation.
- v) In case of a blood re-control not exceeding the limits, the athlete will be able to resume the competitions.
- vi) Athletes whose normal values exceed the limits described above under Article 7.4.6 i), are requested to provide a certificate from a haematological department for the competition season in which they want to be allowed to start. The UIPM Medical Committee has the right to re-control these athletes at each competition where blood controls are scheduled.
- vii) The blood re-controls performed or supervised by the UIPM Medical Committee will be conducted immediately before the normal blood controls.

7.4.7. Determination of Results with regard to Reticulocytes and Consequences of Exceeded Values

If the blood control shows a value of haemoglobin which exceeds 17 g/dl in males and 16 g/dl in females or haematocrit shows values which exceed 51% in males and 47% in females a reticulocytes determination will be done. The athlete will not be allowed to start the competition and must undergo a urine control according to Article 7.2 above and falls under the same sanctions in case doping will be detected.

7.4.8. Questions to Resolve

- i) If at any stage, a question or issue arises concerning the testing or interpretation of results, the person responsible for testing in the Laboratory may consult the DCO or the Chairperson of the UIPM Medical Committee.
- ii) If at any stage, a question or issue arises in relation to the Sample, the Laboratory may conduct any further tests necessary to clarify the fact or issue so raised and such tests may be relied upon by the UIPM when deciding whether a Sample has tested positive for a Prohibited Substance or Method.

7.5 Out of Competition Control

7.5.1. Out of Competition Controls are Doping Controls in addition to those conducted at and during UIPM competitions. Out of Competition Controls end on the day before a competition and start at the earliest a day after a competition.

7.5.2. The UIPM Medical Committee with the UIPM President decide the site and time of the controls, after having selected the athletes from the UIPM Registered Testing Pool to be controlled. WADA is authorised to select as agreed upon by the UIPM.

7.5.3. The DCO must present his identity card and his appointment letter.



8. Doping Testing Procedures for Horses

8.1 Selection of horses

- 8.1.1. At the draw of the horses and at any time during the riding event the UIPM Technical or Medical Delegate or any other authorised agent or person may select a horse for Doping Control. Horses can be tested several times during one event.
- 8.1.2. The number of horses selected is at the discretion of the UIPM Medical Committee with the UIPM President. In addition they may decide to sample horses out of competition.

8.2 Sampling

- 8.2.1. Once a horse has been selected for Sampling, the person responsible for the supervision of the horse must be informed. From the moment of notification, an authorised assistant must accompany the horse at all times until the Sample is collected. A refusal or wilful obstruction by any person to submit a horse for Sampling or to sign the Sampling form is immediately reported to the Competition Jury. If the Competition Jury decides that there are no grounds for such a refusal or obstruction it must not admit the respective horse for competition and must inform the UIPM Executive Board.
- 8.2.2. It is the responsibility of the Medical Delegates and other authorised agents and persons, as mentioned above under Article 7.1, to ensure that the Sampling is conducted correctly.
- 8.2.3. The presence of a Prohibited Substance in a horse may be demonstrated in Samples taken from its tissues, body fluids (mainly blood) or excreta (mainly urine). Instructions for collecting Samples are contained in the Sampling kits. The Medical Delegates and other authorised agents or persons may authorise the collection of other materials, such as hair samples. Such Samples must be collected in accordance with instructions given by the UIPM Medical Committee.
- 8.2.4. All Samples awaiting transport to the laboratory must be kept in a locked refrigerator and dispatched to the laboratory as soon as possible.

8.3 Analysis

- 8.3.1. Analysis of the Sample is performed as follows:
- i) on urine if urine has been collected. Urine from one of the two bottles, referred to as Sample A, is analysed. The remaining bottle of urine, referred to as Sample B, is stored unopened to be used in the case that a confirmatory analysis is required.
 - ii) On blood, collected in the absence of urine, or in combination with a urine sample. Blood from the syringes contained in the Sampling kit, referred to as Sample A, is analysed. The remaining syringe(s), referred to as Sample B, are stored unopened to be used in the case that a confirmatory analysis is required.
 - iii) Doping Control Samples will be analysed to detect Prohibited Substances and Prohibited Methods identified in Article 1.2.13 above and other substances as may be directed by WADA pursuant to the Monitoring Program described in Article 4.5 of the World Anti-Doping Code. No sample may be used for any purpose other than the detection of substances (or classes of substances) or methods mentions above, or as otherwise identified by WADA pursuant to its Monitoring Programme, without the person's responsible for the horse or owner's written consent
 - iv) If the analysis of the A sample confirms a positive result, the UIPM Secretary General will immediately inform in writing the person responsible for the horse and the owner



of the horse. This control analysis is conducted at the same laboratory under the supervision of a Member of the UIPM Medical Committee or authorised person. The owner of the horse is entitled to send a representative to the laboratory to attend the analysis of the B sample.

