

Antidoping rules and regulations: some aspects



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IAAF Medical & Antidoping Commission

Collection Personnel

- ***Officially authorized DCOs.***
- ***Qualified BCOs (medically qualified personnel or phlebotomists), for blood collection.***
- ***National Antidoping Agencies (NADOs).***
- ***International Antidoping Agencies.***

Doping Control Station



- ✓ ***Waiting room, Working room and WCs (men and women).***
- ✓ ***Waiting room separated from working room.***
- ✓ ***Refrigerator or other form of cool storage facility.***
- ✓ ***Only athlete and 1 accompanying person are allowed in the station.***
- ✓ ***Security person and/or check in/out personnel at the entrance of antidoping station.***



Notification of athletes

- ***No advance notice IN Competition.***
- ***Sample collection to be conducted in case of AREA and WORLD records (broken or equalled).***
- ***AREA and WORLD records in race walking or running events (from 60 mt upwards) shall be tested also for EPO or analogues.***
- ***Athlete selected will be under continuous observation at all time since the notification.***



**DOPING CONTROL NOTIFICATION
NOTIFICATION DE CONTROLE ANTIDOPAGE**

TESTING AUTHORITY • AUTORITE DE CONTROLE

1. ATHLETE INFORMATION • RENSEIGNEMENTS SUR L'ATHLETE

FAMILY NAME NOM DE FAMILLE	<input type="text"/>	GIVEN NAME PRENOM	<input type="text"/>
NATIONALITY NATIONALITE	<input type="text"/>	EVENT DISCIPLINE	<input type="text"/>

2. NOTIFICATION • NOTIFICATION

OUT OF COMPETITION HORS COMPETITION	<input type="checkbox"/>	IN COMPETITION EN COMPETITION	<input type="checkbox"/>	TYPE OF TEST REQUIRED TYPE DE CONTROLE REQUIS	<input type="checkbox"/>	<input type="checkbox"/>	DATE	TIME	DOC / CHAPERONE NAME NOM DE L'AGD / ESCORTE	<input type="text"/>
COUNTRY PAYS	<input type="text"/>	CITY VILLE	<input type="text"/>	DOC / CHAPERONE SIGNATURE SIGNATURE DE L'AGD / ESCORTE	<input type="text"/>					

IN COMPETITION TESTING • CONTROLE EN COMPETITION

COMPETITION

DATE OF NOTIFICATION • DATE DE NOTIFICATION

DD / JJ MM YYYY / AAAA

TIME OF NOTIFICATION
HEURE DE NOTIFICATION

HH : MM

REPORT NO LATER THAN
SE PRESENTER AU PLUS TARD A

HH : MM

DOPING CONTROL LOCATION / LIEU DE CONTROLE

3. NOTIFICATION ACKNOWLEDGEMENT • CONFIRMATION/RECEPTION DE LA NOTIFICATION

In signing this form :

- I understand that I have been selected for a doping control
- I acknowledge that I have read this notice, and I consent to provide sample(s) as requested
- I understand that I must report to the Doping Control Station no later than the time stipulated above
- I understand that I have the right to be accompanied by a representative and/or an interpreter during the doping control process
- I understand that failure or refusal to sign this form and/or provide a sample may constitute an anti-doping rule violation

En signant ce formulaire, j'atteste :

- que j'ai été informé de ma sélection pour un contrôle antidopage
- que j'ai attentivement lu cet avis et que je consens à fournir l'échantillon(s) tel que demandé
- que je dois me rendre au poste de contrôle du dopage au plus tard à l'heure indiquée ci-dessus
- que j'ai été informé de mon droit d'être accompagné d'un représentant et/ou d'un interprète pendant la procédure de contrôle antidopage
- que j'ai été informé que tout manquement ou refus de signer ce formulaire et/ou de fournir un échantillon peut constituer une infraction des règles antidopage

ATHLETE'S SIGNATURE • SIGNATURE DE L'ATHLETE

Some special points

- ***Should the athlete choose to consume food or fluids prior to providing a sample, he does so at his own risk.***
- ***The athlete should avoid excessive rehydration, having in mind the requirements to produce a suitable sample (Specific Gravity).***
- ***The sample provided by the athlete should be the first urine passed by the athlete subsequent to notification.***



Some special points

- ***Refusal to sign the notification will be considered as a possible refusal or failure to comply.***
- ***The athlete must be continuously chaperoned (or observed) during all the period, even if permitted to delay, or to leave the doping control station.***
- ***Any delay or permit must be agreed and granted by the DCO in charge of doping control station.***

