IAAF
ANTI-DOPING REGULATIONS

IAAF PROCEDURAL GUIDELINES
FOR
DOPING CONTROL

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IAAF COUNCIL

17, Rue Princesse Florestine
BP 359. MC-98007 Monaco
Tel (377) 93 10 88 88 Fax (377) 93 15 95 15

IAAF MEDICAL AND ANTI-DOPING COMMISSION

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IAAF PROCEDURAL GUIDELINES FOR DOPING CONTROL

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PREFACE

It is a sad fact of life that doping has become a deadly threat to sport. The IAAF recognises this threat and I can reassure you we are sparing no expense or effort to keep the situation in Athletics under control.

Indeed, since the introduction of the World Anti-Doping Code, the IAAF has re-evaluated every aspect of its anti-doping policy and has heavily invested in additional resources to ensure that it can meet the modern day requirements of the fight against doping. The IAAF is committed to fight this plague and I can promise you, with the continuing support of the IAAF Council, will take whatever measures are necessary to keep itself at the forefront of the fight in the future.

The IAAF Medical and Anti-Doping Commission ("the Commission") has been mandated by the IAAF Council to oversee, under my Chairmanship, all aspects of the IAAF's anti-doping programme. One of the Commission's main tasks is to keep the IAAF Anti-Doping Rules and the IAAF Anti-Doping Guidelines in the form of these Procedural Guidelines for Doping Control ("the Procedural Guidelines") under constant review and, where necessary, to recommend amendments for the approval of the IAAF Council.

These Procedural Guidelines should be read, understood and followed by everybody who has an involvement with doping control in Athletics or is involved with athletes who may find themselves subject to doping control.

Athletes who do not use doping substances need have nothing to fear from testing, whether conducted in or out-of-competition, but, by familiarising themselves with these Procedural Guidelines, they will have a better understanding of the procedures involved. Member Federations and support personnel can also serve the needs of their athletes better if they are fully conversant with these Procedural Guidelines.

Whilst these Guidelines are intended to be closely followed, practical conditions/issues may sometimes make this difficult or impossible to achieve and other solutions to the procedural problems of testing may have to be found.

May I please ask you, no matter whether you are an athlete, doctor, administrator, organiser, or simply a fan, to assist us in our objective to eradicate doping in Athletics in any way you can. We need your constant support and, with teamwork, I believe that this important fight can be won.

Dr Juan-Manuel Alonso
Chairman of IAAF Medical and Anti-Doping Commission
Monaco, December 2005

DEFINITIONS

Adverse Analytical Finding: a report from a laboratory or other approved testing entity that identifies in a sample the presence of a prohibited substance or its metabolites or markers or evidence of the use of a prohibited method.

Athlete Support Personnel: any coach, trainer, manager, authorised athlete representative, agent, team staff, official, medical or para-medical personnel or any other person working with, or treating athletes participating in, or preparing for, competition in Athletics.

Blood Collection Official: an official who is qualified to collect a blood sample from an athlete.

Blood Testing Protocol: the IAAF's agreed protocol for blood testing as it may be amended from time to time.

Chain of Custody: the sequence of individuals or organisations who have the responsibility for a sample/specimen from the provision of the sample/specimen until the sample/specimen has been received for analysis.

Chaperone: an official who is authorised to carry out specific duties as part of the Sample Collection Session, including notification of the selected athlete for testing, accompanying and observing the athlete until his arrival at the Doping Control Station and, where applicable, witnessing and verifying the provision of the athlete's sample.

Code: the World Anti-Doping Code.

Competition: an event or series of events held over one or more days (e.g., the World Championships, the World Athletics Final or an individual Golden League meeting).

Doping Control Officer (DCO): an official with delegated responsibility for the management of a Sample Collection Session or any part of it.

Doping Control Station: the location where the sample will be collected from the athlete.

Event: a single race or contest in a competition (e.g. the 100 metres or the Javelin Throw).

In-competition Testing: means testing where an athlete is selected for testing in connection with a specific event.

International-Level athlete: an athlete who is in the Registered Testing Pool for out-of-competition testing or who is competing in an International Competition under IAAF Rule 35.7 (see IAAF website for a definitive list of such International Competitions).

International Standard: a standard adopted by WADA in support of the Code.

Minor: a person who has not reached the age of majority as established by the applicable laws of his country of residence.

National Anti-Doping Organisation: the entity designated by each Country or Territory as possessing the primary authority and responsibility to adopt and implement anti-doping rules, direct the collection of doping control samples, the management of test results, and the conduct of hearings, all at the national level.

Out-of-competition testing: means any doping control which is not in-competition.

Prohibited List: the list at Schedule 1 of these Procedural Guidelines (as may be amended by WADA from time to time) identifying the Prohibited Substances and Prohibited Methods.

Prohibited Method: a method so described on the Prohibited List.

Prohibited Substance: a substance so described on the Prohibited List.

Registered Testing Pool: the pool of top-ranked athletes established by the IAAF who are subject to both in-competition and out-of-competition testing as part of the IAAF's testing programme.

Sample/Specimen: any biological material collected for the purposes of doping control.

Sample Collection Equipment: Equipment used to collect or hold the athlete's sample/specimen at any time during the sample collection process.

Sample Collection Personnel: A collective term for officials who have been authorised to carry out or assist with duties during the Sample Collection Session.

Sample Collection Session: All activities that directly involve the athlete from notification for testing until the athlete leaves the Doping Control Station after having provided his sample(s).

Target Testing: the selection of athletes for testing where specific athletes or groups of athletes are selected on a non-random basis for testing at a specified time.

TUE: Therapeutic Use Exemption.

1. INTRODUCTION

1.1 All athletes and athlete support personnel should acquaint themselves fully with the IAAF Anti-Doping Rules (IAAF Rules 30-45) and the IAAF Anti-Doping Guidelines in the form of these Procedural Guidelines.

1.2 These Procedural Guidelines have been prepared by the IAAF Medical and Anti-Doping Commission and approved by the IAAF Council. They shall be effective as from 1 January 2006 i.e., in relation to all samples collected, or any other anti-doping rule violation committed, on or after that date.

1.3 The Anti-Doping Rules and Procedural Guidelines shall apply to all doping controls over which the IAAF and respectively its Members and Area Associations have jurisdiction. References in the Procedural Guidelines below to the IAAF shall therefore, where applicable, include references to the relevant Member or Area Association.

1.4 The Procedural Guidelines must be followed as far as is reasonably practicable. However, in accordance with IAAF Rule 33.4(b), a departure or departures from the Procedural Guidelines shall not invalidate a finding that a prohibited substance was present in a sample or that a prohibited method was used, or that any other anti-doping rule violation was committed under the Anti-Doping Rules, unless the departure(s) was of such a nature as to undermine the validity of the finding in question.

1.5 Under IAAF Rule 32.2(a), an anti-doping rule violation is committed when a prohibited substance or its metabolites or markers is present in an athlete's body tissues or fluids. For the purposes of the Anti-Doping Rules and these Procedural Guidelines, the body fluids currently analysed are urine and blood. The IAAF Council however reserves the right to authorise testing to be conducted on any other body tissues or fluids if advances made in the detection of prohibited substances or prohibited methods indicate that the analysis of such other body tissues or fluids would be useful and appropriate.

1.6 In the course of a hearing, disciplinary process or anticipated disciplinary process before the relevant tribunal of a National Federation, or as the case may be, before the IAAF or the Court of Arbitration for Sport (CAS), neither the IAAF, nor a National Federation, nor an athlete, nor an athlete support personnel shall be obliged to disclose:

(i) the contents of any legal advice obtained by that person or organisation in connection with the issues arising from the case; or

(ii) any communications between any parties made or created for the sole or dominant purpose of giving or receiving advice or preparing evidence with regard to any impending or anticipated disciplinary action.

1.7 In the event of any differences between these Procedural Guidelines and the WADA International Standards, the Procedural Guidelines shall prevail.

1.8 Where appropriate, all references to the masculine gender in these Procedural Guidelines shall include references to the feminine and all references to the singular shall include references to the plural.

1.9 All communications and correspondence intended for the IAAF Medical and Anti-Doping Commission should be sent to the IAAF Office in Monaco.

1.10 This Introduction and the Definitions shall form an integral part of these Procedural Guidelines.

2. TEST PLANNING

2.1 The IAAF shall plan for the effective testing of athletes both in and out-of-competition. Test planning shall include information gathering, evaluation of the potential risk of doping in Athletics and developing, monitoring, evaluating and modifying a test distribution plan.

Test Distribution Plan

2.2 The IAAF Medical and Anti-Doping Commission shall prepare, as part of the IAAF's annual anti-doping programme, a test distribution plan of the IAAF's in-competition and out-of-competition testing.

2.3 In preparing such a test distribution plan, the Medical and Anti-Doping Commission shall, as a minimum, evaluate the potential risk of doping and possible doping pattern(s) in Athletics based on the following criteria:

(a) the physical demands of the sport and possible performance enhancing effect that doping may elicit;
(b) any available doping analysis statistics;
(c) any available research on doping trends; and
(d) the training periods and competition seasons of the athletes.

2.4 The Medical and Anti-Doping Commission shall develop and document the IAAF's test distribution plan based on all relevant considerations, including, but not limited to, any information obtained as a result of its evaluation under 2.3 above, the number of athletes in the Registered Testing Pool (see further Chapter 4 below) and the evaluation of previous test distribution planning cycles.

2.5 As part of the test distribution plan, the Medical and Anti-Doping Commission shall allocate the number of sample collections by type of sample collection, including out-of-competition, in-competition, blood and urine sample collection, as may be required in order to achieve effective deterrence.

