[OCA DOPING CONTROL GUIDE]
Applicable to All Events in the Asian Games Series
(2010 version 1.0)
Message from the Chairman of OCA Medical Committee and Anti-Doping Commission

It is indeed with great pleasure that I pen this message as an introduction to the OCA’s Anti Doping Guide for the Asian Games Series.

The OCA has introduced in recent years a number of Games apart from its flagship Asian Games and Asian Winter Games. Today we have in addition, the Asian Indoor Games, the Asian Beach Games, the Asian Youth Games and the Asian Martial Arts Games. This introduction certainly increases the commitment, in an exponential manner, of all the stakeholders in ensuring that these Games are conducted successfully and with a standard and quality expected by the sporting fraternity of Asia.

An indispensable part of the organization of these Games is the provision of Medical Services and the conduct of an Anti-Doping Program commensurate with the guidelines laid down by the IOC’s Medical Code, the World Anti Doping Agency’s (WADA) Code and the OCA’s own Anti Doping Rules.

It is the duty of the OCA’s Medical Committee and Anti-Doping Commission to ensure that these tenets that have been laid down are adhered to. This task has been taken seriously and all efforts are being made to standardize and harmonize the services delivered by the different host cities of these Games. Amongst the initiatives introduced was the organization of a workshop for managers of Medical Services and Anti-Doping Programs of the host cities which was held in Bangkok in January 2009. At this workshop the participants were briefed on the expectations of the OCA for these services through the presentation of the OCA guidelines which had been drawn up for the purpose.

This step has gone a long way in preparing the host cities in implementing their programs. One of the outputs expected of them would be the production of a Doping Control Manual which will inform all the participating teams of the procedures, processes and regulations of the Anti-Doping Program that will be in force during the Games. Naturally this led to some variation in the content and quality of the manuals as produced by the different Organizing Committees. The production of this edition of the manual centrally is our contribution to standardizing these manuals for the entire Asian Games Series. We hope that with the introduction of this edition, the burden on host cities to produce a quality manual will be eased.

Dr. M. Jegathesan
Chairman, OCA Medical Committee & Anti-Doping Commission

January 2010
Message from the Asian Games Organizing Committee (AGOC)

[Name of the Head of Doping Control Programme]
OCA Doping Control Guide

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1. Outline of the Doping Control Guide

The main objective of the Doping Control Guide is to provide each Athlete Support Personnel, National Olympic Committee (NOC) and International Sport Federation (IF) or Asian Sport Federation (AF) with a clear understanding of the Rules and procedures for Doping Control during Events of the Asian Games series.

In particular, this Guide provides:

- An overview of the Doping Control Rules applicable for the Games.
- An outline of the Doping Control program for the Games.
- The list of the Prohibited Substance and Prohibited Methods for the Games.

The Doping Control procedures, including the detailed Sample collection procedure to be used at the Games.

In the case of any amendments to the international Standards of World Anti-Doping Agency (WADA) such as; Prohibited List, Therapeutic Use Exemption (TUE), etc; or upon occurrence of any potential changes in the Guide, then the Chairman of Olympic Council of Asia Medical Committee and Anti-Doping Commission (OCA MC&ADC) shall approve these potential changes in this guide.

2. Applicable Rules for the Games

Pursuant to Article 15.1 of the World Anti-Doping Agency (WADA) Code, the Olympic Council of Asia (OCA) is the supreme authority of the Asian Games, Asian Winter Games, Asian Indoor Games, Asian Beach Games, Asian Martial Arts Games and Asian Youth Games. Any person or organization belonging in any capacity to the OCA is bound by the provisions of the OCA Constitution and must abide by the decisions of the OCA.

The OCA Constitution reflects the importance that the OCA places on the fight against doping in sport and its support for WADA and its Code. The Code was accepted by the OCA at its 23rd General Assembly in Qatar on 1 July 2004. The OCA signed the Code during its 24th General Assembly in China on 9 September 2005.

The OCA Executive Board is responsible for establishing policies, guidelines and procedures to support the fight against doping, including results and anti-doping rule violation management and compliance with internationally accepted regulations, including the Code. The OCA has enacted and approved the anti-doping Rules in compliance with the Code. These Rules are applicable during the Period of the Asian Games Series (opening of the athlete village until the closing ceremony of the Games).

The OCA has formulated these rules with the expectation that this effort will contribute to the fight against doping in the sport movement in Asia. The Rules are complemented by
other relevant OCA documents and all WADA’s International Standards, including the International Standards for Testing referred to throughout the Rules.

The Rules, like Competition rules, govern the conditions under which sport is played. All Participants accept these Rules as a condition of participation and are presumed to have agreed to comply with them.

3. AGOC Support of the WADA Code and the OCA Anti-Doping Rules

The Asian Games Organizing Committee (AGOC) acknowledges its support for the WADA Code, and its support in assisting the OCA to fulfill its role and responsibilities under the Code and the Rules. The OCA will arrange with AGOC to facilitate the participation of OCA’s International Doping Control Officer Exchange Programme and where requested, the presence of WADA’s Independent Observer Team, or and the Out Reach Program to the Games.

4. Outline of the Doping Control Programme

The OCA will have the right to conduct Doping Controls throughout the Period of the Games, and is responsible for handling any cases that arise during this time. The OCA Medical Committee (MC) and Anti-Doping Commission (ADC) is solely responsible for the initiation and direction of Testing during the Games.

AGOC is responsible for all Doping Control Programme requirements and related financial costs thereof. Doping Control procedures will be undertaken in accordance with the Rules which are in compliance with the Code and the all WADA’s International Standards in consultation with the Chairman of OCA MC & ADC.

In this Guide, the word “They” when used in relation to a person will, unless otherwise specified, relate to both males and females.

On behalf of the OCA, the AGOC Doping Control programme is responsible for setting up the infrastructure to enable the Doping Control Samples to be collected and analyzed. The primary objective of the AGOC Doping Control programme is to ensure the safe Chain of Custody of both the Athlete and the sample throughout the Doping Control process. This chain refers to the sequence of individuals or organizations responsible for liaising with the Athlete and for the Athlete’s Sample from when it is provided until it is received by the laboratory for analysis.

The Chairman of the OCA MC & ADC and the AGOC Doping Control Program Manager (DCVM) provide the link between the OCA MC & ADC and the AGOC Doping Control program. The AGOC Doping Control program team will coordinate the operation from the Doping Control Command Centre.
During the Games, in addition to the ‘in competition’ testing Athletes will be subject to Doping Controls initiated by the OCA at any time or place, on a “No Advance Notice” basis.