Permit to delay doping control (only with athlete continuously chaperoned and directly observed)

- Medal ceremony.***
- Fulfilment of pressing media commitments.***
- Competing in further events.***
- Performing warm down.***
- Necessity of medical treatment.***
- Locating a representative or an interpreter.***
- Obtaining identity document.***
- Any exceptional circumstance accepted by the DCO.***

Sample collection

- ❑ The athlete **is asked to wash his/her hands** before provision of the urine sample.
- ❑ **The chaperone/DCO witnessing the sample shall be of the same gender of the athlete providing the sample.**
- ❑ **As much urine as possible (a minimum of 90 ml).**
- ❑ **A “minimum” of 30 ml in bottle B and 60 ml in bottle A (more is better, first in A and then in B is, if more urine is available, up to the capacity recommended by manufacturer).**
- ❑ **Residual urine is used for specific gravity analysis, and then discharged in full view of the athlete.**

Single set kit - Supplementary transport kit
Full set kit + collection vessel **BERLINGER**



Insufficient volume

- ***Partial sample container or kit, to be sealed.***
- ***The athlete continuously observed while waiting for further amount.***
- ***The athlete will have the possibility to hydrate if necessary.***
- ***Additional sample will be added and mixed to the provisional sample, before sealing the bottles A and B.***

Partial sample kits





DOPING CONTROL FORM FORMULAIRE DE CONTROLE ANTIDOPAGE

TESTING AUTHORITY / AUTORITE DE CONTROLE

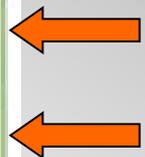
1. ATHLETE INFORMATION • RENSEIGNEMENTS SUR L'ATHLETE

TESTING LOCATION • LIEU DU TEST

FAMILY NAME / NOM DE FAMILLE <input type="text"/>	GIVE NAME / PRENOM <input type="text"/>	COUNTRY / PAYS <input type="text"/>
NATIONALITY / NATIONALITE <input type="text"/>	SPORT / SPORTSME <input type="text"/>	CITY / VILLE <input type="text"/>
ADDRESS / ADRESSE <input type="text"/>		IN COMPETITION TESTING • CONTROLE EN COMPETITION <input type="checkbox"/>
DATE OF BIRTH / DATE DE NAISSANCE <input type="text"/>		COMPETITOR <input type="text"/>
ATHLETE IS PROVIDED / SPECIFY • IDENTIFICATION DE L'ATHLETE FOURNIE / PRECISEZ <input type="text"/>		

2. INFORMATION FOR ANALYSIS • INFORMATIONS POUR L'ANALYSE

SPORT / SPORTSME <input type="text"/>	DATE OF THE TEST / DATE DU CONTROLE <input type="text"/>	TEST NUMBER / NO. / CODE DE NOMBRE DU CONTROLE <input type="text"/>
URINE A/B <input type="text"/>	TIME OF HOUR <input type="text"/>	TEST OF COMPETITION / EN COMPETITION <input type="checkbox"/>
EPD <input type="checkbox"/>	VOL. (ML) <input type="text"/>	IN COMPETITION / EN COMPETITION <input type="checkbox"/>
URINE A/B <input type="text"/>	TIME OF HOUR <input type="text"/>	SPECIAL TIME AT DOPING CONTROL STATION / HEURE / HEURE AU CONTROLE ANTIDOPAGE <input type="text"/>
EPD <input type="checkbox"/>	VOL. (ML) <input type="text"/>	PARTIAL SAMPLE / ECHANTILLON PARTIEL <input type="checkbox"/>
BLOOD / SANG <input type="checkbox"/>	1.0 <input type="text"/>	PARTIAL SAMPLE NUMBER / NOMBRE D'ECHANTILLON PARTIEL <input type="text"/>
BLOOD / SANG <input type="checkbox"/>	2.0 <input type="text"/>	VOL. (ML) <input type="text"/>
BLOOD / SANG <input type="checkbox"/>	3.0 <input type="text"/>	TIME SEALS / BULLES A PRENDRE <input type="text"/>
BLOOD / SANG <input type="checkbox"/>	4.0 <input type="text"/>	ANALYSED INITIALS / NOMBRES DE L'ATHLETE / AD <input type="text"/>
BLOOD / SANG <input type="checkbox"/>	5.0 <input type="text"/>	ANALYSED INITIALS / NOMBRES DE L'ATHLETE / AD <input type="text"/>
DECLARATION OF BLOOD TRANSFUSION OVER THE LAST 7 MONTHS, INCLUDING AT TRANSFUSION SERVICES AT LEAST ONCE 7 MONTHS AGO. <input type="text"/>		
DECLARATION OF MEDICATION / SUPPLEMENTS: LIST ALL PRESCRIPTION / NON PRESCRIPTION MEDICATIONS OR SUPPLEMENTS, INCLUDING STERIODS AND ANABOLICS, TAKEN OVER THE PAST 7 DAYS (INCLUDE DOSEAGE WHERE POSSIBLE) / DECLARATION DE MEDICATION / COMPLÉMENTS ALIMENTAIRES: RENSEIGNER LES MEDICAMENTS PRESCRITS / NON PRESCRITS, DE LES COMPLÉMENTS ALIMENTAIRES Y COMPRIS STEROÏDES ET ANABOLISANTS, PENDANT AU MOINS LES 7 JOURNÉS PRÉCÉDENTES (RENSEIGNER LA POSOLOGIE SI POSSIBLE)		
SUPPLEMENTARY REPORT FORM 7 / FORMULAIRE DE RAPPORT COMPLÉMENTAIRE 7 <input type="checkbox"/>		