2.6 The test distribution plan prepared by the Medical and Anti-Doping Commission shall be submitted for the approval of the IAAF Council.

2.7 The Medical and Anti-Doping Commission shall establish a system whereby the test distribution plan is reviewed and, if necessary, updated on a regular basis in order to incorporate new information and to take into account, where appropriate, sample collections that may have been conducted on athletes by other anti-doping organisations recognised by the IAAF.

2.8 The IAAF Medical and Anti-Doping Department shall establish a system for maintaining a record of relevant test distribution planning data. Such data shall be used to assist the Medical and Anti-Doping Commission in determining whether modifications to the test distribution plan are necessary. This data shall include as a minimum:

For each test:

(a) the athlete's full name

(b) the athlete's event(s);

(c) the nationality of the athlete;

(d) the type of sample collection;

(e) the date of sample collection;

(f) the country in which the sample collection occurred; and

(g) any TUE granted (or denied) to the tested athlete.

In addition, for each adverse analytical finding:

(a) the date of the sample collection, the laboratory and the analytical procedures;

(b) the class of prohibited substance(s) found;

(c) the actual prohibited substance(s) detected;

(d) the sanction for any anti-doping rule violation and relevant periods of ineligibility;

(e) the reinstatement status of athletes under ineligibility.

2.9 The IAAF shall ensure that athlete support personnel are not involved in, and have no access to, the test distribution planning for their athletes.

3. IN-COMPETITION TESTING

The Doping Control Station

3.1 A Doping Control Station shall be provided for in-competition testing which ensures the athlete's privacy when providing a sample and which is used solely as a Doping Control Station for the duration of the Sample Collection Session.

3.2 The Doping Control Station should be clearly identified. The Doping Control Station should consist of a waiting room, working room and WCs (men and women). It should be equipped with all necessary IAAF-approved materials, including collection vessels, bottles and sealing equipment. Sealed non-alcoholic drinks shall be available for the athletes should they need to re-hydrate after competing. The competition organiser and/or the DCO(s) should ensure that the facilities are clean and adequate and that the materials are acceptable prior to the start of the competition.

3.3 Only the following persons should be allowed in the Doping Control Station:

(a) the Official in charge of the Doping Control Station;

(b) the IAAF Delegate or Medical and Anti-Doping Delegate (if appointed);

(c) the DCO(s);

(d) the Blood Collection Official(s);

(e) other Sample Collection Personnel;

(f) the athletes to be tested and their representatives, if any; and

(g) any other person who might be authorised by the IAAF Delegate or Medical and Anti-Doping Delegate (if appointed) or the Official in charge of the Doping Control Station to be allowed in the Doping Control Station (for example, a WADA official in connection with the WADA Independent Observer Programme).

3.4 It is recommended, though not compulsory, that a security person be positioned outside the Doping Control Station to monitor the flow of people in and out and to keep unauthorised persons from entering the Doping Control Station.

Sample Collection Personnel

3.5 Sample Collection Personnel may be appointed to conduct or assist with the Sample Collection Sessions.

3.6 Sample Collection Personnel should have official identification that is provided and controlled by the IAAF or by such other organising body which has been delegated to conduct the testing at a competition. The minimum identification requirement for Sample Collection Personnel is an official card/document naming the IAAF or other organising body by which they have been authorised to act. For DCOs, additional identification requirements shall include their name and photograph. For Blood Collection Officials, additional identification requirements shall include their name and photograph and evidence of their qualification in the collection of blood samples.

Selection of Athletes to be tested

3.7 The selection of athletes for testing shall be done on a final position basis and/or random basis, where applicable in accordance with the number of sample collections allocated in the test distribution plan.

3.8 In addition, further athletes may be selected for testing at the discretion of the IAAF, the Official in charge of the Doping Control Station, the IAAF Delegate or Medical and Anti-Doping Delegate (if appointed), by any method that it or he shall choose, including the use of target testing.

3.9 Sample collection shall also be conducted on any athlete who has broken or equalled a World Record, in accordance with the relevant IAAF Competition Rules. Any athlete who has broken or equalled a World Record in a running event, a race walking event or combined events, shall be tested for rh-EPO. In such cases, a blood sample shall be taken if it is practicable to do so.

Notification of Athletes

3.10 The DCO and/or Chaperone, as applicable, shall establish the location of the selected athlete and plan the approach and timing of the notification, taking into consideration the specific circumstances of the situation in question. For this purpose, the DCO and/or Chaperone shall be given all necessary information and assistance by the competition organiser, including unrestricted access to the areas where the athletes may be located.

3.11 The DCO or Chaperone, as applicable, shall consider whether a third party is required to be notified prior to notification of the athlete, for example, when the athlete is a minor. Otherwise, the athlete should be the first one notified that he has been selected for sample collection.

3.12 When initial contact has been made with the athlete, the DCO or Chaperone, as applicable, shall as discreetly as possible:

(a) identify himself to the athlete by showing him his official identification; and

(b) if necessary, confirm the athlete's identity to ensure that the athlete to be notified is the same athlete who has been selected for doping control. Any

failure by the athlete to confirm his identity on request to do so shall be documented. In such cases, the DCO responsible for conducting the Sample Collection Session shall decide whether it is appropriate to report the situation as a failure to comply.

3.13 The DCO or Chaperone, as applicable, shall ensure that the athlete is informed:

(a) that he is required to undergo a sample collection;

(b) of the authority on behalf of which the sample collection is to be conducted;

(c) of the type of sample collection to be conducted and, where appropriate, any conditions that need to be adhered to prior to the sample collection;

(d) of the athlete's rights, including the right to:

(i) have a representative and, if required, an interpreter accompany him to the Doping Control Station;

(ii) ask for additional information about the sample collection process;

(iii) request a delay in reporting to the Doping Control Station where valid reasons for a delay exist (see 3.16 below);

(e) of the athlete's responsibilities, including the requirement to:

(i) remain within sight of the DCO/Chaperone at all times from the time of notification by the DCO/Chaperone until the completion of the sample collection procedure;

(ii) comply with sample collection procedures and the possible consequences of a refusal or failure to comply; and

(iii) report to the Doping Control Station, unless delayed for valid reasons agreed with the DCO or other responsible official in advance, as soon as possible and, in any event, within 60 minutes of the time of acknowledgement and acceptance of notification.

(f) of the location of the Doping Control Station.

3.14 The DCO or Chaperone shall then have the athlete sign an appropriate form to acknowledge and accept the notification. If the athlete refuses to sign the notification form or otherwise seeks to evade the notification, the DCO/Chaperone shall (if possible) inform the athlete of the consequences of his refusal or failure to submit to doping control. If the notification is being performed by a Chaperone, he shall immediately report all relevant facts to a DCO or other responsible official. The DCO or other responsible official shall then attempt to contact the athlete and inform him of his obligation to undergo doping control and of the consequences of his refusal or failure to do so. If the athlete still refuses to sign the notification form, the DCO or other responsible official shall report the position as a refusal or failure to submit to doping control for the purpose of IAAF Rule 32.2(c).

3.15 Once the athlete has signed the notification form, he must report to the Doping Control Station as soon as possible but no later than the time stipulated on the form

(being 60 minutes after the time of acknowledgement and acceptance of notification). From the time of notification until the athlete leaves the Doping Control Station at the end of his Sample Collection Session, the athlete should be kept under observation at all times.

3.16 The DCO or other responsible official shall consider any reasonable request by the athlete to delay reporting to the Doping Control Station beyond the 60 minute period or to leave the Doping Control Station after he has reported for testing, but only for valid reasons relating to the following activities:

(a) participation in a medals ceremony;
(b) fulfilment of pressing media commitments;
(c) competing in further events;
(d) performing a warm down;
(e) obtaining necessary medical treatment;
(f) locating a representative and/or interpreter.

3.17 The DCO shall reject a request from an athlete under 3.16 above in any case where it will not be possible for the athlete to be continuously chaperoned during the period in question.

3.18 The DCO shall always document the reasons for any delay in an athlete reporting to the Doping Control Station and/or for an athlete leaving the Doping Control Station after reporting for testing. These reasons shall be submitted to the IAAF for further investigation, if necessary.

3.19 If the DCO gives approval for the athlete to leave the Doping Control Station after reporting for testing, he shall agree either the time of his return or his return upon completion of an agreed activity. The DCO shall document this information and then the actual time of the athlete's departure and return.

3.20 If, while keeping an athlete under observation, Sample Collection Personnel observe any matter which, in their opinion, has the potential to compromise the athlete's test, the circumstances shall be reported to, and documented by, the DCO. Where appropriate, the DCO shall notify the athlete that he is reporting a failure by the athlete to comply and that a further investigation may be carried out and appropriate follow up action taken. If possible, the athlete's Sample Collection Session shall still be completed.

Collection of Urine Samples

3.21 Following completion of the notification procedures and the athlete's arrival at the Doping Control Station, the DCO shall ensure that the athlete is informed of the requirements of the urine sample collection before the sample collection begins.

3.22 The DCO shall ensure that the athlete is offered a choice of Sample Collection Equipment for collecting the sample.

3.23 When the athlete feels he is ready to provide a sample, the DCO shall instruct the athlete to select a collection vessel from a choice of at least two clean, unused vessels.

3.24 Whenever an athlete selects Sample Collection Equipment, the DCO will instruct the athlete to check that all the seals on the selected equipment are intact and that the equipment has not been tampered with. If the athlete is not satisfied with the selected equipment, he may select another. If the athlete is not satisfied with any of the equipment available for selection, this fact shall be recorded by the DCO. If the DCO does not agree with the athlete's opinion that all the equipment available for selection is 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 equipment for selection is unsatisfactory, the DCO shall terminate the collection of the athlete's urine sample and this shall be recorded by the DCO.