- v) The member of the UIPM Medical Committee or authorised person will forward the result of second examination to the UIPM Secretary General. In case of a second positive result he will initiate the necessary procedures, all expenses that have been incurred due to the examination of the B sample, will be paid by the National Federation concerned.

9. Public Disclosure

Any violation of the UIPM Medical Rules shall be publicly reported only after completion of the respective procedure in first instance as laid down by the UIPM Disciplinary Rules. The respective disciplinary decision as well as any respective appeal decision shall be publicly reported within 20 days.

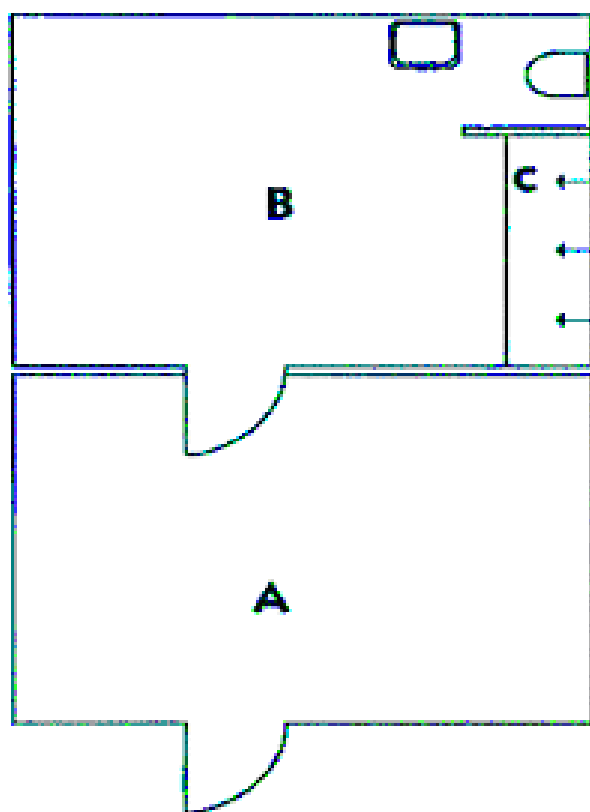
ANNEXES

- ANNEX 1 Doping Control Station**
- ANNEX 2 Record of Doping Control**
- ANNEX 3 Technical Guide of Procedures for the Collection of Blood Samples**
- ANNEX 4 FEI Accredited Laboratories for Horses**



