

## Doping Control Form

These instructions will help the **Doping Control Officer (DCO)** complete the standard Doping Control Form developed by the World Anti-Doping Agency (WADA) in coordination with stakeholders.

*These instructions are to be used in conjunction with Version 5 (2-2010) of the Doping Control Form.*

### Overview

This Doping Control Form has been produced to standardize documentation and simplify the Doping Control process for Sample Collection Personnel and Athletes.

### General Comments

- The 24 hour clock must be used for all times e.g. eight thirty in the morning (8:30am) is 08:30, and eight thirty in the evening (8:30pm) is 20:30.
- Write clearly in block capitals and press hard to ensure all copies are legible.
- If the **DCO** has insufficient space on any part of the form, he/she may use a Supplementary Report Form.
- Any deviation from the standard procedure must be noted on a Supplementary Report Form or a DCO Report Form.
- The **DCO** will draw a clear line through any part of the form which is not applicable, including unused boxes for sample ID.

### Top right section of the form

TEST AUTHORIZED BY CONTRÔLE AUTORISÉ PAR	
SAMPLE COLLECTION AUTHORITY AUTORITÉ DE PRÉLÈVEMENT D'ÉCHANTILLONS	
RESULTS MANAGEMENT AUTHORITY AUTORITÉ DE GESTION DES RESULTANTS	

- **Test Authorized By:** The **DCO** will insert the name of the organization which initiated/authorized the test.
- **Sample Collection Agency:** The **DCO** will insert the name of the organization which has certified him/her to conduct sample collection.

- **Results Management Authority:** The **DCO** will insert the name of the organization under whose anti-doping rules possible violations would be managed (e.g. the International Federation, National Anti-Doping Organization).

## Section 1 - Athlete Information

**1. ATHLETE INFORMATION • INFORMATION CONCERNANT LE SPORTIF**

FAMILY NAME NOM DE FAMILLE		GIVEN NAME PRÉNOM		DATE OF BIRTH DATE DE NAISSANCE		
NATIONALITY NATIONALITÉ		SPORT DISCIPLINE		YES • OUI • NON ATHLETE (ID PROVIDES) PRÉCÉDÉ D'IDENTITÉ DU SPORTIF		
ADDRESS ADRESSE		CITY/TOWN • VILLE		DOCUMENT TYPE TYPE DE DOCUMENT		
NUMBER/STREET • NUMÉRO/RUE		STATE • PROVINCE		DOCUMENT NUMBER NUMÉRO DE DOCUMENT		
COUNTRY • PAYS		CONTACT TEL (INCL. COUNTRY CODE) • TÉL CONTACT (INCL. CODE PAYS)		COACH'S NAME • NOM DE L'ENTRAÎNEUR		DOCTOR'S NAME • NOM DU MÉDECIN

- The Athlete should be asked to provide information related to all boxes.
- The Athlete shall assist the DCO with spelling if necessary.
- Sport Discipline is the sport and the discipline of the Athlete. E.g. skiing/freestyle.
- The address is the address where the Athlete spends most time.
- It is the **Athlete's** responsibility to provide a piece of **photo identification**. If this is not available, the **DCO** will check the no box, and document in the DCO Report how the Athlete was identified.
- If the Athlete does not have the name of their coach and/or doctor, a line should be drawn through these fields.

## Section 2 – Notification

**2. NOTIFICATION • NOTIFICATION**

TYPE OF TEST REQUIRED TYPE DE CONTRÔLE REQUIS		DATE			COUNTRY PAYS		CITY VILLE		TIME HEURE	
I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THIS NOTICE, INCLUDING THE ATHLETE RIGHTS AND RESPONSIBILITIES TEXT ON THE OVERLEAF OF COPY 1, AND I CONSENT TO PROVIDE SAMPLE(S) AS REQUESTED. I UNDERSTAND THAT FAILURE OR REFUSAL TO PROVIDE A SAMPLE MAY CONSTITUTE AN ANTI-DOPING RULE VIOLATION. JE RECONNAIS AVOIR REÇU LU CET AVIS, Y COMPRIS LES DROITS ET LES RESPONSABILITÉS DU SPORTIF FOURNIES AU VERSO DE LA COPIE 1, ET JE CONSENTE À FOURNIR L'ÉCHANTILLON(S) TEL(S) QU'ILS SONT REQUIS. JE COMPRENS QUE LE REFUS OU LE FAIT DE ME SOUSTRAIRE À FOURNIR UN ÉCHANTILLON CONSTITUE UNE VIOLATION DES RÈGLES ANTI-DOPAGE.		DDCO/CHAPERONE NAME NOM DE L'ACCO/ÉSCORTE		ATHLETE SIGNATURE • SIGNATURE DU SPORTIF						