3.25 Once the collection vessel has been selected, the DCO/Chaperone and the athlete shall proceed to a WC to commence the sample collection. No person other than the athlete and the DCO/Chaperone should be present in the WC when the urine sample is collected. The DCO/Chaperone who witnesses the passing of the sample shall be of the same gender as the athlete providing the sample.

3.26 The DCO/Chaperone shall take all necessary steps to satisfy himself as to the origin and authenticity of the sample being collected. To ensure the origin of the sample, the athlete may be required to disrobe as far as is necessary to confirm that the urine has been produced by him. This usually means the exposure of the body from the middle of the back to below the knees. The DCO/Chaperone shall witness the sample leaving the athlete's body and shall record the witnessing in writing. If there are any doubts as to the origin or authenticity of the sample, the athlete shall be asked to provide an additional sample. If the athlete refuses to provide an additional sample, the DCO shall report a refusal or failure to submit to doping control.

3.27 Athletes shall be required to provide as much urine as possible and no less than a minimum of 75ml of urine. The DCO shall verify, in full view of the athlete, that the required volume of urine has been provided. Where the volume of the urine is insufficient, the athlete shall be required to add to or "top up" the urine to the required amount in accordance with the procedure set out below (see Urine Samples – insufficient volume).

3.28 The athlete shall retain control of the collection vessel containing the urine until the sample is sealed.

3.29 The DCO shall instruct the athlete to select one sample collection kit (containing two bottles marked "A" and "B") from a selection of sealed kits.

3.30 Once a sample collection kit has been selected, the DCO and the athlete shall check that the code numbers match and that this code number is recorded accurately by the DCO.

3.31 If the athlete or DCO finds that the code numbers are not the same, the DCO shall instruct the athlete to choose another sample collection kit. The DCO shall record the matter.

3.32 The athlete shall pour the minimum volume of urine into the "B" bottle (30ml) as directed by the DCO, and shall then fill the "A" bottle as much as possible. Once the "A" bottle has been filled, the athlete shall use any remaining urine to fill the "B" bottle as much as possible, whilst ensuring that a small amount of urine is retained in the collection vessel in order to measure the sample's specific gravity.

3.33 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.

3.34 The DCO shall test the specific gravity of the sample using the residual urine in the collection vessel. A specific gravity of 1.010 or higher is recommended (or 1.005 where a refractometer is used). If the sample does not meet this specification, the athlete shall be required to provide a further sample in accordance with the procedure set out below (see Urine Samples – samples that do not meet the required specific gravity). The DCO shall ensure that any residual urine that will not be sent for analysis is discarded.

Urine Samples – insufficient volume

3.35 Where the volume of urine is insufficient (see 3.27 above), the DCO shall inform the athlete that he will be required to add to the urine provided in order to meet the required minimum amount.

3.36 The DCO shall instruct the athlete to select a partial sample container or kit from a selection of sealed containers or kits and to check that all the seals on the selected equipment are intact and that the equipment has not been tampered with.

3.37 The DCO shall then instruct the athlete to open the relevant equipment, pour the insufficient sample into the partial sample container and seal it as directed by the DCO. The DCO shall check, in full view of the athlete, that the partial sample container has been properly sealed.

3.38 The DCO and the athlete shall check that the equipment code number and the volume and identity of the insufficient sample are recorded accurately by the DCO. The DCO shall retain control of the sealed partial sample container.

3.39 While waiting to provide an additional sample, the athlete shall remain under continuous observation and be given the opportunity to hydrate if necessary.

3.40 When the athlete is able to provide an additional sample, the procedures for collection of the sample shall be repeated as set out above until a sufficient volume of urine has been provided by combining the initial and additional sample(s).

3.41 When the DCO is satisfied that a sufficient volume of urine has been provided, the DCO and athlete shall check the integrity of the seal(s) of the partial sample container(s) containing the previously provided insufficient sample(s). Any irregularity with the integrity of such seal(s) will be recorded by the DCO in writing and may be subject to further investigation, as appropriate.

3.42 The DCO shall then direct the athlete to break the seal(s) of the partial sample container and combine the samples, ensuring that the additional sample is added sequentially to the first sample collected until the required volume of the urine (or more) is met. The DCO shall ensure that any residual urine not to be sent for analysis is discarded.

3.43 The athlete shall have fulfilled his duty to submit to doping control only after having delivered the required volume of urine, irrespective of the time necessary for this. The DCO and the athlete shall then continue with the sample collection process as described in 3.28 and following.

Urine Samples - samples that do not meet the required specific gravity

3.44 If the sample does not meet the required specific gravity, then the DCO shall inform the athlete that he is required to provide a further sample. This further sample shall not be collected for at least one hour after the time of the first.

3.45 While waiting to provide the further sample, the athlete shall remain under continuous observation. He shall refrain from hydrating during this period.

3.46 When the athlete is able to provide the further sample, the procedures for collection of the urine samples shall be repeated as set out above.

3.47 The DCO shall record the fact that the samples collected belong to the same athlete and the order in which the samples were provided.

3.48 The DCO shall ensure that any residual urine not to be sent for analysis is discarded.

3.49 The athlete shall have fulfilled his duty to submit to doping control only after having delivered the required volume of acceptable urine, irrespective of the time and the number of attempts necessary for this. The DCO and the athlete shall then continue with the sample collection process as described in 3.28 and following.

Collection of Blood Samples

3.50 Following completion of the notification procedures (see 3.10 - 3.20 above) and the athlete's arrival at the Doping Control Station, the BCO/other responsible official shall ensure that the athlete is informed of the requirements of the blood sample collection before the sample collection begins. The BCO/other responsible official shall ask the athlete whether he has been tested before and whether he requires an explanation of the blood sample collection procedure. If the athlete has not been

tested before, or requests an explanation of the procedure, the BCO/other responsible official shall explain the blood collection procedure to him.

3.51 No blood sample shall be taken from an athlete unless the athlete has given his consent to blood testing. If an athlete refuses to give his consent, a blood sample shall not be taken from him. Such a failure, other than in the circumstances set out in 3.61 below, shall however be regarded as a refusal to submit to doping control under IAAF Rule 32.2(c). In the event of a refusal to provide a blood sample, the athlete may nevertheless be required to provide a urine sample which shall be analysed for the full range of prohibited substances.

3.52 The BCO/other responsible official and the athlete shall proceed to the area where the sample will be provided.

3.53 The BCO/other responsible official shall ensure the athlete is offered as comfortable conditions for the sample collection as possible, including being in a relaxed position for a reasonable length of time prior to providing the sample.

3.54 The BCO/other responsible official shall instruct the athlete to choose a blood sampling kit from a selection of at least two sealed kits. Blood sampling kits shall normally contain either a single tube or two tubes ("A" sample tube and a "B" sample) depending on the purpose of the sampling as follows.

Blood screening for haematological parameters

Number of samples: 1
Volume required: 1 x 3ml
Number of tubes: 1 (containing an anti-coagulant such as EDTA)

Blood analysis for prohibited substances and prohibited methods

Number of samples: 2 ("A" sample and "B" sample)
Volume required: 2 x 3ml (or as specified by the relevant laboratory)
Number of tubes: 2 (containing an anti-coagulant such as EDTA)

Analysis of serum for prohibited substances and methods

Number of samples: 2 ("A" and "B" sample)
Volume required: 2 x 3ml (or as specified by the relevant laboratory)
Number of tubes: 2

The athlete shall check that all the seals on the selected equipment are intact and that the equipment has not been tampered with. Sterile needles and syringes may be made available separately if required. If the athlete is not satisfied with the selected equipment, he may select another. If the athlete is not satisfied with any of the equipment available for selection, this fact shall be recorded by the BCO/other responsible official. If the BCO/other responsible official does not agree with the athlete's opinion that all the equipment available for selection is unsatisfactory, the BCO/other responsible official shall instruct the athlete to proceed with the Sample Collection Session. If the BCO/other responsible official agrees with the reasons

put forward by the athlete that all the equipment for selection is unsatisfactory, the BCO/other responsible official shall terminate the collection of the athlete's blood sample and this shall be recorded by the BCO/other responsible official.

3.55 When a blood sample collection kit has been selected, the BCO/other responsible official and the athlete shall check that all code numbers match and that this code number is recorded accurately by the DCO.

3.56 If the athlete or BCO/other responsible official finds that the numbers are not the same, the BCO/other responsible official shall instruct the athlete to choose another kit. The BCO/other responsible official shall record the matter.

3.57 The BCO shall provide the athlete with evidence of his qualification before the blood sample collection takes place. Blood sample collections shall only be conducted by medically qualified personnel or by a qualified phlebotomist.

3.58 The BCO shall clean the skin with a sterile disinfectant wipe or swab and, if necessary, apply a tourniquet. The BCO shall take the blood sample from a superficial vein. No blood sample shall be taken from any part of the athlete's body other than from the arm or hand. The tourniquet, if applied, shall be immediately removed after the venipuncture has been made.

3.59 The amount of blood removed shall be adequate to satisfy analytical requirements for the sample analysis to be performed. The blood shall be collected into one or more tubes depending on the purpose of the sampling. No more than 25 millilitres of blood shall be withdrawn.

3.60 If the amount of blood that can be removed from the athlete at the first attempt is insufficient, the BCO shall repeat the procedure. The maximum number of attempts however shall be three. Should all attempts fail, then the BCO shall inform the DCO/other responsible official. The DCO/other responsible official shall terminate the collection of the blood sample and record this and the reasons for terminating the collection.