ANNEX 1

Facility Standard Type for Doping Control



- A - Waiting Room
- B - Medical Room
- C - Showers



RECORD OF DOPING CONTROL

WADA Doping Control Form FINAL.qxd 3/1/2004 3:21 PM Page 1

WORLD ANTI-DOPING AGENCY play true		DOPING CONTROL FORM FORMULAIRE DE CONTRÔLE DU DOPAGE		AGENCE MONDIALE ANTIDOPAGE franc jeu	
TITLE AUTHORIZED BY • COMITÉ ANTI-DOPAGE AUTHORIZED COLLECTION AGENCY • AGENCE DE PRÉLÈVEMENT AUTORISÉE					
1. ATHLETE INFORMATION • INFORMATION CONCERNANT LE SPORTIF					
FAMILY NAME / NOM DE FAMILLE		GIVEN NAME / PRÉNOM		DATE OF BIRTH / DATE DE NAISSANCE	
NATIONALITY / NATIONALITÉ		SPORT / SPORT		EVENTS / ÉPREUVES / PRÉ-ÉVALUÉ DE "SPORT"	
ADDRESS / ADRESSE		CITY/TOWN / VILLE		DOCUMENT NUMBER / NUMÉRO DU DOCUMENT	
STATE / PROVINCE		COUNTRY / PAYS		CONTACT TELEPHONE / TÉLÉPHONE / CONTACT (HOME, CELL, FAX) / T. MAISON • CELLULAIRE	
2. NOTIFICATION • NOTIFICATION					
TYPE OF TEST REQUESTED / TYPE DE CONTRÔLE DEMANDÉ		DATE		COUNTRY / PAYS	
I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THIS NOTICE, AND I CONSENT TO PROVIDE SAMPLES AS REQUESTED (I UNDERSTAND THAT FAILURE OR REFUSAL TO PROVIDE A SAMPLE MAY CONSTITUTE AN ANTI-DOPING RULE VIOLATION). JE RECONNAIS AVOIR REÇU ET LU CET AVIS, ET JE CONSENS À FOURNIR L'ÉCHANTILLON(S) TEL(S) QU'IL M'EST DEMANDÉ (JE COMPRENDS QUE LE REFUS OU LE FAIT DE ME SAUSTRUIRE À FOURNIR UN ÉCHANTILLON CONSTITUE UNE VIOLATION DES RÈGLES ANTI-DOPAGE).					
N/A		EVENT / ÉPREUVE		SELECTION / SÉLECTION	
TESTER'S NAME / NOM DE L'AGENT DE CONTRÔLE		TESTER'S SIGNATURE / SIGNATURE DE L'AGENT DE CONTRÔLE		TESTER'S ID NUMBER / NUMÉRO DE L'AGENT DE CONTRÔLE	
3. INFORMATION FOR ANALYSIS • INFORMATIONS CONCERNANT L'ANALYSE					
SPORT / ÉPREUVE		DISCIPLINE / DISCIPLINE		DATE OF TEST / DATE DE CONTRÔLE	
URINE / URINE		A/B		TIME / HEURE	
SECOND SAMPLE / DEUXIÈME ÉCHANTILLON		A/B		TIME / HEURE	
BLOOD / SANG		N/A		TIME / HEURE	
PARTIAL SAMPLE / ÉCHANTILLON PARTIEL		N/A		TIME / HEURE	
DECLARATION OF BLOOD TRANSFUSIONS: LIST ANY TRANSFUSIONS RECEIVED OVER THE LAST 6 MONTHS. INDICATION OF TRANSFUSING SUBSTANCES: INDICATE ALL TRANSFUSION REAGENTS AND CROSS-REACTANTS. (SEE 7.0 COMMENTS) / DÉCLARATION DE TRANSFUSIONS: LISTEZ TOUTES LES TRANSFUSIONS REÇUES AU COURS DES 6 DERNIERS MOIS. INDICATION DE SUBSTANCES TRANSFUSÉES: INDICATEZ TOUTES LES SUBSTANCES TRANSFUSÉES ET LES ANTICORPS RÉAGENTS. (VOIR 7.0 COMMENTAIRES).					
