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

DOPING CONTROL FORM
FORMULAIRE DE CONTROLE ANTIDOPAGE

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

1. ATHLETE INFORMATION • *RENSEIGNEMENTS SUR L'ATHLETE*

FAMILY NAME *NOM DE FAMILLE*

GIVEN NAME *PRENOM*

NATIONALITY *NATIONALITE*

EVENT *DISCIPLINE*

ADDRESS *ADRESSE*

NUMBER / STREET • *NUMERO / RUE*

CITY / TOWN • *VILLE*

DATE OF BIRTH *DATE DE NAISSANCE*

DD / JJ | MM | YYYY / AAAA

COUNTRY • *PAYS*

ATHLETE ID PROVIDED / SPECIFY • *IDENTIFICATION DE L'ATHLETE FOURNIE / PRECISEZ*

TESTING LOCATION • *LIEU DU TEST*

COUNTRY *PAYS*

CITY *VILLE*

IN COMPETITION TESTING • *CONTROLE EN COMPETITION*

COMPETITION

2. INFORMATION FOR ANALYSIS • *INFORMATIONS POUR L'ANALYSE*

TESTING AUTHORITY

EVENT • *DISCIPLINE*: ATHLETICS

DATE OF THE TEST *DATE DU CONTROLE* — DD / JJ | MM | YYYY / AAAA

GENDER *SEXE* — M | F

TEST MISSION CODE • *CODE DE MISSION DE CONTROLE*

URINE A/B

URINE SAMPLE CODE NUMBER • *NUMERO DE CODE D'ECHANTILLON D'URINE*

TIME • *HEURE*

EPO

VOL. (ml)

pH

SPECIFIC GRAVITY *DENSITE* 1.0

(SECOND SAMPLE • *DEUXIÈME ECHANTILLON*)

URINE A/B

URINE SAMPLE CODE NUMBER • *NUMERO DE CODE D'ECHANTILLON D'URINE*

TIME • *HEURE*

EPO

VOL. (ml)

pH

SPECIFIC GRAVITY *DENSITE* 1.0

OUT OF COMPETITION *HORS COMPETITION*

IN COMPETITION *EN COMPETITION*

ARRIVAL TIME AT DOPING CONTROL STATION *HEURE D'ARRIVEE AU CONTROLE ANTIDOPAGE*

PARTIAL SAMPLE / ÉCHANTILLON PARTIEL

PARTIAL SAMPLE NUMBER *NUMERO D'ECHANTILLON PARTIEL* | VOL. (ml) | TIME SEALED *SCELLE A (HEURE)* | ATHLETE/DCO INITIALS *INITIALES DE L'ATHLETE / ACD*

PARTIAL SAMPLE NUMBER *NUMERO D'ECHANTILLON PARTIEL* | VOL. (ml) | TIME SEALED *SCELLE A (HEURE)* | ATHLETE/DCO INITIALS *INITIALES DE L'ATHLETE / ACD*

BLOOD / SANG

☐ 1 tube
☐ 2 tubes

BLOOD SAMPLE CODE NUMBER • *NUMERO DE CODE D'ECHANTILLON DE SANG*

TIME • *HEURE*

DECLARATION OF BLOOD TRANSFUSIONS OVER THE LAST 6 MONTHS.
DECLARATION DE TRANSFUSIONS SANGUINES AU COURS DES 6 DERNIERS MOIS.

DECLARATION OF MEDICATION / SUPPLEMENTS : LIST ANY PRESCRIPTION / NON PRESCRIPTION MEDICATIONS OR SUPPLEMENTS, INCLUDING VITAMINS AND MINERALS, TAKEN OVER THE PAST 7 DAYS (INCLUDE DOSAGE WHERE POSSIBLE)
DECLARATION DE MEDICATION / COMPLEMENTS ALIMENTAIRES : INDIQUER LES MEDICAMENTS PRESCRITS / NON PRESCRITS, OU LES COMPLEMENTS ALIMENTAIRES Y COMPRIS VITAMINES OU MINERAUX, PRIS AU COURS DES 7 DERNIERS JOURS (INDIQUER LA POSOLOGIE SI POSSIBLE)

SUPPLEMENTARY REPORT FORM ? *FORMULAIRE DE RAPPORT COMPLEMENTAIRE ?* ☐

3. CONFIRMATION OF PROCEDURE FOR URINE AND / OR BLOOD TESTING • *CONFIRMATION DE LA PROCEDURE POUR LE CONTROLE D'URINE ET / OU DE SANG*