3.61 An athlete shall be entitled to refuse to provide a blood sample if:

(a) the BCO purporting to conduct the blood sampling is unable to provide the athlete with evidence of his qualification;

(b) none of the blood sampling kits available for use are sealed and intact;

(c) the BCO seeks to withdraw more than 25 mls of blood from the athlete;

(d) the BCO seeks to take more than three attempts to withdraw the required amount of blood;

(e) the BCO seeks to withdraw blood otherwise than from one of the specified sites set out above.

3.62 The BCO shall apply a dressing to the puncture site(s).

3.63 The BCO shall dispose of any used blood sampling equipment not required for completing the Sample Collection Session.

3.64 The blood shall be withdrawn from the athlete into a tube (or tubes).

(a) where blood has been taken for the purpose of blood screening or for the analysis of whole blood, the tube(s) shall be inverted gently to mix the blood with the anti-coagulant contained in the tube(s);

(b) where blood has been taken for the analysis of serum, the tubes shall be inverted gently 5 times to accelerate clotting. Clotting and centrifugation procedures shall then be carried out on the samples in accordance with the requirements of the Blood Testing Protocol.

Each tube shall be marked with a code number. This code number should be recorded by the relevant official on the athlete's Doping Control Form and the athlete should ensure that the code number on the tube(s) corresponds to that entered by the official on the form. The tube (or tubes) shall be re-inserted into the original sample collection kit for storage prior to transportation. The kit shall be sealed. The athlete and the DCO/other responsible official shall check that the sealing of the kit is satisfactory.

3.65 The sealed sample shall be kept in secure conditions at a cool, but not freezing, temperature prior either to analysis at a mobile testing unit situated at the Doping Control Station itself or dispatch to a WADA-accredited laboratory or hematological laboratory which has been approved by the IAAF for the conduct of the analysis.

3.66 Where the IAAF carries out blood sampling, it may also require that the athlete provides a urine sample. If an athlete refuses to provide a urine sample, he shall be deemed to have refused to submit to doping control and may be subject to sanctions under IAAF Rule 32.2(c). The urine sample shall be collected in accordance with paragraphs 3.21 - 3.49 of these Procedural Guidelines.

Post-Sample collection procedures for Urine/Blood Samples

3.67 Any behaviour by the athlete and/or persons associated with the athlete or anomalies arising with the potential to compromise the sample collection shall be recorded and reported to the IAAF. If appropriate, on receipt of the report, the IAAF shall investigate the athlete's failure to comply.

3.68 The DCO/other responsible official shall provide the athlete with the opportunity to document any concerns he may have about how the session was conducted.

3.69 In conducting the Sample Collection Session, it is recommended that the following information shall be recorded on the Doping Control Form as a minimum:

(a) date and time of notification;

(b) date, time and type of sample provision;

(c) the name of the athlete;

(d) the date of birth of the athlete;

(e) the gender of the athlete;

(f) the athlete's home address and telephone number;

(g) the athlete's discipline;

(h) the sample(s) code number(s);

(i) the name and signature of the Chaperone, where applicable, who witnessed the urine sample provision;

(j) the name and signature of the BCO who collected the blood sample;

(k) required laboratory information on the sample;

(l) medications and supplements taken and recent blood transfusion details, if applicable;

(m) any irregularities in procedures;

(n) athlete comments or concerns regarding the conduct of the session, if such are provided;

(o) the name and signature of the athlete;

(p) the name and signature of the athlete's representative, if any; and

(q) the name and signature of the DCO/other responsible official.

3.70 The athlete and the DCO/other responsible official shall sign the Doping Control Form to indicate their satisfaction that details of the athlete's Sample Collection Session have been accurately recorded, including any concerns voiced by the athlete. The athlete's representative shall sign on behalf of the athlete if the athlete is a minor. Other persons present who had a formal role during the athlete's Sample Collection Session may also sign the documentation as a witness of the proceedings.

3.71 The Doping Control Form used for the Sample Collection Session shall be devised so that duplicate copies are produced at the same time. These should be dealt with as follows:

(a) the original to be retained by or sent to the IAAF;

(b) a copy to be retained by the representative of the relevant testing authority;

(c) a copy to be given to the athlete;

(d) a special copy to be sent to the laboratory or, where applicable, retained by the mobile testing unit which is to conduct the analysis. The copy that is sent to the laboratory should not contain any information that can identify the athlete who has provided the sample.

Sample storage

3.72 Following collection, the sealed samples should be stored in appropriate conditions in a manner that protects their integrity, identity and security prior to transportation from the Doping Control Station. Blood samples and/or urine samples collected for the purposes of testing an athlete for rh-EPO should be stored in accordance with the requirements set out in the Blood Testing Protocol.

3.73 Before the bottles containing the urine samples and/or the tubes containing the blood samples are packed for transportation, it should be confirmed that all samples that have been taken are present and that the number of samples is in accordance with the list of code numbers.

3.74 The DCO or other responsible official shall ensure that a Doping Control Form for each sealed sample is completed and securely handled.

Transportation of Samples

3.75 A transportation system shall be used that ensures that samples are transported to the laboratory in a manner that protects their integrity, identity and security. Blood samples and/or urine samples collected for the purposes of testing an athlete for rh-EPO should be transported in accordance with the requirements set out in the Blood Testing Protocol.

3.76 Sealed samples shall be transported using the authorised transport method as soon as practicable after the completion of the Sample Collection Session. The samples should, at a minimum, be placed in a suitable outer container for despatch to the laboratory.

3.77 All information relating to the Chain of Custody of the samples collected should be recorded, including confirmation that the samples have arrived at their intended destination.

3.78 Documentation identifying the athletes shall not be included with the samples sent to the laboratory.

3.79 The DCO shall send all relevant Sample Collection Session documentation to the IAAF as soon as practicable after the completion of the Sample Collection Session.

3.80 The Chain of Custody shall be checked by the IAAF either in circumstances where the receipt of the samples and accompanying documentation has not been confirmed at the intended destination or if a sample's integrity or identity may have been compromised during transportation. In such a case, the IAAF shall consider whether the sample in question should be voided but the opening of the outer container will not, of itself, invalidate the sample.

Analysis of Samples

3.81 Without exception, all samples shall be sent for analysis to a WADA-accredited laboratory (or, where applicable, to a hematological laboratory or mobile testing unit) which has been approved by the IAAF. Where required, instructions for the type of analysis to be conducted shall be provided to the laboratory concerned.

3.82 Samples shall be analysed, and the results of the analyses communicated, in accordance with IAAF Rule 36, the International Standard for Laboratory Analysis and these Procedural Guidelines.

4. OUT-OF-COMPETITION TESTING

4.1 The IAAF Medical and Anti-Doping Department may, on the advice of the Medical and Anti-Doping Commission, appoint DCOs and Sample Collection Personnel to conduct or assist with out-of-competition testing on athletes. It may also appoint any third party as an IAAF authorised out-of-competition collection agency which may, in turn, appoint DCOs and Sample Collection Personnel to conduct or assist with out-of-competition testing on the IAAF's behalf.

4.2 All Sample Collection Personnel appointed under 4.1 shall have been trained for their assigned responsibilities, shall not have a conflict of interest in the outcome of the sample collection for which they are appointed and shall not be minors.

4.3 The IAAF Medical and Anti-Doping Department shall maintain a register of all DCOs/BCOs appointed by the IAAF, or by an IAAF authorised collection agency, to conduct or assist with out-of-competition testing on its behalf. However, the fact that a DCO/BCO's name has not yet been added to the IAAF register shall not affect his competence to carry out this function.

4.4 Sample Collection Personnel appointed for out-of-competition testing shall have official identification that is provided and controlled by the IAAF or by the IAAF authorised collection agency. The minimum identification requirement is an official card/document naming the IAAF or IAAF authorised collection agency by which the person has been authorised. For DCOs, additional identification requirements shall include the person's name and photograph and the card's/document's expiry date. For Blood Collection Officials, additional identification requirements shall include the person's name and photograph and evidence of his qualification in the collection of blood samples.

Registered Testing Pool

4.5 The IAAF shall establish a Registered Testing Pool of athletes who may be subject to no advance notice out-of-competition testing by the IAAF at any time. The

IAAF shall consider athletes for inclusion in the Registered Testing Pool based upon the following criteria:

(i) the top-ranked athletes according to the official IAAF World Rankings Lists in Athletics; and

(ii) the top-performing athletes according to the official IAAF Top Performance Lists in Athletics.

For the avoidance of doubt, the above criteria shall be for guideline purposes only and the IAAF may at its sole discretion include any athlete in the Registered Testing Pool which it considers to be appropriate. The IAAF's determination of the composition of the Registered Testing Pool shall be final and shall not be subject to challenge by any athlete or other person.

4.6 The Registered Testing Pool shall be published on the IAAF website. It shall be reviewed and updated on a monthly basis to reflect changes in athletes' competing levels and to ensure such other additions to it as may be considered appropriate. Once an athlete has been added to the Registered Testing Pool, he shall remain in the Pool until notice of his removal by the IAAF.

4.7 National Federations conducting their own no advance notice out-of-competition testing programmes may establish their own registered testing pools. These shall include as a minimum athletes who are part of national teams. A copy of any registered testing pool established by a National Federation shall be forwarded to the IAAF for information.

4.8 The IAAF shall collect athlete whereabouts information for the athletes in the IAAF Registered Testing Pool in accordance with IAAF Rule 35.16. Under such Rule, athletes shall be required to keep their whereabouts information on file on a quarterly basis and shall be required to notify the IAAF immediately that there is any change to such information to ensure that it is kept current at all times. The responsibility for providing whereabouts information rests in each case with the athlete.