DECLARATION OF MEDICATION/SUPPLEMENTS: LIST ANY PRESCRIPTION/OTC PRESCRIPTION MEDICATIONS OR SUPPLEMENTS, INCLUDING NATURAL AND MINERAL, TAKEN OVER THE PAST 7 DAYS (INCLUDE DOSEAGE WHERE POSSIBLE). DÉCLARATION DE MÉDICAMENTS/COMPLÉMENTS ALIMENTAIRES: INDICATEZ TOUTES LES MÉDICAMENTS PRÉSCRIS OU NON PRÉSCRIS, Y COMPRIS LES COMPLÉMENTS ALIMENTAIRES NATURELS ET MINÉRAUX, PRENUS AU COURS DES 7 JOURS PRÉCÉDENTS. (VOIR 7.0 COMMENTAIRES).					
SUPPLEMENTARY REPORT FORM / FORMULAIRE DE RAPPORT SUPPLÉMENTAIRE					
4. CONFIRMATION OF PROCEDURE FOR URINE AND/OR BLOOD TESTING • CONFIRMATION DE LA PROCÉDURE POUR LE CONTRÔLE D'URINE ET/OU DE SANG					
COMMENTS AND COMMENTS SHOULD BE NOTED HERE. IF NECESSARY COMPLETE ONE SUPPLEMENTARY REPORT FORM. COMMENTAIRES ET COMMENTAIRES DOIVENT ÊTRE NOTÉS ICI. AU BESOIN, UTILISER LE FORMULAIRE DE RAPPORT SUPPLÉMENTAIRE.					
I CERTIFY THIS SAMPLE COLLECTION WAS CONDUCTED IN ACCORDANCE WITH THE RELEVANT PROCEDURES • JE CERTIFIE PAR LA PRÉSENTE QUE LE PRÉLÈVEMENT D'ÉCHANTILLON(S) EST DÉROULÉ EN CONFORMITÉ AVEC LES PROCÉDURES APPLICABLES					
URINE SAMPLE WITNESS • TÉMOIN DE L'ÉCHANTILLON D'URINE		URINE SAMPLE WITNESS • TÉMOIN DE L'ÉCHANTILLON D'URINE		DATE	
NAME / NOM		SIGNATURE		TIME / HEURE	
BLOOD COLLECTION OFFICER • AGENT DE PRÉLÈVEMENT SANGUIN					
NAME / NOM		SIGNATURE		DATE	
ATHLETE REPRESENTATIVE • DÉPUTÉ(S) DU SPORTIF					
NAME / NOM		SIGNATURE		DATE	
DOPING CONTROL OFFICER • AGENT DE CONTRÔLE DU DOPAGE					
NAME / NOM		SIGNATURE		DATE	
I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS DOCUMENT IS CORRECT / I DECLARE THAT I AM SUBJECT TO COMMENTS MADE IN SECTION 4. SAMPLE COLLECTION WAS CONDUCTED IN ACCORDANCE WITH THE RELEVANT PROCEDURES FOR SAMPLE COLLECTION. I ACCEPT THAT ALL INFORMATION RELATED TO DOPING CONTROL, INCLUDING BUT NOT LIMITED TO ANTI-DOPING RULES AND/OR FOR BLOOD TRANSFUSION, SHALL BE SHARED WITH RELEVANT BODIES IN ACCORDANCE WITH THE WORLD ANTI-DOPING CODE. JE DÉCLARE QUE L'INFORMATION QUE JE DONNE DANS CE DOCUMENT EST CORRECTE. JE DÉCLARE, EN TANT QU'ATHLÈTE, ÊTRE SOUS LE RÉGIME DES COMMENTAIRES FAITS DANS LA SECTION 4. LE PRÉLÈVEMENT D'ÉCHANTILLON(S) A ÉTÉ DÉROULÉ EN CONFORMITÉ AVEC LES PROCÉDURES APPLICABLES. J'ACCEPTÉ QUE TOUTES LES INFORMATIONS RELATIVES AU CONTRÔLE DU DOPAGE, Y COMPRIS MAIS NON LIMITÉ AUX RÈGLES DE L'ANTI-DOPAGE ET AU FAIT DE SAUSTRUIRE À FOURNIR UN ÉCHANTILLON, SERONT PARTAGÉES AVEC LES ORGANISATIONS COMPÉTENTES SELON LE CODE MONDIAL ANTI-DOPAGE.					
ORIGINAL - BUREAU / ORIGINAL - BUREAU		COPY 1 - AUTHORIZED COLLECTION AGENCY - WHITE / COPIE 1 - AGENCE DE PRÉLÈVEMENT AUTORISÉE - BLANC		COPY 2 - ATHLETE - PINK / COPIE 2 - SPORTIF - ROSE	
				COPY 3 - ATHLETE TO LABORATORY - GREEN / COPIE 3 - SPORTIF À LABORATOIRE - VERT	
VERSION 1-00-004 (04/2004)					