COMMENTS : ANY COMMENTS SHOULD BE NOTED HERE. IF NECESSARY CONTINUE ON A SUPPLEMENTARY REPORT FORM.
COMMENTAIRES : TOUS LES COMMENTAIRES DOIVENT ETRE INSCRITS ICI. LE CAS ECHEANT, UTILISER LE FORMULAIRE DE RAPPORT COMPLEMENTAIRE

SUPPLEMENTARY REPORT FORM ? *FORMULAIRE DE RAPPORT COMPLEMENTAIRE ?* ☐

I CERTIFY THAT SAMPLE COLLECTION WAS CONDUCTED IN ACCORDANCE WITH THE RELEVANT PROCEDURES • *J'ATTESTE QUE LE PRELEVEMENT D'ECHANTILLON(S) S'EST DEROULE CONFORMEMENT AUX PROCEDURES APPLICABLES*

ATHLETE REPRESENTATIVE • *REPRESENTANT DE L'ATHLETE*

NAME / *NOM* | SIGNATURE

DCO ASSISTANT • *ASSISTANT DE L'ACD*

NAME / *NOM* | SIGNATURE

2ND SAMPLE ASSISTANT • *2ÈME ÉCHANTILLON ASSISTANT*

NAME / *NOM* | SIGNATURE

WHO WITNESSED 1ST URINE SAMPLE : *QUI ÉTAIT TÉMOIN DU 1ER ÉCHANTILLON D'URINE :* DCO *ACD* ☐ ASSISTANT *ASSISTANT* ☐

WHO WITNESSED 2ND URINE SAMPLE : *QUI ÉTAIT TÉMOIN DU 2ÈME ÉCHANTILLON D'URINE :* DCO *ACD* ☐ ASSISTANT *ASSISTANT* ☐

DOPING CONTROL OFFICER • *AGENT DE CONTROLE ANTIDOPAGE*

NAME / NOM | SIGNATURE | DATE — DD / JJ | MM | YYYY / AAAA | TIME OF COMPLETION • *COMPLETE A (HEURE)*

- 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 ALL INFORMATION RELATED TO THIS DOPING CONTROL, INCLUDING BUT NOT LIMITED TO LABORATORY RESULTS AND ANY EVENTUAL SANCTION MAY BE SHARED WITH RELEVANT BODIES IN ACCORDANCE WITH IAAF ANTI-DOPING RULES.
- 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 DEFINITIVELY ANY SUCH DISPUTE, CONTROVERSY OR CLAIM EXCLUDING ALL RECOURSE TO ORDINARY COURTS.

- *JE DECLARE QUE LES INFORMATIONS FOURNIES DANS CE DOCUMENT SONT EXACTES.*
- *JE DECLARE, SOUS RESERVE DES COMMENTAIRES INSCRITS A LA SECTION 3, QUE LE PRELEVEMENT D'ECHANTILLONS S'EST DEROULE DANS LE RESPECT DES PROCEDURES APPLICABLES ET QUE JE N'ENTENDS PAS CONTESTER LA PROCEDURE DE PRELEVEMENT.*
- *JE CONSENS A CE QUE LES INFORMATIONS RELATIVES A CE CONTROLE ANTIDOPAGE, INCLUANT MAIS NON LIMITEES AUX RESULTATS DE LABORATOIRE ET A TOUTE SANCTION EVENTUELLE, SOIENT COMMUNIQUEES AUX ORGANISATIONS CONCERNEES CONFORMEMENT AUX REGLES ANTIDOPAGE DE L'IAAF.*
- *J'ACCEPTE QUE TOUT LITIGE, CONTROVERSE OU RECLAMATION RELATIF A CE CONTROLE ANTIDOPAGE SOIT RESOLU CONFORMEMENT AUX REGLES DES COMPETITIONS DE L'IAAF.*
- *J'ACCEPTE LA COMPETENCE DU TRIBUNAL ARBITRAL DU SPORT BASE A LAUSANNE, SUISSE POUR LE REGLEMENT DEFINITIF DE TELS LITIGES, CONTROVERSES OU RECLAMATIONS A L'EXCLUSION DE TOUT RECOURS AUX TRIBUNAUX DE DROIT COMMUN.*

ATHLETE'S SIGNATURE
SIGNATURE DE L'ATHLETE

ORIGINAL - IAAF - WHITE / *ORIGINAL - IAAF - BLANC* | COPY 1 - TESTING AUTHORITY - GREEN / *COPIE 1 - AUTORITÉ DE CONTRÔLE - VERT* | COPY 2 - ATHLETE - PINK / *COPIE 2 - ATHLETE - ROSE* | COPY 3 - LABORATORY - ORANGE / *COPIE 3 - LABORATOIRE - ORANGE*