Doping Controls will include Testing for all Prohibited Substances and surveillance for all Prohibited Methods referred to the WADA Prohibited List which is applicable and enforced during the period of the Asian Games Series.

Please refer to the Prohibited List at Appendix [3]

Samples, including urine, blood and /or breath will be collected during the Period of the Games.

Samples will be collected in compliance with the International Standard for Testing.

The sampling procedures outlined in Appendix 1 of this Guide apply to all Doping Control conducted in relation to the Games.

The Chairman and the members of OCA MC & ADC will be responsible for overseeing all Doping Controls conducted by AGOC.

The Samples will be analyzed in accordance with the WADA Prohibited List at the Laboratory on a full screen, in-competition basis, irrespective of where or when they are collected as long as it is in the defined ‘games period’. The result of the analysis will be reported to the Chairman of the OCA MC & ADC, WADA and the relevant IF/AF directly by the Laboratory.

For normal findings, it is expected that the laboratory will provide the results within 24 hours after receiving the Samples.

The OCA MC & ADC will report the information about all completed tests, including outcomes of any hearing to WADA. The outcomes will also be advised to the relevant IF/AF for taking further action if necessary.

The OCA MC & ADC will have the right to further analyze any sample collected during the games at any time, including subsequent to the Closing Ceremony of the Asian Games. Any anti-doping rule violation discovered as a result thereof will be dealt with in accordance with the Rules.

In the case of non-analytical anti-doping rule violations, the OCA MC & ADC will advise the Chef de Mission of the relevant NOC of any hearing to be conducted in accordance with the Rules.

No Sample collected may be used for any purpose other than the detection of substances (or classes of substances) or methods on the Prohibited List, or as
otherwise identified by WADA pursuant to Article 4.5 of the Code (Monitoring Programme), without the Athlete’s written consent.

AGOC will contribute to the success of the Games by ensuring a professionally conducted Doping Control program, which respects the right of the Athletes while ensuring that the chain of custody of the Athlete and Sample are maintained throughout the Doping Control process.

5. Prohibited Substances and Prohibited Methods

The WADA Prohibited List, an International Standard of the Code, will be applicable and enforced during the Period of the Games. The applicable Prohibited List is include on this Guide (refer to Appendix 3).

The Prohibited List includes four sections, namely:

i. Substances and methods prohibited at all times (In-and-out-of-competition).
ii. Substances and methods prohibited in– competition.
iii. Substances prohibited in particular sports.
iv. Specified substances.

It is important to note that all Samples collected on behalf of the OCA MC & ADC during the Period of the Games will be analyzed for the substances and methods on the Applicable Prohibited List under “in competition” during the Games.

5.1 Substances Prohibited In Particular Sport

Please refer to the WADA Prohibited List related to applicable Substances Prohibited International Standard in particular Sports.

6. How to check the status of Medications

It is the responsibility of the Athletes to determine whether a substance they are using, or considering using for medical purposes, is prohibited.

Advice for Athletes: Before and during the Games, Athletes are strongly advised to check the status of their medication they are taking or intend to take by searching through the following Websites:-

2. USADA-Drug Reference Online  https://checksubstances.asada.gov.au
If substance in question is found to be prohibited, the athlete should either switch to a permitted alternative or needs to apply for a Therapeutic Use Exemption (TUE) from his affiliated IF/AF or NADO or with his team physician. If further clarification is required, the Athlete should check with the OCA MC and/or the Therapeutic Use Exemption Sub-Commission (TUEC). Additionally, the AGOC will send out a circular to all participating NOC’s on behalf of the OCA MADC regarding these issues well in time before the games.

*If the substance is on the World Anti-Doping Agency (WADA) Prohibited List, they must apply for permission Therapeutic Use Exemption (TUE) to use the medication before and during the Games. This process should be started immediately to ensure permission is granted in time.

7. Guidelines for Therapeutic Use Exemptions (TUEs)

Therapeutic Use Exemptions (TUEs)

i. Athletes with a documented medical condition requiring the use of a Prohibited Substance or a Prohibited Method must obtain a TUE by submitting the application for a standard TUE in advance of the Games with their IF/AF or NADO.

ii. Athletes granted approval of a TUE by their IF/AF or NADO are required to provide a copy of the approval to the OCA MC twenty-one (21) days in advance on the start of the Games.

iii. Athletes belonging to an IF/AF that does not have a mechanism to issue TUEs and representing a country without a NADO should submit their TUE application with all supporting documentation to the OCA headquarters at least sixty (60) days before the start of the Games. “Refer to Annex 1:Therapeutic Use Exemption Application”

iv. The Chairman of the OCA MC will appoint a TUE Sub-Commission (TUEC) of at least three physicians to monitor existing TUEs, to consider new TUE applications and to manage existing exemptions granted to Athletes by their IF or NADO.

v. The OCA MC will promptly inform the Athlete, the Athlete’s NOC, WADA and the relevant IF and AF of its decision. A decision granting a TUE can be reversed by WADA upon reviews. “Refer to Annex 2: TUE Sub Commission Decision Form”.

Declaration of Use

i. The list identifies certain substances and methods that are not prohibited but for which an athlete is required to file a declaration of use. An athlete should satisfy this requirement by declaring the Use on the Doping Control Form at the time...
when his sample is being collected and when possible by filing a declaration for use through ADAMS.

ii. An athlete’s failure to declare Use on a Doping Control Form and through ADAMS when available, as stated above paragraph (i), shall however not be deemed an anti-doping rule violation.

A- The Use of Inhaled Beta-2 Agonists

- The Use of inhaled salbutamol (maximum 1600 micrograms over 24 hours) and salmeterol reflects current clinical practice. An athlete should satisfy this requirement by declaring the Use on the Doping Control Form at the time when his sample is being collected and when possible by filing a declaration for use through ADAMS
- All other Beta2-agonists are prohibited and still require TUE.

B- The Use of Glucocorticosteroids

- Declaration shall be made according to three levels as follows:-
  a. Local use: TUE not required. No need to declare on form.
  b. Topical use: TUE not required, but must be declare on the form and by filing a declaration of Use through ADAMS.
  c. Systemic use: Advance TUE required And declaration is not acceptable as a substitute

Retroactive TUE

An application for a TUE will not be considered for retroactive approval except in cases 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 OCA TUEC to consider, an application prior to Doping Control.