ANNEX 3

TECHNICAL GUIDE OF PROCEDURES FOR THE COLLECTION OF BLOOD SAMPLES (ANTI-DOPING CONVENTION-COUNCIL OF EUROPE) 9th Meeting of the Monitoring Group, Strasbourg, 19-20 May 1998

B.1 INTRODUCTION

Although the need for accurate and precise methodology in the laboratory is emphasised, little attention has been devoted to establishing quality control procedures for collecting and handling a blood sample. Our sophisticated and well-controlled laboratory technology is useless if the samples presented for analysis are already riddled with error because of faulty identification or poor collection techniques. Proper sample collection and sample handling are of the utmost importance because today errors are more likely to occur in these areas than during the laboratory procedure itself.

B.2. SAFETY

Universal precautions should be observed when collecting blood samples. Samples from any athlete could be infected with human immunodeficiency virus (HIV) or hepatitis B virus (HBV). Proper blood collection techniques should be followed to minimise risk to the doping control officer and laboratory staff, and gloves should be worn when appropriate.

B.3. DEFINITIONS

In the context of this Guide, the terms listed below are defined as follows:

- B.3.a REGISTRATION. All steps needed to ensure that a specific blood sample and the accompanying forms are unmistakably identified as referring to a specific person.
- B.3.b SAMPLE. An aliquot of a blood sample that has been appropriately collected, transported, and processed in the laboratory to provide material for a specific laboratory test. The sample will usually consist of an of anticoagulated whole blood, of plasma, or of serum. A volume of blood appropriately collected to perform one or more laboratory tests.
- B.3.c VENIPUNCTURE. All steps involved in obtaining an appropriately identified blood sample from an athlete's vein.

B.4. FACILITIES

Because in particular venipuncture facilities can influence the blood collecting process, the following should be available:

- B.4.a OUTPATIENT AREA. Factors to consider when planning venipuncture facilities include: accessibility by athletes, and by the medical laboratories: size, lighting, registration desk. An outpatient area may include the following:
 - B.4.b WAITING ROOM. A waiting room provides a relaxing, restful environment for the athlete. Within this room, athletes can remove their coats, roll up their sleeves in preparation for the blood drawing, and relax for a few minutes before having their blood drawn. Toilet facilities should be available.
 - B.4.c VENIPUNCTURE ROOM. The venipuncture room should be equipped adequately and have facilities to allow the doping control officer to wash hands before moving to the next athlete. The room should afford privacy during the blood collecting procedure.



B.4.d RECOVERY ROOM. The recovery room provides a place for those athletes who feel faint. The room should be equipped with a bed, blankets pillows, chair, cabinet with supplies, blood pressure cuff, stethoscope, small oxygen tank and a supply of emergency drugs. The drugs and oxygen tank should be checked periodically.

Hospital area. If the above facilities do not exist, the nearest hospital shall be used.

B.5 PROCEDURE FOR THE COLLECTION OF BLOOD SAMPLES BY VENIPUNCTURE

B.5.a. SUPPLIES. The following checklist describes the supplies that should be available at any location where venipunctures are performed. The supplies are listed in order of use.

B.5.b UTILITY CARTS. Utility carts, designed to roll smoothly and silently over all types of surfaces, should be available.

B.5.c. BLOOD COLLECTING TRAYS. Blood collecting trays may be used. The trays should be lightweight and easy to handle with enough space and compartments for the various supplies that are needed.

B.5.d. VENIPUNCTURE CHAIR. Venipuncture chair should be designed for the maximum comfort and safety of the athlete, plus easy accessibility of the doping control officer. Both armrests of the chair should be adjustable so that the best venipuncture position for each athlete can be achieved. The armrests provide support while preventing backhanding of the elbow and subsequent flattening of the vein. The chair should have a safety device to prevent athletes from falling if feeling faint.

B.5.e. BED. Bed or other reclining surface should be available.

B.5.f. GLOVES. Latex, vinyl, or polyethylene gloves all provide barrier protection. Some workers may develop dermatitis from wearing latex gloves for long periods of time. These workers should try vinyl or other type of gloves or many wear cotton gloves under the latex or plastic gloves.

B.5.g NEEDLES. Needles are packaged in individual colour-coded containers according to their respective gauge size. The gauge number indicates the size of the needle: a large number indicates a small needle, while a small gauge number indicates a large needle. The most commonly used sizes are 19 to 23. Needles should always be sterile.

B.5.h. STERILE SYRINGES. Plastic or glass sterile syringes, of proper size to draw blood, should be available.

B.5.i. HOLDERS. Holders used for evacuated tubes and needles should match tube diameters.

B.5.j. EVACUATED TUBES. Evacuated tubes are manufactured to withdraw a predetermined volume of blood. At present, evacuated tubes used in venipuncture are designated sterile.

B.5.k. TOURNIQUETS. Tourniquets, such as the following types, should be available:

- Pre-cut tourniquet. The soft, pliable rubber bandage is 7.5 cm wide and 37.5 cm long (3 x 15 inches), and is cut 3.8 cm or 2.5 cm wide and 37.5 cm long (I - 1/2 x 15 inches).
- Blood pressure cuff (pressure is taken first and then maintained below the diastolic pressure for athlete).



- Velcro-type tourniquet. Quick and easy to apply, it also allows easy adjustment of the venous pressure.

B.5.1. ANTISEPTICS. Antiseptics for skin preparation and equipment are necessary:

- 70 percent isopropyl alcohol dispenser.
- 70 percent isopropyl alcohol preps.
- Providone-iodine swab sticks: for blood culture only.
- 0.5 percent chlorhexidine gluconate in 70 percent isopropyl alcohol.

Because tourniquets are potential germ carriers, they should be wiped with alcohol or replaced frequently.

