

Doping Control Official Record

Men's 100-1st

6-17-01

8256

ATHLETE / OR PLACE / OR EVENT

NOTIFICATION DATE

TIME

Pursuant to USADA Regulations:

- You are required to be drug tested. Signature on this form constitutes your consent to such testing.
- You have a maximum of 60 minutes from time of notification to arrive with your Chaperone at the doping control station/area, unless being tested under Out-of-Competition conditions.
- Refusal to cooperate or failure to report within the given time limit, may subject you to sanctions consistent with a positive drug test.
- Consumption of any fluid or food even if provided by the Chaperone or a Doping Control Officer is at your own risk.
- You may have a representative accompany you through the testing process, but such representative may not witness the voiding.

David T Bloor

Justin Gatlin

Justin Gatlin

Notifying Chaperone's Name

Athlete Signature

(Print Name)

ATHLETE INFORMATION

Justin Gatlin

6-17-01

8:45

Athlete Name (PRINT)

ARRIVAL DATE

TIME

5906 Walton St

2/16/82

Street Address

Date of Birth (month / day / year)

City, State, Zip Code, COUNTRY

Pensacola FL 32503

I.D. # (or "n/a" if Event)

850-484-9042

Phone

LABORATORY/SPECIMEN INFORMATION

- Event
- Out-of-Competition
- Other
- Full-Menu Test
- Partial-Menu Test

6-17-01

9:45

SAMPLE COLLECTION DATE

TIME

456473

MALE FEMALE

SAMPLE CODE NUMBER

SPECIFIC GRAVITY and pH levels within range YES NO

Specific Gravity: ≥ 1.010 (≥ 1.005 if measured by refractometer)
pH: Not less than five and not greater than seven ($5 \leq X \leq 7$)

SUBSEQUENT SPECIMEN

Subsequent Sample Code Number

TIME

SUBSEQUENT SAMPLE CODE NUMBER

TIME

SPECIFIC GRAVITY and pH levels within range YES NO

Sport

USA Jr Nationals

Competition Name (or City/State if OOC)

Declaration of medications and nutritional supplements taken during the preceding three (3) days (write "none" if none declared)

Medication / Supplement Dose Last Taken

Medication / Supplement Dose Last Taken

None

SIGNATURES

By signing below I certify that: (i) I selected a sealed collection beaker and a sample kit from the supply provided, opened and visually checked that they were empty and clean, sealed them securely and confirmed that the numbers on the sample kit and bottles were identical to the numbers written on this Doping Control Official Record; (ii) the Doping Control Officer did not handle my sample except when permitted by me; (iii) no irregularities occurred in the sample collection process; and (iv) this information is not being provided to USADA pursuant to a doctor/patient relationship and is not to be considered a confidential medical record.

Athlete Signature (Justin Gatlin) (Print Name)

Language Specialist Signature (N/A) (Print Name)

The following individuals were present during the sample collection and/or processing procedure(s).

Chaperone Signature (Edward Gold) (Print Name)

Subsequent Chaperone (N/A) (Print Name)

Doping Control Officer Signature (MBS Paulding) (Print Name)

Athlete Representative (N/A) (Print Name)

Partial Sample Form Supplementary Report Form

USADA 0073