Emergency Treatment

In the event of an emergency treatment of an acute medical condition provided to an Athlete resulting in the administration of a Prohibited Substance, the attending physician (either from AGOC or the NOC) is responsible for completing a TUE. This form will be available from office of the OCA Medical Committee or the Medical Command Centre and OCA web site (tue@ocasia.org). The form must be completed as soon as practicable after the incident and forwarded to the Medical Command Centre. The Medical Command Centre will forward the completed TUE to the TUEC for review.
For further information; please refer to the following websites:

- **World Anti-Doping Agency (WADA) – International Standards for Therapeutic Use Exemption.**

- **Olympic Council of Asia (Anti-Doping)**
# Annex 1

## Therapeutic Use Exemption [TUE]

### 1. Athlete Information

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Given Names:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Female ☐ Male ☐ Date of Birth (d/m/y): ………………………………………

Address:  ................................................................................................................

City: Country: Postcode: .................................................................

Tel.: ........................................... E-mail: ...........................................

(with international code)

Sport: Discipline/Position: .................................................................

International or National Sport Organization: .................................................................

International or National Sport Organization……………………………………………………

If athlete with disability, indicate disability: .................................................................

Please mark the appropriate box:

☐ I am a part of an International Federation Registered Testing Pool.

☐ I am a part of a National Anti-Doping Organization Testing Pool.

☐ I am participating in an International Federation event for which a TUE granted pursuant to the International Federation’s rules is required\(^1\);

    **Name of Competition**: .................................................................

☐ None of above.

**If athlete with disability, indicate disability** .................................................................

\(^1\) Refer to your International Federation for the list of designated events.
2. Medical information

Diagnosis with sufficient medical information (see note 1):
……………………………………………………………………………………………………………………………..
……………………………………………………………………………………………………………………………..
……………………………………………………………………………………………………………………………..
……………………………………………………………………………………………………………………………..
If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication
………………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………………

3. Medication details

<table>
<thead>
<tr>
<th>Prohibited substance(s):</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic name</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Intended duration of treatment:** (Please tick appropriate box)
- once only □
- emergency □
- or duration (week/month): ...........................................

Have you submitted any previous TUE application:  yes □ no □

For which substance? ..................................................................................................................

To whom? ........................................................................................................................................

When? ............................................................................................................................................

Decision:  Approved □  Not approved □
4. Medical practitioner’s Declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name: ..............................................................................................................................

Medical speciality: ...........................................................................................................

Address: ..........................................................................................................................

Tel.: ................................................................................................................................. Fax: ..........................................................................................................................

E-mail: .............................................................................................................................

Signature of Medical Practitioner: ......................................... Date: ................................

5. Athlete’s declaration

I, ....................................................................................................................... certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to OCA as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other Anti-Doping Organization (ADO) that may have a right to this information under the provisions of the Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and corrections or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint to WADA or CAS.

Athlete’s signature: ............................................ Date: ............................................

Parent’s/Guardian’s signature: ............................................... Date: ....................................

(if the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)
6. **Note:**

<table>
<thead>
<tr>
<th><strong>Note 1</strong></th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.</td>
<td></td>
</tr>
</tbody>
</table>

*Incomplete Applications will be returned and will need to be resubmitted.*

Please submit the completed form to OCA and keep a copy for your records.
Annex 2

TUE Sub Commission Decision Form

Olympic Council of Asia
Founded 1982

TUE Sub Commission Decision
Please complete all section in capital letters or typing.

Composition of TUE Sub Commission
Chairman: .................................................................
Member: .................................................................
Member: .................................................................
Member: .................................................................
Member: .................................................................
Member: .................................................................
Member: .................................................................

Athlete's Information
Name: ........................................................................
Nationality: ..............................................................
File number: ................................................................
Substance: ..................................................................

TUE Sub Commission Decision
☐ Granted       ☐ Refusal

In case of Refusal, reasons: -
............................................................................................
............................................................................................
............................................................................................

Date of Decision: ........................................ Date of Expiration: 

January 2010
Appendix 1

1. PREPARATION FOR THE SAMPLE COLLECTION PROCESS

1.1 Collection of Whereabouts Information

i. The NOC must provide to OCA with detailed information no later than the date of the opening of the Athletes Village for the Games about the intended locations (whereabouts) of their Athletes during the Period of the Games. All athletes who are accredited to participate in the Games are subject to this ruling. Such athletes can considered to constitute the “registered testing pool” for the purpose and duration of the Games.

ii. The NOCs are expected to monitor and manage daily information regarding the whereabouts of athletes in Registered Testing Pool during the Games, including the locations and times where the Athlete will be residing, training and competing. The Athletes will update this information as necessary so that it is current at all times. The ultimate responsibility for providing whereabouts information rests with each Athlete; however, it will be the responsibility of each NOC to obtain whereabouts information as requested by the OCA.

iii. Any Athlete in the Registered Testing Pool who is not available for Testing on two attempts during the Period of the Game will be considered to have committed an anti-doping rule violation pursuant to Article 5.5 of the OCA Anti-Doping Rules. For each attempt, the Doping Control Officer (DCO) will visit all locations during the times specified by the Athlete for that date and will stay no less than two hours at each location.

iv. Whereabouts information provided pursuant to Article 5.5 (Athlete Whereabouts Requirements) of the OCA Anti-Doping Rules will be shared with WADA and other NADOs having jurisdiction to test an Athlete on the strict condition that it be kept confidential and be used only for Doping Control purposes.

v. The Whereabouts information Form can be obtained from the following link whereabouts@ocasia.org, besides that, Athletes could submit their whereabouts information online as well.

Please Refer to Annex 4: Athlete Whereabouts Form
1.2 Authorized Access to the Doping Control Stations

A Doping Control Station will be established at each Competition Venue. The Venue Doping Control Manager (VDCM) is responsible for managing the Doping Control operations and the workforce at the Doping Control Station.

When in operation, access to each Doping Control Station will be restricted to those people involved with the Doping Control process, including the Doping Control Team at the venue and the AGOC Doping Control Staff.

The members of the OCA MC& ADC may attend a Doping Control Station at any time to review the Doping Control operation and processes.

The IF Doping Control representative may access the Doping Control Station(s) for their sport and attend or be present for any or all of the Doping Control processes conducted in the Doping Control Station(s).