Samples that not meet the required specific gravity



- **The residual urine in the collection vessel is used to determine the Specific Gravity.**
- **1005 with refractometer and 1010 with lab sticks are the minimum required.**
- **If requirements for Specific Gravity have not been met, the athlete is required to **empty his/her bladder** and then to wait to provide a further sample.**
- **The further sample shall not be collected for at least one hour after the time of the first.**



Samples that not meet the required specific gravity

- ***The athlete shall remain under continuous observation.***
 - ***The athlete shall be strongly encouraged not to hydrate since this may delay the production of a suitable sample.***
- ***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.***

Samples that not meet the required specific gravity

- ***Excessive rehydration, will conduct to produce a too diluted and not suitable sample (Specific Gravity) for many hours, and the risk will exist to repeat the urine collection up to 4-5 times, or more.***
- ***All samples collected will be sent to the laboratory for analysis, irrespective of whether or not they meet the requirement for suitable specific gravity***

2. INFORMATION FOR ANALYSIS • INFORMATIONS POUR L'ANALYSE

SPORT FEDERATION • FEDERATION SPORTIVE		EVENT • DISCIPLINE		DATE OF THE TEST DATE DU CONTRÔLE		DD / JJ		MM		YYYY / AAAA		GENDER SEXE		M		F		TEST MISSION CODE • CODE DE MISSION DE CONTRÔLE			
URINE A/B		URINE SAMPLE CODE NUMBER • NUMERO DE CODE D'ÉCHANTILLON D'URINE						TIME • HEURE		OUT OF COMPETITION HORS COMPÉTITION		IN COMPETITION EN COMPÉTITION		ARRIVAL TIME AT DOPING CONTROL STATION HEURE D'ARRIVÉE AU CONTRÔLE ANTIDOPAGE							
EPO		VOL. (ml)		pH		SPECIFIC GRAVITY DENSITÉ		1		0		PARTIAL SAMPLE / ÉCHANTILLON PARTIEL		PARTIAL SAMPLE NUMBER NUMÉRO D'ÉCHANTILLON PARTIEL		VOL. (ml)		TIME SEALED SCELLE A (HEURE)		ATHLETE/DOO INITIALS INITIALES DE L'ATHLETE / ACD	
(SECOND SAMPLE • DEUXIÈME ÉCHANTILLON)		URINE A/B		URINE SAMPLE CODE NUMBER • NUMERO DE CODE D'ÉCHANTILLON D'URINE						TIME • HEURE		PARTIAL SAMPLE NUMBER NUMÉRO D'ÉCHANTILLON PARTIEL		VOL. (ml)		TIME SEALED SCELLE A (HEURE)		ATHLETE/DOO INITIALS INITIALES DE L'ATHLETE / ACD			
BLOOD / SANG		<input type="checkbox"/> 1 tube		<input type="checkbox"/> 2 tubes		BLOOD SAMPLE CODE NUMBER • NUMERO DE CODE D'ÉCHANTILLON DE SANG						TIME • HEURE		DECLARATION OF BLOOD TRANSFUSIONS OVER THE LAST 6 MONTHS. DECLARATION DE TRANSFUSIONS SANGUINES AU COURS DES 6 DERNIERS MOIS.							
DECLARATION OF MEDICATION / SUPPLEMENTS : LIST ANY PRESCRIPTION / NON PRESCRIPTION MEDICATIONS OR SUPPLEMENTS, INCLUDING VITAMINS AND MINERALS, TAKEN OVER THE PAST 7 DAYS (INCLUDE DOSAGE WHERE POSSIBLE) DECLARATION DE MEDICATION / COMPLÉMENTS ALIMENTAIRES : INDICUER LES MÉDICAMENTS PRÉSCRITS / NON PRÉSCRITS, OU LES COMPLÉMENTS ALIMENTAIRES Y COMPRIS VITAMINES OU MINÉRAUX, PRIS AU COURS DES 7 DERNIERS JOURS (INDICUER LA POSOLOGIE SI POSSIBLE)																					
																		SUPPLEMENTARY REPORT FORM ? FORMULAIRE DE RAPPORT COMPLÉMENTAIRE ?		<input type="checkbox"/>	