- The **DCO** shall complete the information on type of test (for tests for both blood and urine check both boxes), date, location, and time of notification.
- The Athlete will be provided an explanation of the notification and asked to sign the receipt of notification.
- If the Athlete refuses to provide a sample, the **Athlete** shall be asked to write the reasons in the comments box, and sign the Doping Control Form in Section 4.
- The **DCO/Chaperone** will provide the **Athlete** the notification section of the form (top of orange copy – tear along perforation between sections 2 and 3).
- The DCO shall ensure the Athlete is aware of their rights and responsibilities as detailed on the reverse of the notification section of the Athlete Notification copy of the Doping Control Form.

Please note – this perforation is difficult to see. The top section of ‘Copy 1 – Athlete Notification – Orange’ should be handed to the Athlete. The remaining two blacked out sections should be torn off and discarded.

### Section 3 - Information for Analysis

**3. INFORMATION FOR ANALYSIS • INFORMATIONS CONCERNANT L'ANALYSE**

OUT OF COMPETITION HORS COMPÉTITION <input type="checkbox"/>	IN COMPETITION EN COMPÉTITION <input type="checkbox"/>	NATIONAL TEAM DOPING CONTROL STATION NUMÉRO D'ADRESSE LA STATION DE CONTRÔLE DU DOPAGE	DATE OF TEST DATE DU CONTRÔLE	DD / JJ	MM	YYYY (AAA)	GENDER SEXE	M	F	TEST MISSION CODE • CODE DE MISSION DE CONTRÔLE
SAMPLE 1 - ÉCHANTILLON 1 BLOOD/SANG		N/A <input type="checkbox"/> A/B	BLOOD SAMPLE CODE NUMBER * NUMÉRO DE CODE D'ÉCHANTILLON DE SANG	TIME - HEURE	SAMPLE 2 - ÉCHANTILLON 2 BLOOD/SANG		A/B	BLOOD SAMPLE CODE NUMBER * NUMÉRO DE CODE D'ÉCHANTILLON DE SANG	TIME - HEURE	
PARTIAL SAMPLE/ ÉCHANTILLON PARTIEL		N/A <input type="checkbox"/>	PARTIAL SAMPLE NUMBER NUMÉRO D'ÉCHANTILLON PARTIEL	VOL. (ml)	TIME SEALED SCÉLÉ AFINCHÉ	ATHLETE / OED BY NAME NOM/PRÉNOM DU SPORTIF / AC	PARTIAL SAMPLE NUMBER NUMÉRO D'ÉCHANTILLON PARTIEL	VOL. (ml)	TIME SEALED SCÉLÉ AFINCHÉ	ATHLETE / OED BY NAME NOM/PRÉNOM DU SPORTIF / AC
URINE		A/B	URINE SAMPLE CODE NUMBER * NUMÉRO DE CODE D'ÉCHANTILLON D'URINE	VOL. (ml)	TIME SEALED SCÉLÉ AFINCHÉ	SPECIFIC GRAVITY DENSITÉ	1   0			
ADDITIONAL SAMPLE • ÉCHANTILLON ADDITIONNEL		N/A <input type="checkbox"/> A/B	ADDITIONAL SAMPLE CODE NUMBER * NUMÉRO DE CODE D'ÉCHANTILLON ADDITIONNEL	VOL. (ml)	TIME SEALED SCÉLÉ AFINCHÉ	SPECIFIC GRAVITY DENSITÉ	1   0			
DECLARATION OF MEDICATION USE AND BLOOD TRANSFUSIONS: LIST ANY PRESCRIPTION / NON-PRESCRIPTION MEDICATIONS OR SUPPLEMENTS, FOR E.G. BETA-2 AGONISTS AND GLUCOCORTICOSTEROIDS, TAKEN OVER THE PAST 7 DAYS (INCLUDE DOSEAGE WHERE POSSIBLE) AND ANY TRANSFUSIONS RECEIVED OVER THE LAST SIX MONTHS. DÉCLARATION D'USAGE DE MÉDICAMENTS ET DE TRANSFUSIONS SANGUINES: INDIQUEZ LES MÉDICAMENTS PRÉSCRITS / NON PRÉSCRITS OU LES COMPLÉMENTS ALIMENTAIRES, Y COMPRIS PAR EXEMPLE, LES BÉTA-2 AGONISTES ET LES GLUCOCORTICOIDES, PRIS AU COURS DES 7 DERNIERS JOURS (INDIQUER LA DOSE SI POSSIBLE) AVANT QUE TOUTE TRANSFUSION REÇUE AU COURS DES 6 DERNIERS MOIS.										
										SUPPLEMENTARY REPORT FORM? FORMULAIRE DE RAPPORT SUPPLÉMENTAIRE?
										N/A <input type="checkbox"/> NUMBER - NUMÉRO
CONSENT FOR RESEARCH (OPTIONAL) • CONSENTEMENT POUR LA RECHERCHE (OPTIONNEL) IN ORDER TO HELP COMBAT DOPING IN SPORT, BY SIGNING BELOW I AGREE THAT MY SAMPLE MAY BE USED FOR ANTI-DOPING RESEARCH PURPOSES. WHEN ALL ANALYSES HAVE BEEN COMPLETED, AND MY SAMPLE WOULD OTHERWISE BE DISCARDED, IT MAY THEN BE USED BY ANY WADA ACCREDITED LABORATORY FOR ANTI-DOPING RESEARCH OF ANY TYPE, PROVIDED THAT IT CAN NO LONGER BE IDENTIFIED AS MY SAMPLE. AFIN DE CONTRIBUER À LA LUTTE CONTRE LE DOPAGE DANS LE SPORT, J'ACCEPTÉ, EN SIGNANT CI-DESSOUS, QUE MON ÉCHANTILLON PUISSE ÊTRE UTILISÉ À DES FINS DE RECHERCHE ANTI-DOPAGE, QUAND TOUTES LES ANALYSES AURONT ÉTÉ EFFECTUÉES, ET ALORS QUE MON ÉCHANTILLON DEVRAIT NORMALEMENT ÊTRE DÉTRUIT, IL POURRA ALORS ÊTRE UTILISÉ PAR UN LABORATOIRE ACCRÉDITÉ PAR L'AMA À DES FINS DE RECHERCHE ANTI-DOPAGE DE TOUT TYPE, ÉVANT ENTENDU QU'IL NE POURRA PLUS ÊTRE IDENTIFIÉ COMME MON ÉCHANTILLON.										
										I ACCEPT / J'ACCEPTÉ <input type="checkbox"/>
										I REFUSE / JE REFUSE <input type="checkbox"/>
										SIGNATURE