The Independent Observer Team (IO team) may attend any Doping Control Station and the Doping Control Command Centre at any time to review the Doping Control operations and processes with the permission of the OCA.

All other persons required to enter the Doping Control Station must be authorized by the Venue Doping Control Manager (VDCM).

The Athlete is entitled to be accompanied by an accredited Athlete’s Representative and/or Interpreter.

The Doping Control team and Athlete’s Representatives referred to may be present for all aspects of the Sample collection and sealing processes except during the urination process. Then only the designated Witnessing Officer, who will be the same gender as the Athlete, will observe the Athlete passing a urine Sample, with the exception of a Minor Athlete. A Minor Athlete’s entitlement is to have an Athlete’s Representative observer the Witnessing Officer when the Minor Athlete is passing a urine Sample, but without the Athlete’s Representative directly observing the passing of the Sample unless requested to do so by the Minor Athlete.

Photographs, video or tape recordings may only be taken inside the Doping Control Station with the permission of the VDCM when the station is not in operation. No photographs, video tape recordings may be taken once the Doping Control Station is in operation.

Mobile phone may be used as phones, but not cameras, in the Waiting Room. All mobile phones must be turned off in the Sample Processing Room.
1.3 Sample Collection Equipment

The primary Sample collection equipment to be used is the Bereg Kit, which has a unique numbering system on all Bottles, lids of bottles and Bereg Containers to ensure that the identity of the Athlete is not evident from the equipment sent to the Laboratory.

The Doping Control Station will contain a supply of Collection Vessels, Bereg Kits and Partial Sample kits enabling the Athlete to make a choice of appropriate equipment. There must be minimum of three vessels for the athlete to choose one from.

2. SELECTION OF ATHLETES

For the Games, the Chairman of the OCA MC & ADC, in consultation with AGOC, and the relevant IF/AF will determine the number of tests to be performed. This will constitute the basis of the Test distribution Plan.

The OCA MC & ADC may also select Athletes or teams for target testing as long as such Target testing is not used for the purpose other than legitimate Doping Control Process.

**Athletes will be selected based on:**

- Medal and random selections throughout preliminary and final competitions.
- All Athletes that establish or break a world record or an Asian record.
- All Athletes participating in the Asian Games will be subject, during the Period of the Games, to Doping Controls initiated by the OCA at any time of place with “no Advance Notice.”

2.1 Confidentiality

Following the selection of an Athlete for Sample collection and prior to notification of the Athlete, the OCA MC & ADC and AGOC will ensure that Athlete selection decisions are disclosed only to those who need to know to ensure that the Athlete can be notified and tested on “No Advance Notice” basis, where possible.

3. NOTIFICATION OF ATHLETES

The objective of the notification process is to ensure that the selected Athlete is notified, the rights of the Athlete are maintained, there are no opportunities to manipulate the Sample, in advance of Sample provision, and the notification is documented.
3.1 Notifications of Athletes

Notification may take place anywhere, including where Athletes are living, training or competing during the Period of the Games.

The Athlete will be the first person notified that they have been selected for Sample collection, except where prior contact with a third party is required. When notifying an Athlete, who is a Minor, that they have been selected for Testing, the DCO/Chaperone will, where possible, also notify a third party (e.g. coach, team manager) of the Athlete’s Selection and of the Athlete’s rights and responsibilities. The Athletes selected for Testing will be notified with “No Advance Notice”.

If the DCO/Chaperone is unable to locate the Athlete after two attempts using the provided whereabouts information, the DCO/Chaperone will report the situation to the VDCM, who in turn will inform the Head of the Doping Control programme and will get the necessary direction for future action.

The Athlete shall be identified by the following acceptable forms of identification, listed by priority:

- Photographic identification, including a driver's license, passport, Athlete’s Accreditation Card etc.
- Third party identification only if a photographic identification for athlete is not available. This could include the Athlete being identified by technical delegates, opponent team and coach. This person should sign the Doping Control Form, to acknowledge that he/ she identify the Athlete.

The DCOs and Chaperones will show their Games accreditation card to the Athlete. In some sports, the Athlete’s accreditation card will be collected prior the Athlete’s notification. The collection of the Athlete’s accreditation card will assist in the identification and to maintain the Chain of Custody of an Athlete selected for Testing. The collected accreditation card will be returned to the Athlete following the completion of the Sample collection process. If the accreditation card is not collected prior to the Athlete’s notification, the Athlete will be asked to provide their accreditation card to the Chaperone as part of the notification process, before signing the notification section on the Doping Control Form. Note that, the Bar Coded number located at the bottom of the Athlete’s Accreditation Card shall be included on Doping Control Form.

When the selected Athlete leaves the Field of Play following the Competition or after the final results are declared, the Chaperone will notify the selected Athlete for Doping Control.

Where possible, if an Athlete is participating in future Competitions on the same day, they will be notified at the end of their Competition schedule for that day.
The Athlete will be shown the notification section on the Doping Control Form which will indicate the type of Sample to be collected, the notification time and advise the Athlete to report to the Doping Control Station immediately. The notification section will also include the Athlete’s name, the name of the Athlete’s NOC, the Athlete’s Games accreditation number and the selection criteria. The Chaperone will also advise them of the possible consequences if the Athlete fails to report to the Doping Control Station within the given time limit. The Athlete will be required to sign the notification section of the Doping Control Form. Athlete’s signature shall be obtained after verification of recorded notification time written by Chaperone (record-verification-signature).

The Athlete’s Representative is not required to be present during the notification process, and the notification cannot be delayed waiting for the Athlete’s Representative.

The Chaperone will retain possession of the Athlete’s Games accreditation card provided by the Athlete.

Once the Athlete has signed the notification section of the Doping Control Form, they must comply with the direction of the Chaperone and may only perform activities that enable the Chaperone to observe the Athlete at all times and, where possible, be within physical proximity of the Athlete.

If the Athlete is required to undergo urine sampling, the Chaperone will provide sealed drinks to the Athlete to choose from, open and consume if they wish. The Athlete will be responsible for the security and integrity of these drinks once opened as well as any other drinks or food the Athlete chooses to consume.

3.2 Failure to Sign the Notification Section

If the Athlete refuses to accept or sign the notification section of the Doping Control Form, the Chaperone will advise the Athlete of the consequences of a failure to comply with a request and will contact the VDCM. If the Athlete still refuses to accept or sign the notification, this will be noted on the Doping Control Form/Supplementary report Form and signed by the DCO and the VDCM.