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

COMMENTS : ANY COMMENTS SHOULD BE NOTED HERE, IF NECESSARY CONTINUE ON A SUPPLEMENTARY REPORT FORM.
COMMENTAIRES : TOUTS LES COMMENTAIRES DOIVENT ÊTRE INSCRITS ICI. LE CAS ÉCHÉANT, UTILISER LE FORMULAIRE DE RAPPORT COMPLÉMENTAIRE

SUPPLEMENTARY REPORT FORM ?
FORMULAIRE DE RAPPORT COMPLÉMENTAIRE ?

I CERTIFY THAT SAMPLE COLLECTION WAS CONDUCTED IN ACCORDANCE WITH THE RELEVANT PROCEDURES • J'ATTESTE QUE LE PRÉLEVEMENT D'ÉCHANTILLON(S) S'EST DÉROULÉ EN CONFORMITÉ AVEC LES PROCÉDURES APPLICABLES

URINE SAMPLE COLLECTION WITNESS • TÊMOIN DU PRÉLEVEMENT URINAIRE		SIGNATURE		BLOOD COLLECTION OFFICER • AGENT DE PRÉLEVEMENT SANGUIN	
NAME / NOM		SIGNATURE		NAME / NOM	
2ND URINE SAMPLE COLLECTION WITNESS • 2ÈME TÊMOIN DU PRÉLEVEMENT URINAIRE		SIGNATURE		SIGNATURE	
NAME / NOM		SIGNATURE		NAME / NOM	
ATHLETE REPRESENTATIVE • REPRESENTANT DE L'ATHLETE		POSITION / FONCTION		SIGNATURE	
NAME / NOM		SIGNATURE		DATE	
DOPING CONTROL OFFICER • AGENT DE CONTRÔLE ANTIDOPAGE		SIGNATURE		DATE	
NAME / NOM		SIGNATURE		DD / JJ	
				MM	
				YYYY / AAAA	
				TIME OF COMPLETION • COMPLÈTE A (HEURE)	

• I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS DOCUMENT IS CORRECT.
• JE DÉCLARE QUE LES INFORMATIONS FOURNIES DANS CE DOCUMENT SONT EXACTES.

• I DECLARE THAT, SUBJECT TO COMMENTS MADE IN SECTION 3, THE SAMPLE COLLECTION WAS CONDUCTED IN ACCORDANCE WITH THE RELEVANT PROCEDURES AND I DO NOT CONTEST ANY ASPECT OF THE SAMPLE COLLECTION.
• JE DÉCLARE, SOUS RÉSERVE DES COMMENTAIRES INSCRITS À LA SECTION 3, QUE LE PRÉLEVEMENT D'ÉCHANTILLONS S'EST DÉROULÉ DANS LE RESPECT DES PROCÉDURES APPLICABLES ET QUE JE N'ENTENDS PAS CONTESTER LA PROCÉDURE DE PRÉLEVEMENT.

• I ACCEPT THAT ALL INFORMATION RELATED TO THIS DOPING CONTROL, INCLUDING BUT NOT LIMITED TO LABORATORY RESULTS AND ANY EVENTUAL SANCTION MAY BE SHARED WITH RELEVANT BODIES IN ACCORDANCE WITH IAAF ANTI-DOPING RULES.
• JE CONSENS À CE QUE LES INFORMATIONS RELATIVES À CE CONTRÔLE ANTIDOPAGE, INCLUANT MAIS NON LIMITÉES AUX RÉSULTATS DE LABORATOIRE ET À TOUTE SANCTION ÉVENTUELLE, SOIENT COMMUNIQUÉES AUX ORGANISATIONS CONCERNÉES CONFORMÉMENT AUX RÈGLES ANTIDOPAGE DE L'IAAF.