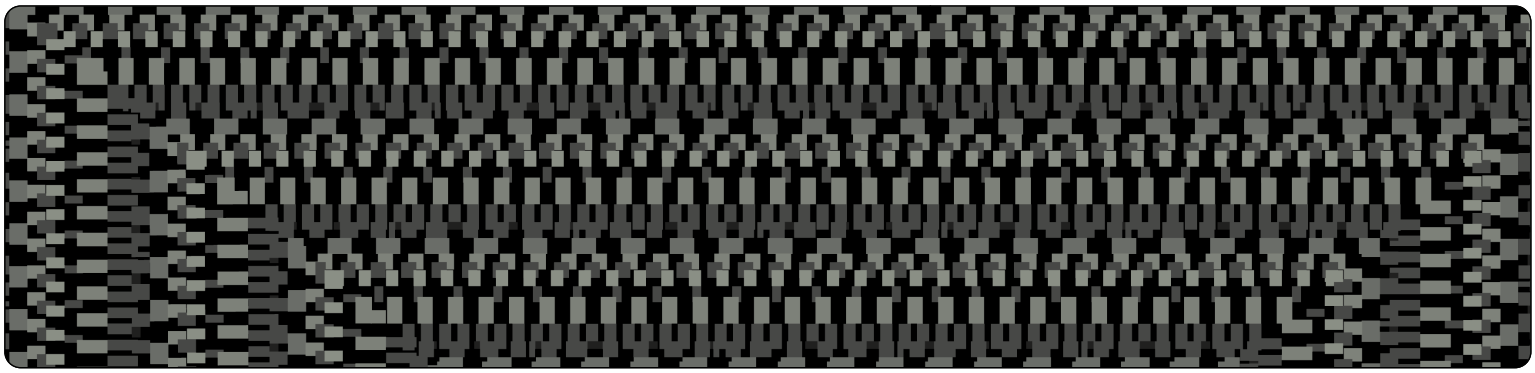
Please write legibly and in CAPITAL letters / Ecrire lisiblement en majuscules

DOPING CONTROL FORM
FORMULAIRE DE CONTROLE ANTIDOPAGE

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

1. ATHLETE INFORMATION • *RENSEIGNEMENTS SUR L'ATHLETE*

TESTING LOCATION • ***LIEU DU TEST***



2. INFORMATION FOR analysis • *INFORMATIONS POUR L'ANALYSE*

SPORT FEDERATION • *FEDERATION SPORTIVE* | EVENT • *DISCIPLINE* | DATE OF THE TEST *DATE DU CONTROLE* DD / JJ MM YYYY / AAAA | GENDER *SEXE* M F | TEST MISSION CODE • *CODE DE MISSION DE CONTROLE*

URINE A/B — URINE SAMPLE CODE NUMBER • *NUMERO DE CODE D'ECHANTILLON D'URINE* — TIME • *HEURE*

EPO ☐ — VOL. (ml) — pH — SPECIFIC GRAVITY *DENSITE* 1.0

OUT OF COMPETITION *HORS COMPETITION* ☐ IN COMPETITION *EN COMPETITION* ☐ — ARRIVAL TIME AT DOPING CONTROL STATION *HEURE D'ARRIVEE AU CONTROLE ANTIDOPAGE*

(SECOND SAMPLE • *DEUXIÈME ECHANTILLON*)

URINE A/B — URINE SAMPLE CODE NUMBER • *NUMERO DE CODE D'ECHANTILLON D'URINE* — TIME • *HEURE*

EPO ☐ — VOL. (ml) — pH — SPECIFIC GRAVITY *DENSITE* 1.0

BLOOD / SANG ☐ 1 tube ☐ 2 tubes — BLOOD SAMPLE CODE NUMBER • *NUMERO DE CODE D'ECHANTILLON DE SANG* — TIME • *HEURE*

DECLARATION OF BLOOD TRANSFUSIONS OVER THE LAST 6 MONTHS.
DECLARATION DE TRANSFUSIONS SANGUINES AU COURS DES 6 DERNIERS MOIS.

DECLARATION OF MEDICATION / SUPPLEMENTS : LIST ANY PRESCRIPTION / NON PRESCRIPTION MEDICATIONS OR SUPPLEMENTS, INCLUDING VITAMINS AND MINERALS, TAKEN OVER THE PAST 7 DAYS (INCLUDE DOSAGE WHERE POSSIBLE)
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SUPPLEMENTARY REPORT FORM ? ☐
FORMULAIRE DE RAPPORT COMPLEMENTAIRE ?

3. CONFIRMATION OF PROCEDURE FOR URINE AND / OR BLOOD TESTING • *CONFIRMATION DE LA PROCEDURE POUR LE CONTROLE D'URINE ET / OU DE SANG*