4.9 If an athlete in the IAAF Registered Testing Pool fails on request to provide the IAAF with his whereabouts information, or fails to provide the IAAF with adequate whereabouts information, or is unable to be located at the updated whereabouts information retained on file for the athlete, he shall be subject to an evaluation by the IAAF Anti-Doping Administrator for a missed test. If an athlete is evaluated as having 3 missed tests in any period of 5 years beginning with the date of the first test, he shall have committed an anti-doping rule violation in accordance with IAAF Rule 32.2(d).

4.10 As a minimum, the following athlete whereabouts information shall be collected from athletes in the IAAF Registered Testing Pool:

(a) full name;
(b) event;
(c) current home address;
(d) separate mailing address, if appropriate;
(e) contact phone number(s);
(f) regular training times, schedules and venues;
(g) temporary training times, schedules and venues (e.g., training camps);
(h) travel plans; and
(i) competition schedule.

Selection of Athletes for Testing

4.11 Athletes in the IAAF Registered Testing Pool shall be selected for no advance notice out-of-competition testing by the IAAF using random selection methods and by target testing. Selection shall be made having regard to the number of sample collections allocated in the IAAF test distribution plan.

4.12 The IAAF may consider target testing athletes based on any of the following information:

(a) injury;
(b) withdrawal or absence from expected competition;
(c) going into or coming out of retirement;
(d) behaviour indicating suspected doping;
(e) sudden major improvements in performance;
(f) changes in athlete whereabouts information that can indicate a potential increase in the risk of doping, including moving to a remote location;
(g) athlete sport performance history;
(h) details of past doping controls;
(i) athlete reinstatement after a period of ineligibility; and
(j) reliable information obtained from a third party.

4.13 The IAAF may also select athletes for no advance notice out-of-competition testing who are not included in the IAAF Registered Testing Pool defined in 4.5 above.

4.14 Where the IAAF delegates its authority to an IAAF authorised collection agency to select athletes for no advance notice out-of-competition testing, the IAAF shall provide selection criteria to the IAAF authorised collection agency for this purpose in accordance with the test distribution plan.

4.15 Following the selection of an athlete for no advance notice out-of-competition testing and prior to the notification of the athlete concerned, the decision to select

the athlete for testing shall be disclosed only to those who need to know in order to ensure that the athlete can be notified and tested on a no advance notice basis.

Notification of Athletes

4.16 No advance notice shall be the notification method for out-of-competition testing by the IAAF. Advance notice testing shall only be conducted in exceptional cases (see paragraph 4.20 below).

4.17 The DCO or Chaperone, as applicable, shall seek to establish the location of the selected athlete by reference to the athlete whereabouts information provided and shall plan the approach and timing of the notification accordingly.

4.18 For no advance notice out-of-competition sample collection, reasonable attempts should be made to notify athletes of their selection for sample collection using the most up-to-date whereabouts provided. The DCO should record all notification attempts that were made by him in such period.

4.19 If the athlete cannot be contacted by the DCO or Chaperone after reasonable attempts have been made using the whereabouts information provided by the athlete, the matter shall be reported to the IAAF as soon as possible and the IAAF shall proceed to evaluate whether there has been a missed test for the athlete concerned.

4.20 The DCO shall not re-schedule or change a sample collection from no advance notice to advance notice except where an unexpected situation forces the need for an advance notice sample collection. Any such decision shall be recorded by the DCO. Notification for advance notice sample collection shall be by any means that indicates that the athlete received the notice.

4.21 Where, in exceptional cases, a sample collection is to proceed on an advance notice basis, the DCO shall arrange with the athlete a time and place for the testing to take place. The DCO and the athlete shall seek to agree on a time and place that is convenient to both parties. If they are unable to agree, the final decision as regards the time and place of the test shall be taken by the DCO.

4.22 Where an arrangement has been made between a DCO and an athlete for advance notice testing, it is the athlete's responsibility to check prior to the arranged meeting that there is no possible confusion over the agreed time and precise location for the testing to take place.

4.23 When initial contact is made with the athlete, the DCO or Chaperone, as applicable, shall as discreetly as possible:

(a) identify himself to the athlete by showing him his official identification (see 4.4 above); and

(b) if necessary, confirm the athlete's identity to ensure that the athlete who is to be notified is the same athlete who has been selected for doping control. Any failure by the athlete to confirm his identity on request to do so shall be documented. In such a case, the DCO responsible for conducting the Sample Collection Session shall decide whether it is appropriate to report the situation as a failure to comply.

4.24 The DCO or Chaperone, as applicable, shall ensure that the athlete is informed:

(a) that he is required to undergo a sample collection;

(b) of the authority under which the sample collection is to be conducted;

(c) of the type of sample collection to be conducted and, where appropriate, any conditions that need to be adhered to prior to the sample collection;

(d) of the athlete's rights, including the right to:

(i) have a representative and, if required, an interpreter accompany him to the Doping Control Station;

(ii) ask for additional information about the sample collection process;

(iii) request a delay in reporting to the Doping Control Station where valid reasons for a delay exist (see 4.27 below);

(e) of the athlete's responsibilities, including the requirement to:

(i) remain within sight of the DCO/Chaperone at all times from the first moment of notification in person by the DCO/Chaperone until the completion of the sample collection procedure;

(ii) produce a document confirming his identification on request;

(iii) comply with the sample collection procedure;

(iv) report to the Doping Control Station, unless delayed for valid reasons (see 4.27 below) as soon as possible and within 60 minutes of the time of notification for a no advance notice sample collection or within 12 hours of receipt of the time of notification for an advance notice sample collection.

(f) of the location of the Doping Control Station.

4.25 The DCO or Chaperone shall then have the athlete sign an appropriate form to acknowledge and accept the notification. If the athlete refuses to sign the notification form or otherwise seeks to evade the notification, the DCO/Chaperone shall (if possible) inform the athlete of the consequences of his refusal or failure to submit to doping control. If the notification is being performed by a Chaperone, he shall immediately report all relevant facts to the DCO. The DCO shall then inform the athlete of his obligation to undergo doping control and of the consequences of his refusal or failure to do so. If the athlete still refuses to sign the notification form, the DCO shall report the position to the IAAF as a refusal or failure to submit to doping control for the purpose of IAAF Rule 32.2(c).

4.26 Once the athlete has signed the notification form, he must report to the Doping Control Station as soon as possible but no later than the time stipulated on the form (being 60 minutes after the time of acknowledgement and acceptance of notification). From the time of notification until the athlete leaves the Doping Control Station at the end of his Sample Collection Session, the athlete should be kept under observation at all times.

4.27 The DCO shall consider any reasonable request by the athlete to delay reporting to the Doping Control Station beyond the 60 minute period or to leave the Doping Control Station after he has reported for testing, but only for valid reasons relating to the following activities:

(a) obtaining necessary medical treatment;

(b) locating a representative and/or interpreter; or

(c) some other valid and justifiable reason.

4.28 A DCO shall reject a request from an athlete under 4.27 above if it will not be possible for the athlete to be continuously chaperoned during the period in question.

4.29 The DCO shall always document the reasons for any delay in an athlete reporting to the Doping Control Station and/or for an athlete leaving the Doping Control Station after reporting for testing. These reasons shall be submitted to the IAAF for further investigation, if necessary.

4.30 If the DCO gives approval for the athlete to leave the Doping Control Station after reporting for testing, he shall agree either the time of his return or his return upon completion of an agreed activity. The DCO shall document this information and then the actual time of the athlete's departure and return.

4.31 If, while keeping an athlete under observation, Sample Collection Personnel observe any matter which, in their opinion, has the potential to compromise the athlete's test, the circumstances shall be reported to, and documented by, the DCO. Where appropriate, the DCO shall notify the athlete that he is reporting a failure by the athlete to comply and that a further investigation may be carried out and appropriate follow up action taken. If possible, the athlete's Sample Collection Session shall still be completed.

4.32 When an athlete notified of an advance notice sample collection does not report to the Doping Control Station at the designated time, the DCO shall use his judgment whether to attempt to contact the athlete further but shall be under no obligation to do so. At a minimum, the DCO shall wait 30 minutes after the designated time before departing the Doping Control Station, at which time the athlete will be declared absent from testing. A subsequent appeal by an athlete on the grounds that he did not fully understand where to go, or that he went at the wrong time, will not be

considered. An athlete who is absent from testing will be deemed to have refused to submit to doping control in accordance with IAAF Rule 32.2(c).

4.33 If the athlete reports to the Doping Control Station after the minimum waiting time for advance notice testing, but prior to the DCO's departure, the DCO shall decide whether to process a failure to comply for doping control. If at all possible, the DCO shall proceed with collecting a sample from the athlete and shall document the details of the delay in the athlete reporting for testing.

4.34 If, while keeping the athlete under observation, the DCO or Chaperone observes any matter which has the potential to compromise the sample collection, the relevant circumstances shall be reported to and documented by the DCO. Where appropriate, the DCO shall report a failure to comply.

Collection of samples

4.35 The DCO shall select an appropriate site for the Doping Control Station where the out-of-competition testing is to take place.

4.36 The DCO will make every effort to collect the required sample from the athlete as discreetly as possible and with the maximum of privacy but the circumstances may impose difficulties on the DCO that cannot be overcome.

4.37 The DCO shall use the same procedures for the collection of urine and blood samples out-of-competition as for the collection of urine samples (see 3.21 – 3.49 above) and blood samples (see 3.50 – 3.66 above) in-competition.