The VDCM will inform the management on duty at the Doping Control Command Centre, who will inform the AGOC Doping Control Programme Manager, who will then inform the Chairman of the OCA MC & ADC of appropriate action to be taken.

4. REPORTING TO THE DOPING CONTROL STATION

The Athlete will report to the Doping Control Station immediately unless there are reasonable reasons might delay his/her reporting to Doping Control Station. For breath collection, the Athlete is required to immediately report to the Doping Control Station. The Chaperone will accompany the Athlete to the Doping Control Station. If
there is no Doping Control Station at the notification location, the Athlete will be transported to a Doping Control Station accompanied by the Chaperone.

In consultation with the VDCM and/or the DCCC, the DCO/Chaperone will consider any reasonable request by the Athlete to delay reporting the Doping Control Station, or request to leave the Doping Control Station after checking in, if the request relates to one or more of the following activities:

- Participation in a victory ceremony
- Fulfillment of media commitments
- Competing in further Competitions
- Performing a warm down
- Obtaining necessary medical treatment
- Locating an Athlete’s Representative and/or Interpreter

The DCO/chaperone will reject a request from an Athlete for a delay if it is not possible to continuously chaperone the Athlete.

If it is agreed that the Athlete can leave the Doping Control Station, the chaperone will accompany and observe the Athlete at all times and carry the Athlete’s Games accreditation card.

Regardless of the delay, it is a requirement that the first urine Sample post-notification be collected and the Athlete not urinates before providing a Sample for Doping Control purposes.

The DCO will document the reasons for any delay that may require further investigation by the OCA MC & ADC.

Upon arrival at the Doping Control Station, the Athlete will be required to sign in prior to entering the Waiting Room. The Athlete’s identity will be verified by means of the photo, name and accreditation number on the Athlete’s Games accreditation card. The actual time of the arrival will be recorded on the check-in form and on the notification section of the Doping Control Form.

It is recommended that an Athlete’s Representative should accompany the Athlete to the Doping Control Station. In the case of a Minor, the Athlete should have an Athlete’s Representative and they will be signed in upon entering the Doping Control Station.

The Athlete and any personal belongings of the Athlete or Athlete’s Representative (clothing, bags, etc) may be examined by the VDCM after approval from the OCA MC & ADC Representative if present, upon entering and leaving the Doping Control Station for evidence of manipulation or other anti-doping rule violations.
The Athlete and the Athlete’s Representative will remain in the Waiting Room within sight of the VDCM or their designee until the Athlete indicates their readiness to provide a Sample (in the case of urine or breath Sample collection) or the Athletes is called in to the blood Sample Processing Room (in the case of blood Sample collection).

If an Athlete urgently needs to provide a urine Sample but is required for a victory ceremony or further Competition. A Partial Sample procedure will be undertaken with the Athlete returning to the Doping Control Station after the victory ceremony to complete the sealing and documentation process.

4.1 Failure to Report or Late Reporting to the Doping Control Station

Should the Athlete fail to report to the Doping Control Station, this will be noted on the Doping Control Form and Supplementary Report From and be signed by the VDCM, the OCA MC & ADC Representative and the IF/AF representative if present.

The OCA MC& ADC Representative, if present, will promptly inform the Chairman of the OCA MC & ADC of the situation.

The VDCM will also inform the management on duty at the Doping Control Command Centre. Who will inform the AGOC Doping Control Programme Manager, who will then inform the Chairman of the OCA MC& ADC, who will decide on the further steps to be taken.

Should the Athlete report to the Doping Control Station immediately after the time of notification, the actual time of reporting should be noted on the notification section of the Doping Control Form and on the check-in form by the DCVM. In any event, if the Athlete has been continuously chaperoned, the Sample collection procedure will still be carried out. This incident should be included in the report to the management on duty at the Doping Control Command Centre for further information to the AGOC Doping Control Programme Manager, who will inform the Chairman of the OCA MC& ADC, who will decide on any further steps to be taken.

5. URINE SAMPLE COLLECTION PROCEDURE

The Following section outlines the Sample collection procedure to be used at the Games. Minor changes from procedure will not invalidate the Doping Control test. The DCO sets the space and direct the Athlete through the following procedures.

The DCO should ensure (by directing the Athlete, or by doing it themselves) that all items are thrown away (plastic safety wrap, papers etc.) from the space in front of the Athlete.

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The normal process is explained in step 1-48; Steps 49-80 explain what to do if the first *Sample* is of insufficient volume; steps 81-83 explain what to do if the sample does not meet the laboratory requirement (dilute sample with low Specific Gravity).

**Athlete is Ready to Provide a Sample**

1. The *Athlete* and the *Athlete’s Representative*, if any, enter the *Processing Room*.
2. The *DCO* greets the *Athlete* and introduces themselves and the other people present in the room. If the *Athlete* is *Minor*, the *DCO* must ensure that an *Athlete’s Representative* is present before proceeding. The *DCO* shall use a photographic identification to verify the *Athlete*’s age, particularly if the *Athlete* looks to be a *Minor* or competes in sport participated in many young *Athletes*.
3. Before *Sample* collection, the *DCO* asks the *Athlete* if they have been tested before and if they require an explanation of the collection procedure. If required, the *DCO* will provide this explanation. The *DCO* shall use a photographic identification to check the identity of the *Athlete* and the correct completion of the *Doping Control Form* before writing further.

**Selection of the Urine Collection Vessel**

4. The *DCO* asks the *Athlete* if they are ready to give a *Sample*, and invites the *Athlete* to choose from at least three *Collection Vessels*.
5. In the rare case where the *Athlete* needs assistance, they may authorize the *Athlete’s Representative or DCO* to handle the *Collection Vessel* on their behalf. Such authorization must be documented.
6. The *DCO* ask the *Athlete* to open a *Collection Vessel* with a pair of scissors and check that it is properly sealed, clean and intact. To avoid contamination of the red cap should be left sealed until after the *Sample* has been provided.
7. If either the *Athlete* or the *DCO* is not satisfied with the equipment the *Athlete* will make another selection. If the *Athlete* is not satisfied with any of the equipment, and the *DCO* does not agree with the *Athlete*’s opinion that all of the available equipment is unsatisfactory, the *DCO* will instruct the *Athlete* to proceed with the *Sample* collection section and the *Athlete’s* views must be a recorded on the *Doping Control Form/Supplementary Report Form* by the *DCO*.
8. From this point onwards, the *Collection Vessel* will be handled only by the *Athlete*.
9. The *DCO* informs the *Athlete* that the *Sample* to be provided must be at least 90 ml (standard urine or EPO) and indicates the line on the *Collection Vessel*.
10. The *DCO* informs the *Athlete* that in the toilet, the *Athlete* must lift their shirt up to their chest, pull up any sleeves and lower any clothing from the waist down to the “knees”.
11. The *DCO* asks the *Athlete* to wash their hand before providing a *Sample*.
12. The *DCO* informs the *Athlete* that in the toilet, the *Witnessing Officer*, who must be the same gender as the *Athlete*, will witness the *Athlete* providing the urine.
**Sample** directly in to the *Collection Vessel* and may ask the *Athlete* to turn or move in order to verify that the urine is produced by the *Athlete*