B.5.m. STERILE GAUZE PADS. Small sterile gauze pads, i.e. 5.0 x 5.0 cm or 7.5 x 7.5 cm (2 inches by 2 inches or 3 inches by 3 inches) in packages should be available. Cotton or rayon balls may be used.

Gauze. 5.0 cm (2 inches) rolls of gauze should be available.

B.5.n. PUNCTURE-RESISTANT DISPOSAL CONTAINER. A puncture-resistant disposal container, in which to place used needles and disposable syringes with attached needles, shall be available. The containers should be made of rigid plastic, metal or stiff cardboard, and should have a lid and be clearly marked as a biohazard.

B.5.o. ICE. Ice or refrigerant should be available.

B.5.p. ADHESIVE BANDAGE. Adhesive bandage and/or gauze should be available.

B.5.q. EQUIPMENT FOR WARMING. Equipment for warming the puncture site for the purpose of dilating the blood vessels is necessary.

B.5.r. A FILE OF TESTS. A file of tests indicating which tube is to be used, including minimum volume requirements, special handling precaution to be taken should be available.

B.6 VENIPUNCTURE PROCEDURE

The venipuncture procedure is complex and requires both knowledge and skill. When drawing a blood sample, the trained person (doping control officer) shall:

- Prepare registration
- Identify athlete
- Assemble supplies and put on gloves
- Reassure the athlete
- Position the athlete
- Verify documents and tubes
- Ensure the athlete's Hand is closed
- Select vein site
- Cleanse venipuncture site
- Apply tourniquet
- Inspect needle and other equipment
- Perform venipuncture
- Release and remove tourniquet
- Ensure the athlete's hand is open
- Place gauze



- Remove needle
- Bandage athlete's arm
- Time-stamp document
- Send properly labelled tubes to proper laboratories.

B.6.a Step 1: Prepare registration.

Each request for blood sample shall be registered to identify all documents and supplies associated with each athlete. An organised system will ensure prompt and accurate processing of the various forms required when performing a venipuncture and analysing the results.

- Procedure for registration in outpatient area
- Record information given on the blood request form
- Evacuated tubes
 - When evacuated tubes are used, the doping control officer shall:
 - Select the correct type and size of evacuated tubes.
 - Apply a label to each of the necessary tubes and all tests.
 - Follow the applicable procedure.
- Procedure for registration in hospital. The procedure may differ from the outpatient procedure in one respect only: in the hospital, the tubes should be labelled immediately after the blood sample has been drawn. The procedure eliminates the possibility of mixing up the blood sample.

B.6.b. Step 2: Identify athlete

Identification of the athlete is crucial. The doping control officer shall ensure that the blood sample is being drawn from the individual designated on the request form. The following steps are suggested sequence for ensuring athlete identification. Ask the athlete to give full name, address, identification number, and/or birth date.

B.6.c. Step 3: Assemble Supplies

The doping control officer shall prepare the following supplies:

- Collection tubes
- Tourniquet
- Alcohol and gauze pads, alcohol prep pads or 0.5 percent chlorhexidine gluconate in 70 percent alcohol and gauze pads
- Providone-iodine swab sticks if blood culture is to be drawn
- Gauze pads and gauze
- gloves
- Needle: the doping control officer shall select the appropriate type of needle based on the athlete's physical characteristics and the amount of blood to be drawn.
- System: the doping control officer shall select the system for drawing the blood sample.
- Evacuated Systems: the evacuated system is the most commonly used means of collecting samples today. It is generally preferable to the needle and syringe because it allows the blood to pass directly from the vein into the evacuated tube. The system is composed of three basic elements: a sterile blood collection needle, a holder that is used to secure both the needle and the evacuated tube, and the evacuated tube containing a premeasured vacuum and premeasured additive.

B.6.d. Step 4: Reassure the athlete

The doping control officer shall gain the athlete's confidence and assure the athlete that, although the venipuncture will be slightly painful, it will be of short duration. It is wise to



tell the athlete when the needle enters the skin so the athlete is not frightened. The doping control officer should never tell an athlete that, "This won't hurt".