4.38 The post-sample collection procedures to be applied in-competition (see 3.67 - 3.71 above) shall, where appropriate, also be applied to urine and blood samples collected out-of-competition.

Storage of samples

4.39 Following collection, the sealed samples should be stored in appropriate conditions in a manner that protects their integrity, identity and security prior to transportation from the Doping Control Station. Blood samples and/or urine samples collected for the purposes of testing an athlete for rh-EPO should be stored in accordance with the requirements set out in the Blood Testing Protocol.

4.40 Before the bottles containing the urine samples and/or the tubes containing the blood samples are packed for transportation, it should be confirmed that all samples that have been taken are present and that the number of samples is in accordance with the list of code numbers.

4.41 The DCO or Chaperone, as applicable, shall ensure that a Doping Control Form for each sealed sample is completed and securely handled.

4.42 Without exception, all samples shall be sent to WADA-accredited laboratories (or, where applicable, to hematological laboratories) which have been approved by the

IAAF. Where required, instructions for the type of analysis to be conducted shall be provided.

Transportation of Samples

4.43 A transportation system shall be used that ensures that the samples and accompanying documentation will be transported to the laboratory in a manner that protects their integrity, identity and security. Blood samples and/or urine samples collected for the purposes of testing an athlete for rh-EPO should be transported in accordance with the requirements set out in the Blood Testing Protocol.

4.44 Sealed samples shall be transported using an authorised transport method as soon as practicable after the completion of the Sample Collection Session. The samples should, at a minimum, be placed in a suitable outer container for despatch to the laboratory.

4.45 All information relating to the Chain of Custody of the samples and accompanying documentation should be recorded, including confirmation that the samples and accompanying documentation have arrived at their intended destination.

4.46 Documentation identifying the athletes shall not be included with the samples or accompanying documentation sent to the laboratory.

4.47 The DCO shall send all relevant Sample Collection Session documentation to the IAAF as soon as practicable after the completion of the Sample Collection Session.

4.48 The Chain of Custody shall be checked by the IAAF either if receipt of the samples and accompanying documentation is not confirmed at their intended destination or if a sample's integrity or identity may have been compromised during transportation. In such a case, the IAAF shall consider whether the sample in question should be voided but the opening of the outer container will not, of itself, invalidate the sample.

Waiver

4.49 The nature of no advance notice out-of-competition testing makes it inevitable that no or little advance warning is given to the athlete. Every effort will be made by the DCO/BCO to collect the sample speedily and efficiently with the minimum of interruption to the athlete's training plans and/or social or work arrangements. If there is an interruption, however, no athlete may take action to gain compensation for any inconvenience caused.

5. THERAPEUTIC USE EXEMPTIONS

Introduction

5.1 In accordance with IAAF Rule 34.5, athletes with a documented medical condition requiring the use of a prohibited substance or prohibited method in the Prohibited List must first obtain a TUE.

5.2 An application for a TUE for the use of a prohibited substance or a prohibited method is required:

(a) out-of-competition - for the use of the substances and methods listed in the Prohibited List as being prohibited at all times (see S1-S5 and M1-M3 of the Prohibited List); and

(b) in-competition - for the use of the substances and methods listed in the Prohibited List as being prohibited at all times (see S1-S5 and M1-M3) and for the use of the substances and methods listed as being prohibited in-competition only (see S6-S9).

5.3 Applications for a TUE which are made by International-Level athletes must be submitted to the IAAF in accordance with the procedures set out below.

5.4 Applications for a TUE in all other cases must be submitted to the appropriate TUE body established within the athlete's National Federation, or by such other body as may be designated by the athlete's National Federation to review TUE cases, or which otherwise has competent authority to grant TUEs in the Country or Territory of the National Federation. All such applications should be reviewed in accordance with the principles set out in this Chapter 5 below. An athlete may not apply for a TUE to more than one body at a time.

The IAAF TUE Sub-Commission

5.5 The IAAF Council shall appoint a specific body to review TUE applications submitted to the IAAF that are referred to it in accordance with IAAF Rules and with these Procedural Guidelines. This body shall be established as a Sub-Commission of the IAAF Medical and Anti-Doping Commission (the "IAAF TUESC"). The Chairman of the Medical and Anti-Doping Commission shall also be the Chairman of the IAAF TUESC.

5.6 The IAAF TUESC shall include, in addition to the Chairman, at least two physicians with experience in the care and treatment of athletes and with a sound knowledge of clinical, sports and exercise medicine. The Chairman of the Medical and Anti-Doping Commission shall have authority at any time to appoint an additional person or persons to the IAAF TUESC, as may be required, on a temporary basis. A

minimum of three members of the IAAF TUESC shall review each TUE application that is specifically referred to it.

5.7 In order to ensure a level of independence of decision-making, a majority of the members of the IAAF TUESC reviewing a TUE application should not have any official day to day responsibility within the IAAF. All members of the IAAF TUESC will in any event sign a conflict of interest agreement. No member of the IAAF TUESC shall adjudicate on a TUE application submitted by an athlete from (or representing) his own country.

5.8 The members of the IAAF TUESC may exchange views on TUE applications by any appropriate means, including by e-mail, telephone, facsimile or in person.

5.9 The IAAF TUESC may, in the course of reviewing a TUE application, seek from external, independent experts (including, where appropriate, from the WADA TUE Committee and/or the IOC TUE Committee) any additional medical or scientific advice as it may deem to be necessary.

5.10 The IAAF TUESC may, in the course of exercising its function, refer to the Council for its opinion or guidance, either in relation to a particular case or on any matter of general policy that may arise.

Confidentiality of Information

5.11 The members of the IAAF TUESC and all IAAF staff involved in the administration of TUE applications under these Procedural Guidelines shall conduct their activities in strict confidence. All members of the IAAF TUESC and all IAAF staff involved will sign confidentiality agreements. In particular, the following information shall be kept confidential:

(a) all medical information and data provided by the athlete and physician(s) involved in the athlete's care;

(b) all details of the application including the name of the physician(s) involved in the process.

5.12 Should the assistance of external, independent experts be required, all details of the application will be circulated without identifying the athlete involved.

5.13 Should the athlete wish to revoke the right of the IAAF TUESC to obtain any health information on his behalf, the athlete must notify his medical practitioner in writing of the fact. As a consequence of such a decision, the athlete will not receive approval for a TUE or renewal of an existing TUE.

Standard TUE Application Process

5.14 For TUE applications for the use of beta-2 agonists by inhalation and glucocorticosteroids by non-systemic routes (as listed in 5.28 (b) below), an abbreviated application process has been established (see 5.28 below). For TUE applications for the use of all other prohibited substances and prohibited methods, a standard TUE application process is to be used as set out below.

5.15 A standard TUE application to the IAAF must be submitted on the IAAF's TUE Standard Application form.

5.16 A standard TUE application for the use of a prohibited substance or a prohibited method in-competition must be submitted to the IAAF no less than 21 days before the athlete participates in the competition in question.

5.17 A standard TUE application will not be considered for retroactive approval except in cases where:

(a) emergency treatment or treatment of an acute medical condition was necessary, or

(b) due to exceptional circumstances, there was insufficient time or opportunity for an applicant to submit an application, or for an application to be reviewed, prior to the athlete submitting to doping control.

5.18 The standard TUE application must be legible and complete. It will only be considered to be complete if all boxes on the TUE Standard Application Form have been properly filled in and if it is accompanied by all supporting medical documents as follows:

(a) a comprehensive medical history and the results of all examinations, laboratory investigations and imaging studies relevant to the application;

(b) a statement by an appropriately qualified physician attesting to the necessity of the otherwise prohibited substance or prohibited method in the treatment of the athlete and describing why an alternative, permitted medication cannot, or could not, be used in the treatment of such condition; and

(c) the dose, frequency, route and duration of administration of the otherwise prohibited substance or prohibited method in question must be specified in the application.

5.19 The athlete's standard TUE application must list any previous and/or current requests for permission to use an otherwise prohibited substance or prohibited method, the body to whom that request was made, and the decision of that body.

5.20 Any additional relevant investigations, examinations or imaging studies that may be requested will be undertaken at the expense of the applicant or his National Federation.

5.21 The applicant for a standard TUE must provide written consent in his application for the transmission of all information concerning the application to members of the IAAF TUESC and, as required, other independent medical or scientific experts, and to all necessary staff involved in the management, review or administration of TUEs.

5.22 The applicant must also provide written consent for the decision of the IAAF TUESC as regards his TUE application to be notified to other relevant organisations pursuant to IAAF Rule 34.5.

Criteria for granting Standard TUE Applications

5.23 All standard TUE applications, providing that they are legible and complete, shall be referred for adjudication by the IAAF TUESC.

5.24 Standard TUE applications will be granted by the IAAF TUESC only in cases of clear and compelling need in strict accordance with the following criteria:

(a) that the athlete would experience a significant impairment to his health if the prohibited substance or prohibited method was to be withheld in the course of treating an acute or chronic medical condition.

(b) that the therapeutic use of the prohibited substance or prohibited method would produce no additional enhancement of performance other than that which might be anticipated by a return to a state of normal health following the treatment of a legitimate medical condition. The use of any prohibited substance or prohibited method to increase "low-normal" levels of any endogenous hormone or physiological blood parameter is not considered an acceptable therapeutic intervention.

(c) that it is possible without undue difficulty to monitor or control the dose, frequency, method of administration or other aspect of the use of a prohibited substance or prohibited method that may otherwise permit an enhancement of performance other than a return to a state of normal health;

(d) that there is no reasonable therapeutic alternative to the use of the otherwise prohibited substance or prohibited method.