• I ACCEPT THAT ANY DISPUTE, CONTROVERSY OR CLAIM HOWSOEVER ARISING FROM THIS DOPING CONTROL, SHALL BE RESOLVED IN ACCORDANCE WITH IAAF COMPETITION RULES.
• J'ACCEPTÉ QUE TOUT LITIGE, CONTROVERSE OU RÉCLAMATION RELATIF À CE CONTRÔLE ANTIDOPAGE SOIT RESOLU CONFORMÉMENT AUX RÈGLES DES COMPÉTITIONS DE L'IAAF.

• I ACCEPT THE COMPETENCE OF THE TRIBUNAL ARBITRAL DU SPORT BASE À LAUSANNE, SUISSE POUR LE RÈGLEMENT DÉFINITIF DE TELS LITIGES, CONTROVERSES OU RÉCLAMATIONS À L'EXCLUSION DE TOUT RECOURS AUX TRIBUNAUX DE DROIT COMMUN.
• J'ACCEPTÉ LA COMPÉTENCE DU TRIBUNAL ARBITRAL DU SPORT BASE À LAUSANNE, SUISSE POUR LE RÈGLEMENT DÉFINITIF DE TELS LITIGES, CONTROVERSES OU RÉCLAMATIONS À L'EXCLUSION DE TOUT RECOURS AUX TRIBUNAUX DE DROIT COMMUN.

ATHLETE'S SIGNATURE
SIGNATURE DE L'ATHLETE

Out of Competition controls

- ***Atletes in Registered Testing Pool (RTP): top performance, doping ineligibility, etc).***
- ***RTP published on IAAF website and periodically (quarterly) reviewed.***
- ***Any athlete in RTP is subjected to whereabouts requirements, until any written different notice by IAAF, or his/her written notice to IAAF of retirement from competition.***

Whereabouts requirements

- ❑ ***Accurate and complete information including identifying where he/she will be living, training and competing.***
- ❑ ***Any athlete in the RTP is required to make a quarterly Whereabouts filing that provides accurate and complete information.***

- ***MORE: for each day the athlete is required to specify one specific 60-minute time slot (between 6.00 am and 11.00 pm) where he will be available at a specified location.***



Whereabouts requirements

- **The 60-minutes window period will not exclude the possibility to be tested during the full day period.**
- **In fact, it does not limit in any way the athlete's obligation to be available for testing at any time and place.**
- **If the athlete is not available for testing in the location during the 60-minute time slot specified, that failure shall amount to a Missed test.**
- **Three whereabouts failures (filing failures or missed tests) within any 18 month period, will be considered an antidoping rule violation.**



Whereabouts responsibility

- ***Insufficient information might be considered as apparent Missed Test, and/or as an avasion of sample collection.***
- ***Each athlete remains ultimately responsible at all times for accurate and complete whreabouts filing, even when the athlete delegates this responsibility to a third party (coach, manager, or National Federation, if they accept).***
- ***Fraudolent information in whereabouts filing on location during 60-minute time slot or outside time slot, or otherwise, will be considered an antidoping rule violation (evading sample collection or tampering or attempting to tamper with doping control).***

INTERNATIONAL ASSOCIATION OF ATHLETICS FEDERATIONS

WHEREABOUTS INFORMATION FORM
JULY - SEPTEMBER 2009

Please fill in the Form (3 pages) legibly in capital letters and return to:

IAAF,
17, rue Princesse Florestine
BP359, MC 98007 Monaco Cedex

E-mail: whereabouts@iaaf.org
Fax: +377.93.10.88.05

Warning! A failure to submit your whereabouts information to the IAAF upon request, or a failure to submit adequate whereabouts information, shall result in an evaluation for a missed test. If you are evaluated as having 3 missed tests in any period of 18 months beginning with the date of the first missed test, you shall have committed an anti-doping rule violation in accordance with rule 32.2(d).