13. The *Minors* may, at their request, be accompanied by an *Athlete’s Representative* at all times during the *Sample* collection procedure, including in the toilet area. However, the *Athlete’s Representative* will not witness the passing of the *Sample* unless requested to do so by the *Athlete*.

14. If a minor *Athlete* is involved, the *Doping Control Officer* may also request that the *Athlete’s Representative*, to observe the *Witnessing Officer* while the *Minor Athlete* is passing the *Sample*; If the Athlete Representative is not available, the DCO then shall explain witnessing process to Minor and document this incidence on a Supplementary Report signed by DCO and Minor. This is to protect the *Witnessing Officer* from any accusation of impropriety.

**Sample Provision**

15. The *Athlete* and the *Witnessing Officer* proceed to the toilet together.

16. The *Witnessing Officer* asks the *Athlete* wash their hands, lift their shirt up to their chest, pull up their sleeves, turn 360 degree and then lower all their clothing from the waist down to their knees.

17. The *Witnessing Officer* will directly observe the *Athlete* while providing the urine *Sample*, adjusting their position and clothing to get a clear view of the *Sample* leaving the *Athlete’s body*.

18. The *Witnessing Officer* asks the *Athlete* to open and put in place the red cap so that the *Collection Vessel* is covered. The *Witnessing Officer* should not handle the *Sample*.

19. If an *Athlete* wishes to wash their hands after passing the *Sample*, the *Sample* in the *Collection Vessel* should at this time be placed in a safe and secure location, in full view both the *Athlete* and the *Witnessing Officer*.

20. The *Witnessing Officer* and the *Athlete* exit the toilet together and return to the *Sample Processing Room*.

21. If the *Witnessing Officer* observes any unusual behavior by the *Athlete* while witnessing the passing of the *Sample*, this should be immediately reported to the *DCO* who must immediately discuss the issue with the *VCDM*.

22. The *DCO* asks the *Athlete* to place the *Collection Vessel* on the table, where it should be clearly visible to both of them.

23. The DCO shall verify, in full view of the athlete, that the suitable volume of urine for analysis has been provided. (Final decision is taken not by athlete but by DCO).

**Sample Volume Requirement Met At First Attempt**

24. If the volume of the *Sample* provided by the *Athlete* is satisfactory, 90 ml at the first attempt, the *DCO* completes the collection time and asks the *Witnessing Officer* to write down the name and sign the *Doping Control Form*.

25. The *DCO* asks the *Athlete* to choose one *Bereg* kit from a choice of at least three [as per step 5 and 6] and place it in front of the *DCO* and the *Athlete*.

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26. The **DCO** asks the **Athlete** to check that the blue self adhesive sealing tape on the **Bereg Container** is intact. The **Athlete** is to remove the blue self-adhesive tape, confirming from the imprint left by the tape on the **Bereg Container** that the **Bereg Kit** was sealed, and opens the packaging.

27. The **Athlete** is asked to take both **Bottles and plastic bags** out of the **Bereg Container**. The **DCO** asks the **Athlete** to check the coded numbers on the **Bottles** and to ensure that the number matches the lids as well as the number displayed on the **Bereg Container**. The **DCO** will also check the numbers without handling the **Bottles**. If all numbers match, the **DCO** asks the **Athlete** to open the shrink wrap sleeve of both **Bottles** and place the **Bottles** on the table.

28. The **Athlete** is asked to remove the lid from each **Bottle** and place it facing up next to the **Bottle**. The **DCO** then directs the **Athlete** to remove the red safety ring from the **Bottle** and set them aside or discard them.

29. The **DCO** will check inside the ‘A’ and ‘B’ lids explaining to the **Athlete** that they are checking to see that the three components of the lids [stopper, grey foam and teeth ring] are in place. In the event that the components are not in place, the **DCO** will ask the **Athlete** to select a new **Bereg Kit**.

30. The **DCO** asks the **Athlete** to pour one third of the total volume provided from the **Collection Vessel** into the blue-labeled ‘B’ **Bottle** up to the bottom of the blue label [minimum quantity of 30ml].

31. The **DCO** asks the **Athlete** to pour the remaining **Sample** into the orange-labeled ‘A’ **Bottle**. If the “A” “**Bottle**” is full up to the shoulder of bottle, and if there is still some quantity of the **Sample** left, the **DCO** asks the **Athlete** to pour the remainder in to the ‘B’ “**Bottle**”.

32. The **DCO** should ask the **Athlete** to seal the sample collection Kit bottles and test the security of the system to confirm they are sealed. The **Athlete** should also turn the sealed bottles upside down to check that they do not leak. If an **Athlete** has trouble during the sealing procedure, it is preferable that the **Athlete’s Representative** (if present) assist the **Athlete**. The **DCO** may also help if requested by the **Athlete**. The **DCO** should also physically verify that the bottles are properly sealed. The **DCO** notes the sample code number on the **Doping Control Form**.

33. The **DCO** will confirm with the **Athlete** that the code number of the **Bereg Kits** is correctly written on the **Doping Control Form**.

34. The **DCO** puts the **Bottles** into the transparent plastic covers and back into the **Bereg Container**. The **DCO** closes the **Bereg Container** using the white self-adhesive tape and explains that the **Bereg Container** is now being used to safely transport the glass **Bottles**.

35. The **DCO** shall measure the Specific Gravity (sp.gr) of the remaining sample in collection vessel, to ensure that it meets the laboratory requirement for analysis, which is sp.gr ≥ 1.010 if measured by dipstick or sp.gr ≥ 1.005 by refractor meter.