(e) that the necessity for the use of the otherwise prohibited substance or prohibited method is not a consequence, either wholly or in part, of a prior non-therapeutic use of any prohibited substance on the Prohibited List.

(f) in no circumstances, shall a TUE be granted to an athlete if the IAAF considers that he would thereby gain a competitive advantage over another athlete.

Decision of the IAAF TUESC in standard TUE applications

5.25 The decision of the IAAF TUESC in respect of a standard TUE application will be conveyed to the athlete in writing, with a copy sent to his National Federation, the relevant national anti-doping organisation (if appropriate) and WADA. Where a TUE has been granted, the athlete and WADA will be provided promptly with a certificate of approval confirming the duration of the TUE and specifying any requirements or conditions that may have been attached to the granting of the TUE by the IAAF TUESC.

5.26 A decision of the IAAF TUESC to grant or deny a standard TUE may be appealed in accordance with IAAF Rule 60.

Cancellation/Expiry of standard TUEs

5.27 A standard TUE will be cancelled if:

(a) the athlete does not comply with any requirements or conditions imposed on the granting of the TUE by the IAAF TUESC.

(b) the term for which the TUE was granted by the IAAF TUESC has expired.

(c) the athlete is advised that the granting of the TUE by the IAAF TUESC has been withdrawn.

Abbreviated TUE Application Process

5.28 The abbreviated TUE application process shall be strictly limited to applications for the use of:

(a) beta-2 agonists by inhalation (formoterol, salbutamol, salmeterol and terbutaline); and

(b) glucocorticosteroids by intra-articular injection, intra-bursal injection, peritendinous injection, intra-cystic injection, pulmonary inhalation, iontophoresis or anal topical preparation.

5.29 An abbreviated TUE application to the IAAF must be submitted on the relevant IAAF TUE Abbreviated Application Form.

5.30 An abbreviated TUE application to the IAAF for the use of:

(a) a beta-2 agonist by inhalation must be submitted to the IAAF before any use of the beta-2 agonist by the athlete either in or out-of-competition; and

(b) a glucocorticosteroid by non systemic (as listed in 5.28 (b) above), routes in-competition must be submitted to the IAAF before the athlete participates in-competition.

5.31 An abbreviated TUE application will not be considered for retroactive approval except where:

- emergency treatment or treatment of an acute medical condition was necessary, or

- due to exceptional circumstances, there was insufficient time or opportunity for an applicant to submit, or (where applicable) for the IAAF TUESC to receive, an application prior to the athlete's doping control.

5.32 The abbreviated TUE application must be legible and complete. It will only be considered to be complete if all boxes on the TUE Abbreviated Application Form have been properly filled in, including stating:

(a) the diagnosis and, when applicable, any tests undertaken in order to establish the diagnosis (without providing the actual results or details of the tests save in the case of an abbreviated TUE application under 5.33 below); and

(b) the name of the drug, the dosage, route of administration and the duration of the treatment.

5.33 In the case of an abbreviated TUE application to the IAAF for the use of Beta-2 agonists by inhalation, the TUE Abbreviated Application Form must in addition be accompanied by all supporting medical documents required by the IAAF Beta-2 Agonists Protocol. This documentation includes:

(a) the athlete's detailed medical records; and

(b) positive provocation test results.

For full details of the documentation required, the IAAF Beta-2 Agonists Protocol should be consulted on the IAAF website at www.iaaf.org/antidoping

5.34 If an abbreviated TUE application for the use of a glucorticosteroid by a non-systemic route (as listed in 5.28 (b) above), is legible and complete, the IAAF shall

write to the athlete to inform him that the TUE is effective immediately. The IAAF shall copy this notification to the athlete's National Federation, the relevant national anti-doping organisation (if appropriate) and WADA.

5.35 If an abbreviated TUE application for the use of Beta-2 agonists is legible and complete and includes all the supporting medical documents required by the IAAF Beta-2 Agonists Protocol, the IAAF shall write to the athlete to inform him that the TUE is effective immediately pending further review by the IAAF TUESC. The IAAF shall copy this notification to the athlete's National Federation, the relevant national anti-doping organisation (if appropriate) and WADA. Following the further review of the application by the IAAF TUESC, either the IAAF will confirm the TUE and issue the athlete with a certificate of approval confirming the duration for which the TUE is granted or it will cancel the TUE. If the IAAF confirms the TUE, the IAAF shall send a copy of the certificate of approval to the athlete's National Federation, the relevant national anti-doping organisation (if appropriate) and WADA.

5.36 If an abbreviated TUE application submitted to the IAAF is illegible or incomplete or is missing any of the supporting documents, it shall be returned to the applicant. In this case, there shall be no effective TUE in place for the athlete in question. If the athlete still wishes to apply for a TUE, he shall be required to re-submit his application to the IAAF in legible and complete form together with any missing information/documents.

Cancellation/Expiry of Abbreviated TUEs

5.37 If an abbreviated TUE is cancelled following review by the IAAF TUESC, the cancellation shall take immediate effect on its notification to the athlete. The cancellation shall also be notified to the athlete's National Federation, the relevant national anti-doping organisation (if appropriate) and WADA.

5.38 Any athlete who has had a TUE under the abbreviated application process cancelled will nevertheless be able to re-apply for a TUE through the standard TUE application process under 5.14 above.

SCHEDULE 1

THE PROHIBITED LIST

Valid 1 January 2006

THE 2006 PROHIBITED LIST

Valid 1 January 2006

(Please note: A new 2007 Prohibited List will be in place and effective from 1 January 2007. This List will be available on the IAAF website and will replace the 2006 List found below. All athletes and other personnel should take care to consult the correct List.)

SUBSTANCES AND METHODS PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous* AAS, including:

1-androstendiol (5α-androst-1-ene-3β,17β-diol); **1-androstendione** (5α-androst-1-ene-3,17-dione); **bolandiol** (19-norandrostenediol); **bolasterone; boldenone; boldione** (androsta-1,4-diene-3,17-dione); **calusterone; clostebol; danazol** (17α-ethynyl-17β-hydroxyandrost-4-eno[2,3-d]isoxazole); **dehydrochlormethyltestosterone** (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one); **desoxymethyltestosterone** (17α-methyl-5α-androst-2-en-17β-ol); **drostanolone; ethylestrenol** (19-nor-17α-pregn-4-en-17-ol); **fluoxymesterone; formebolone; furazabol** (17β-hydroxy-17α-methyl-5α-androstano[2,3-c]-furazan); **gestrinone; 4-hydroxytestosterone** (4,17β-dihydroxyandrost-4-en-3-one); **mestanolone; mesterolone; metenolone; methandienone** (17β-hydroxy-17α-methylandrosta-1,4-dien-3-one); **methandriol; methasterone** (2α, 17α-dimethyl-5α-androstane-3-one-17β-ol); **methyldienolone** (17β-hydroxy-17α-methylestra-4,9-dien-3-one); **methyl-1-testosterone** (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one); **methylnortestosterone** (17β-hydroxy-17α-methylestr-4-en-3-one); **methyltrienolone** (17β-hydroxy-17α-methylestra-4,9,11-trien-3-one); **methyltestosterone; mibolerone; nandrolone; 19-norandrostenedione** (estr-4-ene-3,17-dione); **norboletone; norclostebol; norethandrolone; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanozol** ([3,2-c]pyrazole-5α-etioallocholane-17β-tetrahydropyranol); **quinbolone; stanozolol; stenbolone; 1-testosterone** (17β-hydroxy-5α-androst-1-en-3-one); **tetrahydrogestrinone** (18a-homo-pregna-4,9,11-trien-17β-ol-3-one); **trenbolone** and other substances with a similar chemical structure or similar biological effect(s).

b. Endogenous** AAS:

androstenediol (androst-5-ene-3β,17β-diol); **androstenedione** (androst-4-ene-3,17-dione); **dihydrotestosterone** (17β-hydroxy-5α-androstan-3-one); **prasterone** (dehydroepiandrosterone, DHEA); **testosterone** and the following metabolites and isomers:

5α-androstane-3α,17α-diol; 5α-androstane-3α,17β-diol; 5α-androstane-3β,17α-diol; 5α-androstane-3β,17β-diol; androst-4-ene-3α,17α-diol; androst-4-ene-3α,17β-diol; androst-4-ene-3β,17α-diol; androst-5-ene-3α,17α-diol; androst-5-ene-3α,17β-diol; androst-5-ene-3β,17α-diol; 4-androstenediol (androst-4-ene-3β,17β-diol); **5-androstenedione** (androst-5-ene-3,17-dione); **epi-dihydrotestosterone; 3α-hydroxy-5α-androstan-17-one; 3β-hydroxy-5α-androstan-17-one; 19-norandrosterone; 19-noretiocholanolone.**

Where an anabolic androgenic steroid is capable of being produced endogenously, a sample will be deemed to contain such prohibited substance where the concentration of such prohibited substance or its metabolites or markers and/or any other relevant ratio(s) in the athlete's sample so deviates from the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production. A sample shall not be deemed to contain a prohibited substance in any such case where an athlete proves that the concentration of the prohibited substance or its metabolites or markers and/or the relevant ratio(s) in the athlete's sample is attributable to a physiological or pathological condition.

In all cases, and at any concentration, the athlete's sample will be deemed to contain a prohibited substance and the laboratory will report an adverse analytical finding if, based on any reliable analytical method (e.g. IRMS), the laboratory can show that the prohibited substance is of exogenous origin. In such case, no further investigation is necessary.

If a value in the range of levels normally found in humans is reported and the reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, but if there are serious indications, such as a comparison to reference steroid profiles, of a possible use of a prohibited substance, further investigation shall be conducted by reviewing the results of any previous test(s) or by conducting subsequent test(s) in order to determine whether the result is due to a physiological or pathological condition, or has occurred as a consequence of the exogenous origin of a prohibited substance.