R - ATHLETE INFORMATION

First Name <input type="text"/>	Gender <input type="text"/>	Nationality <input type="text"/>
Last Name <input type="text"/>	Event <input type="text"/>	
Complete Current Address <input type="text"/>	Postal Code <input type="text"/>	Town <input type="text"/>
	Country <input type="text"/>	
Phone (international code/number) <input type="text"/>	E-mail address <input type="text"/>	
Alternative contact person <input type="text"/>	Phone <input type="text"/>	

REGULAR TRAINING INFORMATION

X1 - Regular Training Place 1

Name of Regular Training Place (Facility) █	█		
Address █	Postal Code █	Town █	Country █

Training Times (From-To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	█	█	█	█	█	█	█
PM	█	█	█	█	█	█	█

X2 - Regular Training Place 2



Name of Regular Training Place 2 (Facility) █	█		
Address █	Postal Code █	Town █	Country █

Training Times (From-To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	█	█	█	█	█	█	█
PM	█	█	█	█	█	█	█

INTERNATIONAL ASSOCIATION OF ATHLETICS FEDERATIONS

WHEREABOUTS INFORMATION FORM

JULY - SEPTEMBER 2009

First Name []	Last Name []	Nationality []	Date []
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TEMPORARY LOCATION INFORMATION



A	B	C
Please indicate the dates you will be at the temporary location place below with an A in the One hour testing schedule	Please indicate the dates you will be at the temporary location place below with an B in the One hour testing schedule	Please indicate the dates you will be at the temporary location place below with an C in the One hour testing schedule
Town + country []	Town + country []	Town + country []
Training Place (name + address) []	Training Place (name + address) []	Training Place (name + address) []
Training Times (if applicable) From [] to [] From [] to []	Training Times From [] to [] From [] to []	Training Times From [] to [] From [] to []
Accommodation (name + address) []	Accommodation (name + address) []	Accommodation (name + address) []



D Please indicate the dates you will be at the temporary location place below with an D in the One hour testing schedule	E Please indicate the dates you will be at the temporary location place below with an E in the One hour testing schedule	F Please indicate the dates you will be at the temporary location place below with an F in the One hour testing schedule
Town + country [Redacted]	Town + country [Redacted]	Town + country [Redacted]
Training Place (name + address) [Redacted]	Training Place (name + address) [Redacted]	Training Place (name + address) [Redacted]
Training Times (if applicable) From [Redacted] to [Redacted] From [Redacted] to [Redacted]	Training Times From [Redacted] to [Redacted] From [Redacted] to [Redacted]	Training Times From [Redacted] to [Redacted] From [Redacted] to [Redacted]
Accommodation (name + address) [Redacted]	Accommodation (name + address) [Redacted]	Accommodation (name + address) [Redacted]

First Name: <input type="text"/>	Last Name: <input type="text"/>	Nationality: <input type="text"/>	Date: <input type="text"/>
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Z - COMPETITION PLANNING (Add additional Competitions on separate sheet if necessary)

Town/Country <input type="text"/>	Date (from-to) <input type="text"/>	Address for one hour slot <input type="text"/>	Town/Country <input type="text"/>	Date (from-to) <input type="text"/>	Address for one hour slot <input type="text"/>
Town/Country <input type="text"/>	Date (from-to) <input type="text"/>	Address for one hour slot <input type="text"/>	Town/Country <input type="text"/>	Date (from-to) <input type="text"/>	Address for one hour slot <input type="text"/>
Town/Country <input type="text"/>	Date (from-to) <input type="text"/>	Address for one hour slot <input type="text"/>	Town/Country <input type="text"/>	Date (from-to) <input type="text"/>	Address for one hour slot <input type="text"/>

ONE-HOUR TESTING SCHEDULE

Important! You must now fill in every day of the Schedule using the letters indicated below and the One-Hour slot when you will be present at this location

R = Current Address X1 = Training Place 1; X2 = Training Place 2; A,B,C,D,E,F = Temporary Location Information Z = Competition Planing



Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
JULY 09	Location																															
	1 hour window	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AUGUST 09	Location																															
	1 hour window	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SEPTEMBER 09	Location																															
	1 hour window	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

I agree that the information contained in this Whereabouts Information Form may be shared with any of the IAAF's authorized out-of-competition collection agencies (including the WADA) on the condition that it is used for doping control purposes only.

ATHLETE'S SIGNATURE _____ Signature is necessary for form to be considered complete.

IAAF competition rules 2009 (35.18 and 35.19)

- ***An athlete shall be deemed to have committed an antidoping rule violation under rule 32.2(d) if he commits a total of three Whereabouts failures (which may be any combination of Filing Failure and/or Missed Tests adding up to three in total) within any 18 (eighteen) month period.***
- ***If an athlete in RTP.... provides inaccurate or misleading whereabouts information, he shall be deemed to be evading sample collection, in breach of rule 32.2(c) and or tampering or attempting to tamper with doping control process in breach of the rule 32.2(e).***

clean information... for clean sport...



thanks