- If appropriate, the **DCO** shall complete the Test Mission Code provided by the Sample Collection Authority.
- The **DCO** shall complete all information required including the Athlete's gender, whether the test was conducted In-Competition or Out-Of-Competition, and the date/time of the test.
- If no blood samples are to be collected, the N/A boxes should be checked and a line drawn through the section.
- If no partial sample is collected, the N/A box should be checked and a line drawn through the section.
- If a partial sample is collected, insert the details. Both the **DCO** and **Athlete** will initial the Doping Control Form after each partial sample is sealed.
- The **DCO** shall complete the sample code numbers, volume of urine, time the sample was sealed and specific gravity.
- If no additional samples are collected, the N/A box should be checked and a line drawn through the section.
- If more than one additional sample is collected, the **DCO** shall complete an additional Doping Control Form, completing all sections. A Supplementary Report Form shall be completed linking all the relevant sample code numbers. This Supplementary Report should be sent to the laboratory with the samples. The **DCO** must ensure that NO Athlete information is contained on this Supplementary Report Form.



- The **DCO** shall draw the Athlete's attention to the text on the reverse of Page 1 of the form (i.e. Original copy), and ask him/her to read the information on Doping Control related data and the use of the ADAMS database.
- The **DCO** should check the accuracy of the form, print and sign his/her name.
- The **DCO** completes the date and time of completion.
- The **Athlete** should check the accuracy of the form, read the final statement and sign the form.

### **Paperwork**

- The **DCO** shall provide the **Athlete** with copy 2 (pink) of the form.
- The **DCO** shall place copy 3 (blue) of the form with the samples to go to the laboratory. Please note that the laboratory copy no longer needs to be perforated before being sent to the laboratory. The whole of copy 3 (blue) should be sent with the samples to the laboratory.
- If there is more than one laboratory (for e.g. if blood samples have been collected and are to be sent to an alternative laboratory for analysis), the **DCO** shall place the copy 4 (green) of the form with the samples to go to the second laboratory.
- The **DCO** shall return the original copy (white) and, if there is no second laboratory, copy 4 (green) to the Sample Collection Agency.