When a laboratory has reported a T/E ratio greater than four (4) to one (1) and any reliable analytical method (e.g. IRMS) applied has not determined the exogenous origin of the substance, further investigation may be conducted by a review of previous tests or by conducting subsequent test(s) in order to determine whether the result is due to a physiological or pathological condition, or has occurred as a consequence of the exogenous origin of a prohibited substance. If a laboratory reports, using an additional reliable

analytical method (e.g. IRMS), that the prohibited substance is of exogenous origin, no further investigation is necessary and the sample will be deemed to contain such prohibited substance.

When an additional reliable analytical method (e.g. IRMS) has not been applied and a minimum of three previous test results are not available, the athlete shall be tested with no advance notice at least three times within a three-month period. If the longitudinal profile of the athlete that is subject to the subsequent tests is not physiologically normal, the result shall be reported as an adverse analytical finding.

In extremely rare individual cases, boldenone of endogenous origin can be consistently found at very low nanograms per milliliter (ng/mL) levels in urine. When such a very low concentration of boldenone is reported by a laboratory and any reliable analytical method (e.g. IRMS) applied has not determined the exogenous origin of the substance, further investigation may be conducted by a review of previous tests or by conducting subsequent test(s). When an additional reliable analytical method (e.g. IRMS) has not been applied, a minimum of three no advance notice tests in a period of three months shall be conducted. If the longitudinal profile of the athlete who is subject to the subsequent tests is not physiologically normal, the result shall be reported as an adverse analytical finding.

For 19-norandrosterone, an adverse analytical finding reported by a laboratory is considered to be scientific and valid proof of exogenous origin of the prohibited substance. In such case, no further investigation is necessary.

Should an athlete fail to cooperate in the investigations, the athlete's sample shall be deemed to contain a prohibited substance.

<u>Other Anabolic Agents, including but not limited to:</u>

Clenbuterol, tibolone, zeranol, zilpaterol.

For purposes of this section:
* *"exogenous" refers to a substance which is not ordinarily capable of being produced by the body naturally.*
** *"endogenous" refers to a substance which is capable of being produced by the body naturally.*

S2. HORMONES AND RELATED SUBSTANCES

The following substances, including other substances with a similar chemical structure or similar biological effect(s), and their releasing factors, are prohibited:

1. **Erythropoietin (EPO);**
2. **Growth Hormone (hGH), Insulin-like Growth Factors (e.g. IGF-1), Mechano Growth Factors (MGFs);**
3. **Gonadotrophins (LH, hCG),** prohibited in males only;
4. **Insulin;**
5. **Corticotrophins.**

Unless the athlete can demonstrate that the concentration was due to a physiological or pathological condition, a sample will be deemed to contain a prohibited substance (as listed above) where the concentration of the prohibited substance or its metabolites and/or relevant ratios or markers in the athlete's sample so exceeds the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production.

If a laboratory reports, using a reliable analytical method, that the prohibited substance is of exogenous origin, the sample will be deemed to contain a prohibited substance and shall be reported as an adverse analytical finding.

The presence of other substances with a similar chemical structure or similar biological effect(s), diagnostic marker(s) or releasing factors of a hormone listed above or of any other finding which indicate(s) that the substance detected is of exogenous origin, will be deemed to reflect the use of a prohibited substance and shall be reported as an adverse analytical finding.

S3. BETA-2 AGONISTS

All beta-2 agonists including their D- and L-isomers are prohibited.

As an exception, formoterol, salbutamol, salmeterol and terbutaline, when administered by inhalation, require an abbreviated Therapeutic Use Exemption.

Despite the granting of any form of Therapeutic Use Exemption, a concentration of salbutamol (free plus glucuronide) greater than 1000 ng/mL will be considered an adverse analytical finding unless the athlete proves that the abnormal result was the consequence of the therapeutic use of inhaled salbutamol.

S4. AGENTS WITH ANTI-ESTROGENIC ACTIVITY

The following classes of anti-estrogenic substances are prohibited:

1. **Aromatase inhibitors including, but not limited to, anastrozole, letrozole, aminoglutethimide, exemestane, formestane, testolactone.**

2. **Selective Estrogen Receptor Modulators (SERMs) including, but not limited to, raloxifene, tamoxifen, toremifene.**

3. **Other anti-estrogenic substances including, but not limited to, clomiphene, cyclofenil, fulvestrant.**

S5. DIURETICS AND OTHER MASKING AGENTS

Masking agents include but are not limited to:

Diuretics*, epitestosterone, probenecid, alpha-reductase inhibitors (e.g. finasteride, dutasteride), plasma expanders (e.g. albumin, dextran, hydroxyethyl starch).

Diuretics include:

acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone, etacrynic acid, furosemide, indapamide, metolazone, spironolactone, thiazides (e.g. **bendroflumethiazide, chlorothiazide, hydrochlorothiazide), triamterene,** and other substances with a similar chemical structure or similar biological effect(s) (except for drosperinone, which is not prohibited).

* A Therapeutic Use Exemption is not valid if an athlete's urine contains a diuretic in association with threshold or sub-threshold levels of a prohibited substance (s).

PROHIBITED METHODS

M1. ENHANCEMENT OF OXYGEN TRANSFER

The following are prohibited:

a. Blood doping, including the use of autologous, homologous or heterologous blood or red blood cell products of any origin.

b. Artificially enhancing the uptake, transport or delivery of oxygen, including but not limited to perfluorochemicals, efaproxiral (RSR13) and modified haemoglobin products (e.g. haemoglobin-based blood substitutes, microencapsulated haemoglobin products).

M2. CHEMICAL AND PHYSICAL MANIPULATION

a. *Tampering*, or attempting to tamper, in order to alter the integrity and validity of samples collected during doping controls is prohibited. These include but are not limited to catheterisation, urine substitution and/or alteration.

b. Intravenous infusions are prohibited, except as a legitimate acute medical treatment.

M3. GENE DOPING

The non-therapeutic use of cells, genes, genetic elements, or of the modulation of gene expression, having the capacity to enhance athletic performance, is prohibited.

SUBSTANCES AND METHODS PROHIBITED IN-COMPETITION

In addition to the categories S1 to S5 and M1 to M3 defined above, the following categories are prohibited in competition:

PROHIBITED SUBSTANCES

S6. STIMULANTS

The following stimulants are prohibited, including both their optical (D- and L-) isomers where relevant:

Adrafinil, adrenaline*, amfepramone, amiphenazole, amphetamine, amphetaminil, benzphetamine, bromantan, carphedon, cathine, clobenzorex, cocaine, cropropamide, crotetamide, cyclazodone, dimethylamphetamine, ephedrine***, etamivan, etilamphetamine, etilefrine, famprofazone, fenbutrazate, fencamfamin, fencamine, fenetylline, fenfluramine, fenproporex, furfenorex, heptaminol, isometheptene, levmethamfetamine, meclofenoxate, mefenorex, mephentermine, mesocarb, methamphetamine (D-), methylenedioxyamphetamine, methylenedioxymethamphetamine, p-methylamphetamine, methylephedrine***, methylphenidate, modafinil, nikethamide, norfenefrine, norfenfluramine, octopamine, ortetamine, oxilofrine, parahydroxyamphetamine, pemoline, pentetrazol, phendimetrazine, phenmetrazine, phenpromethamine, phentermine, prolintane, propylhexedrine, selegiline, sibutramine, strychnine** and other substances with a similar chemical structure or similar biological effect(s)****.

* Adrenaline associated with local anaesthetic agents or by local administration (e.g. nasal, ophthalmologic) is not prohibited.

** **cathine** is prohibited when its concentration in urine is greater than 5 micrograms per milliliter.

*** Each of **ephedrine** and **methylephedrine** is prohibited when its concentration in urine is greater than 10 micrograms per milliliter.

**** The following substances included in the 2006 Monitoring Program (bupropion, caffeine, phenylephrine, phenylpropanolamine, pipradol, pseudoephedrine, synephrine) are not considered as prohibited substances.

S7. NARCOTICS

The following narcotics are prohibited:

buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.

S8. CANNABINOIDS

Cannabinoids (e.g. hashish, marijuana) are prohibited.

S9. GLUCOCORTICOSTEROIDS

All glucocorticosteroids are prohibited when administered orally, rectally, intravenously or intramuscularly. Their use requires a Therapeutic Use Exemption approval.

Except as indicated below, other routes of administration require an abbreviated Therapeutic Use Exemption.

Topical preparations when used for dermatological, aural/otic, nasal, buccal cavity and ophthalmologic disorders are not prohibited and do not require any form of Therapeutic Use Exemption.

SPECIFIED SUBSTANCES*

"Specified Substances"* are listed below:

- All inhaled Beta-2 Agonists, except clenbuterol;
- Probenecid;
- Cathine, cropropamide, crotetamide, ephedrine, etamivan, famprofazone, heptaminol, isometheptene, levmethamfetamine, meclofenoxate, p-methylamphetamine, methylephedrine, nikethamide, norfenefrine, octopamine, ortetamine, oxilofrine, phenpromethamine, propylhexedrine, selegiline, sibutramine;
- Cannabinoids;
- All Glucocorticosteroids;
- Alcohol;
- All Beta Blockers.

* *"The Prohibited List may identify specified substances which are particularly susceptible to unintentional anti-doping rule violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents."* A doping violation involving such substances may result in a reduced sanction provided that the *"...Athlete can establish that the Use of such a specified substance was not intended to enhance sport performance..."*