36. The **DCO** discard any residual urine that will not be sent for analysis in full view of the **Athlete** in the hazardous waste bins provided and removes their gloves; or **Athlete** may discard it into toilet by himself/herself.
37. The DCO continues filling in the Doping Control Form including the date of Sample provision and gender of the Athlete.

38. The DCO asks the Athlete what medications and/or nutritional supplements the Athlete has taken or used or injected during the last three days, and records on the Doping Control Form what the Athlete has declared. If there are not declared medication and/or nutritional supplements, the DCO will write ‘NIL’.

39. If the information of the medication and/or nutritional supplements is difficult to understand, the DCO will ask the Athlete to write down on a blank sheet of paper the commercial name of the product that the Athlete has used. If the Athlete is using their native language with no Latin character and no Interpreter is available, the DCO can allow the Athlete to fill in the medication in their language and own handwriting on the Doping Control Form.

40. If the DCO, Athlete, Chaperone or Athlete Representative express an interest in making written comments specific to the Athlete’s sample or the testing session, they may do so on the Doping Control Form or, if additional space is required, on Supplementary Report Form. The Supplementary Report Form number will be recorded on the Doping Control Form.

41. The DCO carefully performs a last check to confirm that all details and fields on the Doping Control Form have been correctly filled in.

42. The DCO then ask the Athlete (and his/her representative?) to check the information entered on the Doping Control Form. In particular the Athlete name, Games accreditation number and Sample code number on the Bottles and the Bereg Container.

43. Once the Athlete is satisfied, DCO will ask the IF/AF representatives, if they are present and have observed the whole procedure, to sign the Doping Control Form. (Who ask is unclar)

44. The Athlete Representative, if present will be asked to sign the Doping Control Form. In the event the Athlete is a Minor, the Athlete’s Representative” must” sign the Doping Control Form.

45. The DCO should explain to the Athlete that they are being asked to sign the Doping Control Form to confirm the accuracy of the information provided on the Doping Control Form and to confirm their satisfaction that the procedures have been conducted appropriately. The DCO and the Athlete will then sign the Doping Control Form.

46. After the one original and four different color copies of the Doping Control Form have been signed by all persons involved, the DCO hands the Athlete Pink copy, the DCO also shows the Athlete the blue copy which is to accompany the Sample to the laboratory, and explains to the Athlete that it contains no Doping Control information that could reveal the Athlete’s identity.

47. The Witnessing Officer then accompanies the Athlete back to the check-in desk where, the Athlete’s Games accreditation card is returned and the Athlete is signed out.

48. In the meantime the DCO stores the Sample in the lockable fridge and clean up the processing table to be ready for the next Athlete.
Insufficient Volume-Partial Sample Procedure

49. In the event that an Athlete is unable to provide the required volume of urine, the DCO will follow the procedure for a Partial Sample.
50. The DCO will advise the Athlete that the Partial Sample will be temporarily secured and a further Sample will be collected when the Athlete is ready.
51. In the first part of the Partial Sample section of the Doping Control Form, the DCO enters volume of the Sample and exact time of Sample collection on the Doping Control Form and asks the Witnessing Officer to write their name and sign the Doping Control Form.
52. The DCO asks the Athlete to choose one Bereg Kit from a choice of at least three [as per steps 5-6] and place it in front of the DCO and the Athlete.
53. The DCO asks the Athlete to check that the blue self adhesive sealing tape on the Bereg Container is intact. The Athlete is to remove the blue self-adhesive tape, confirming from the imprint left by the tape. On the Bereg Container as the tape is removed that the Bereg Kit was sealed, and opens the packaging.
54. The Athlete is asked to take both Bottles out of the Bereg Container. The Athlete will check that the shrink wrap sleeve on each bottle is intact, and that the code numbers on the Bottles and on their lids match those on the Bereg Container. The DCO will also check the numbers without handling the Bottles.
55. If all numbers match, the DCO asks the Athlete to place "B" Bottle back to the Bereg Container and to open the shrink wrap sleeve of "A" Bottle and place it on the table.
56. The DCO asks the Athlete to remove the lids from "A" Bottle, placing it face up next to the Bottle but leaving the red safety ring on.
57. The DCO will check inside the lid and explain to the Athlete that they are checking to see that the three components of the lid [stopper, grey foam and teeth ring] are in place. In the event that the lid components are not in place, the DCO will ask the Athlete to select a new Bereg Kit.
58. The DCO asks the Athlete to choose a Partial Sample Kits from a choice of at least three [as per steps 5and6] open it with a pair of scissors, and place the white stopper and the security tape on the table.
59. The DCO asks the Athlete to transfer the entire quantity of the sample to the ‘A’ Bottles, place the white stopper firmly into the Bottle and place the ‘A’ Bottle lid on top of the stopper. Leaving the red ring on will ensure that the Bottle does not close inadvertently.
60. The DCO asks the Athlete to return the 'A' Bottle back into the Bereg Container and close it with the re-sealable white tape.
61. The DCO will then seal the Bereg Container by peeling off the backing of the security tape and placing it firmly over the Bereg Container in the same place as the original blue self adhesive sealing security seal.
62. Once the tape is secured on the Bereg Container, the DCO records the Partial Sample security tape code number on the Doping Control Form and shows the Athlete the number recorded.
63. The DCO and Athlete sign the Partial Sample section of the Doping Control Form acknowledging that the code numbers are all correct.

64. The DCO keeps the Partial Sample, explaining to the Athlete that it will be locked in the fridge. If the Athlete insists on keeping the Partial Sample in their custody, they will be allowed to do so [in accordance with the International Standard for Testing] under the direct observation of a Chaperone.

65. The Witnessing Officer leads the Athlete back to the Waiting Room.

Subsequence Sample Provision

66. When the Athlete is ready to provide a subsequent urine Sample, the Athlete returns to the Sample Processing Room. To ensure continuity of the process and for the comfort of the Athlete, ideally the same DCO and Witnessing Officer involved with the initial Sample would continue to conduct the process. However, this is not essential as long as the person involved in each step is clearly documented on the Doping Control Form or the Supplement Report Form (when the space is not enough).

67. The DCO retrieves the Partial Sample and checks the Sample code number on the Bereg Container and on the Doping Control Form to confirm that it is the Athlete's Sample.

68. The DCO asks the Athlete to choose a new Collection Vessel, and repeat steps 6 to 22.

69. After providing the second Sample, the DCO will know from the volume recorded earlier on the Doping Control Form and the volume in the Collection Vessel whether the total volume is sufficient.