B.6.e. Step 5: Position the athlete

- Procedure for seating athlete
 - Ask the athlete to be seated comfortably in the chair.
 - Have the athlete position his/her arm on the slanting armrest and extend the arm to form a straight line from the shoulder to the wrist.
 - The arm should be supported firmly by the armrest and should not be bent at the elbow.
- Procedure for having athlete lie down
 - Ask the athlete to lie on his/her back in a comfortable position.
 - Place a pillow (if additional support is needed) under the arm from which the sample is being drawn.
 - Have the athlete extend his/her arm to form a straight line from the shoulder to the wrist.
- Startling the athlete: the doping control officer should avoid startling the athlete unnecessarily, such as awakening suddenly, to prevent changes in test results.
- Foreign objects in mouth: no food, chewing gum or thermometer should be in the athlete's mouth at the time the sample is drawn.

B.6.f. Step 6: Verify documents on tubes

This verification should be done to ensure that no mistakes were made during the preparation of the documents and selection of the tubes.

B.6.g. Step 7: Ensure athlete's hand is closed

Veins become more prominent and easier to enter when the athlete forms a fist. There shall not be vigorous hand exercise ("pumping")

B.6.h. Step 8: Select vein site

CAUTION: An athlete's life may depend on vein patency. It is important to select the vein site carefully because the veins provide an avenue of entry for transfusion, infusion, and therapeutic agents. If, during the procedure, artery puncture is suspected, direct forceful pressure must be applied to the puncture site for a minimum of 5 min upon removal of the needle or until active bleeding has ceased. The nursing staff and physician are to be notified immediately.

- Preferred veins: Although the larger and fuller median cubital and cephalic veins are used most frequently, wrist and hand veins are also acceptable for venipuncture.
- Factors in site selection: Extensive scarring; Healed burn areas are to be avoided
- Haematoma: Samples collected from a haematoma area may cause erroneous test results. If another vein site is not available, the sample is collected distal to the haematoma.
- Procedure for vein selection: To locate veins it is necessary to palpate and trace the path of veins several times with the index finger. Unlike veins, arteries pulsate, are more elastic, and have a thick wall. Thrombosed veins lack resilience, feel cord-like, and roll easily.
- Special techniques: If superficial veins are not readily apparent, blood can be forced into the vein by massaging the arm from wrist to elbow. Tapping sharply at the vein site with index and second finger a few times will cause the vein to dilate. Applying a warm, damp washcloth (about 40°C) to the proposed site for 5 min may have the same result. Lowering the extremity over the bedside will allow the veins to fill the capacity.



- Alternative site: Many times veins in the opposite arm will prove more suitable for venipuncture.

B.6.i. Step 9: Cleanse venipuncture site.

The puncture site shall be cleansed to prevent microbiological contamination of either the athlete or the sample. Cleansing method for venipuncture

- Soak a gauze pad with 70 percent isopropyl alcohol solution, or with chlorhexidine, 0.5 percent, in alcohol.
- Cleanse the site with a circular motion from centre to the periphery.
- Allow the area to dry to prevent haemolysis of the sample and to prevent the athlete from experiencing a burning sensation when the venipuncture is performed.

Touching the site after cleansing. --If the venipuncture proves difficult and the vein must be touched again to draw blood, the site should be cleansed again.

B.6.j. Step 10: Apply tourniquet

A tourniquet is used to increase venous filling. This makes the vein more prominent and easier to enter

Precaution when using a tourniquet--The tourniquet shall be released after no more than one minute. Localised stasis can occur with haemoconcentration and the possible formation of a haematoma due to infiltration of blood into tissue. This may result in erroneously high values for all protein- based analyses, packed cell volume, and other cellular elements. If a tourniquet shall be applied for the preliminary vein selection, it should be released and reapplied after 2 min. If the athlete has a skin problem, the tourniquet should be applied over the athlete's gown or a piece of gauze or paper tissue should be used so that the skin is not pinched.

Procedure for applying tourniquet

- Wrap the tourniquet around the arm 7.5 to 10.0 cm (4 to 4 inches) above the venipuncture site.
- Tuck the end under the last round.
- If a velcro tourniquet is used adhere the tabs to each other.

B.6.k. Step 11: Inspect needle and equipment

- Needle: The tip of the needle shall be inspected visually to determine that it is free of hooks at the end of the point, and that its opening is clear of any small particles that could obstruct the flow of blood.
- Syringes: The plunger shall be moved within the barrel of the syringe to show syringe and needle patency and freedom of plunger movement.

B.6.l. Step 12: Perform venipuncture

Venipuncture procedure when evacuated tube system is used:

- Thread the appropriate needle into the holder until it is secure, using the needle sheath as a wrench.
- Before using, tap all tubes that contain additives to ensure that the entire additive is dislodged from the stopper and the wall of the tube. Use a sterile blood collection tube. Check the stopper to make certain it is dry before performing the venipuncture.
- Insert the blood collection tube into the holder and onto the needle up to recessed guideline on the needle holder. Avoid pushing the tube beyond the guideline, because a premature loss of vacuum may result. The tube will retract slightly. Leave in this position.
- Make sure athlete's arm or other venipuncture site is in a downward position to prevent reflux.



- Grasp the athlete's arm firmly. The doping control officer's thumb should be used to draw the skin taut. This anchors the vein. The thumb should be 2.5 or 5.0 cm (1 or 2 inches) below the venipuncture site.
- With the bevel up, line up needle with the vein and puncture the vein. Grasp the flange of the needle holder and push the tube forward until the butt end of the needle punctures the stopper. Maintain the tube below the site when needle is in the vein.
- Remove the tourniquet as soon as blood flow is established. Once the draw has started, do not change the position of the tube until it is withdrawn from the needle. During the procedure, do not allow the contents of the tube to contact the stopper. Movement of the fluid back and forth in the tube can cause backflow of blood into the venous system and possible adverse athlete reaction.
- Keep constant, slight forward pressure (in the direction of the needle) on the end of the tube. This prevents release of the shut off valve and stopping of blood flow. Do not vary pressure or reintroduce pressure after completing the draw.
- Fill the tube until the vacuum is exhausted and blood flow ceases. This ensures that there is a correct ratio of anticoagulant to blood. It is normal for the tube not to be completely filled.
- When the blood flow ceases, remove the tube from the holder. The shutoff valve recovers the point, stopping blood flow until the next tube is inserted.
- Mix immediately after drawing each tube that contains an additive by gently inverting the tube 5 to 10 times. To avoid haemolysis, do not mix procedure from the step.

Blood sample cannot be obtained: When a blood sample cannot be obtained, it may be necessary to:

- Change the position of the needle. If the needle has penetrated too far into the vein, pull it back a bit. If it has not penetrated far enough, advance it further into the vein. Rotate the needle half a turn.
- Try another tube. The tube being used may not have had sufficient vacuum.
- Loosen the tourniquet. The tourniquet may have been applied too tightly, thereby stopping the blood flow. Reapply the tourniquet loosely. If the tourniquet is a velcro type, quickly release and press back together.
- Probing is not recommended. Probing is painful to the athlete. In most cases another puncture in a site below the first site, or use of another vein on the other arm, is advisable.
- It is advisable not to attempt a venipuncture more than twice. Have another person attempt to draw the sample or notify the physician.

B.6.m. Step 13: Release and remove tourniquet.

The tourniquet must be removed when blood begins to flow to allow blood circulation to return to normal. Removing the tourniquet also reduces bleeding at the venipuncture site after the sample is obtained.

B.6.n. Step 14: Ensure athlete's hand is open

Opening the athlete's hand reduces the amount of venous pressure as muscles relax. The athlete should not be allowed to pump the hand.

B.6.o. Step 15: Place gauze

The gauze pad should be placed lightly over the venipuncture site.

B.6.p. Step 16: Remove needle

Slight pressure should be applied to the pad. The needle should be removed slowly while keeping the bevel in an upward position. The doping control officer should exercise care not scratch the athlete's arm.



B.6.q. Step 17: Bandage athlete's arm

Under normal conditions, the doping control officer should:

- Slip the gauze pad over the site, continuing mild pressure.
- Apply an adhesive or gauze bandage over the venipuncture site after making sure that stasis is complete.
- Tell athlete to leave on the bandage for at least 15 min.
- When the athlete continues to bleed the doping control officer should:
- Apply pressure to the site with a gauze pad until the bleeding stops.
- Wrap a gauze bandage tightly around the arm over a pad.
- tell the athlete to leave the bandage on their site for at least 15 min.

The doping control officer should be alert to excess bleeding. If bleeding persists longer than 5 min, a physician should be notified of the problem. Pressure shall be continued on the site as long as necessary to stop the bleeding.

B.6.r. Step 18: Time-stamp documents

Once the sample has been drawn, the doping control officer should record the time. The laboratory shall know the time when the sample was collected.

B.6.s. Step 19: Send properly labelled tubes to proper laboratories

Appropriately labelled tubes should be sent to appropriate (accredited) laboratories designated to perform the required procedures.



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