Insufficient Volume after Second Sample Provided

70. If the accumulated total volume of the urine provided by the Athlete is still insufficient, the DCO informs the Athlete that the second Sample will be sealed with the initial Sample until a third Sample can be provided.

71. The DCO confirms with the Athlete that the Partial Sample security tape code number correspondent with the number recorded on the Doping Control Form, and asks the Athlete to remove the security tape and take out the 'A' Bottle.

72. The DCO asks the Athlete to select another Partial Sample Kit and open it with a pair of scissors.

73. The DCO asks the Athlete to select a new Collection Vessel (a choice of at least three (3) is recommended).

74. The DCO asks the Athlete to remove the lid, white stopper and the red safety ring of the 'A' Bottles, discard the white stopper, and then combine both urine samples from "A" Bottle with the second urine Sample into a new selected Collection Vessel; measure the total volume of the combined samples. Pour the combined samples into the 'A' Bottle, place the new white stopper firmly in to the Bottle and
place the red safety ring and the ‘A’ Bottle lid on top of the stopper. In the second part of the Partial Sample section of the Doping Control Form, the DCO enter the accumulated volume of the Sample and the exact time of the Sample collection and asks the Witnessing Officer to write their name and sign the Doping Control Form.

75. The DCO will then repeat steps 60 to 65.

Minimum Volume Requirement Met After Partial Sample

76. If the new total volume of urine Sample produced by the Athlete [initial and subsequence Sample (s)] now meets the required minimum quantity [at least 90 ml] the DCO confirms with the Athlete that the Partial Sample security tape code number correspond with the number recorded on the Doping Control Form, and asks the Athlete to remove the security tape and take out both Bottles.

77. The DCO asks the Athlete to remove the lids of both Bottles placing the lids facing up, and remove the red safety rings from both Bottles.

78. The DCO asks the Athlete to select a new Collection Vessel (a choice of at least three (3) is recommended). The Athlete shall check collection vessel and open the plastic bag with a pair of scissors if there is no problem.

79. The DCO asks the Athlete to open the ‘A’ Bottle, take the red cap off the new selected Collection Vessel and first pour the sample from the ‘A’ Bottle into the Collection Vessel and then provide the subsequent sample until at least 90 ml is obtained.

80. The DCO asks the Athlete to replace the red cap on the Collection Vessel, mix the combined samples and continues as with a normal Sample as outlined in steps 30 to 48.

If Urine sample does not meet laboratory requirement for Suitable Specific Gravity for analysis

81. The DCO shall determine that the requirements for the Suitable sample for analysis have not been met.

82. The DCO shall inform the Athlete to provide additional samples until the requirement for Suitable Specific Gravity for analysis is met, or until the DCO determines that there are exceptional circumstances which mean that for logistical reasons it is impossible to continue with the sample collection session. The DCO shall document such exceptional circumstances. The recommended specific gravity for urine sample is [1.01 – 1.03] if measured by Dipstick, or ≥ 1.005 if measured by Refractometer.

83. All Samples which were collected, irrespective of whether or not they meet the requirement for Suitable Specific Gravity for analysis, shall be sent to laboratory for analysis.
6. BLOOD SAMPLE COLLECTION

Blood Sample collection will be conducted at the Games in accordance with the International Standard for Testing and the Blood Testing Guideline being developed by WADA.

7. ALCOHOL TESTING

Breath analysis will be conducted in accordance with the procedure of the relevant International Federation.

8. FAILURE TO COMPLY

If the Athlete refuses to give a Sample, or acts in a way which may compromise the Doping Control test, the possible consequences will be pointed out to them by the VDCM or the OCA MC/Anti-Doping Commission Representative, if present. If the Athlete still refuses, this will be noted in the Doping Control Form/Supplementary Report Form. This form will be signed by the VDCM, the OCA MC& ADC Representative and the IF/AF representative if present. The Athlete and the Athlete’s Representative may, if they wish, sign the Doping Control Form.

The Chairman of the OCA MC & ADC will immediately be informed and will decide on the further steps to be taken.

9. POST COLLECTION ADMINISTRATION AND ARRANGEMENTS

9.1 Athlete Sign-Out

Once the Athlete has been given the copy of the Doping Control Form and has fulfilled the Sample collection requirements, they will be escorted back to the check-in-desk and will be required to sign out of the Doping Control Station. The Athlete’s Games accreditation card will be returned.

9.2 Sample and Doping Control Form Security

Once the Sample urine has been sealed it will be secured in a lockable refrigerator in the Doping Control Station. The completed Doping Control Form will also be kept secure.
9.3 *Post Session Documentation*

At the end of the *Doping Control* session, the *VDCM* will be responsible for the completion of the post session documentation including *Laboratory Advice Form* and sealing of the *Security Transport Bag* in preparation for the transportation of the *Sample* to the *Doping Control Command Centre*.

*Refer to Annexes 5:- (1) Doping Control Form ;(2) Supplementary Doping Control Form; (3) Doping Control Officer Report ; (4) Chain of Custody Form ;and (5) Transport Form.*

10. **TRANSPORT AND RECEIPT OF THE SAMPLES**

10.1 **Transportation and Receipt of the Samples**

*Samples* will be transported first from the *Doping Control Station* to the *Doping Control Command Centre* and then to the *Laboratory*. The *Laboratory* will confirm to the *Doping Control Command Centre* the safe receipt of the *Samples*.

If there is evidence of any tampering or attempted tampering of the *Samples*, the *Laboratory* will immediately inform the Chairman of the *OCA MC* and the *Doping Control Command Centre* for an investigation to commence immediately.

11. **SAMPLE ANALYSIS**

The analysis of each “A” *Sample* will be performed as soon as possible after receipt by the *Laboratory*.

The “B” *Sample* will be kept sealed at the *Laboratory* and be opened only with the authorization of the Chairman of the *OCA MC*. The analysis of a *Sample* will be carried out in accordance with the *International Standard for Laboratories*.

In addition to the head of the *Laboratory* and the *Laboratory* staff and contractors, only the following persons will be admitted to the *Laboratory* during *Sample analysis*:

- *Authorized members of the OCA MC & ADC*.
- Person with special authorization from the Chairman of *OCA MC & ADC*
Substance Subject to Detection

_Doping Control Samples_ will be analyzed to detect the _Prohibited Substances_ and _Prohibited Methods_ identified on the _Prohibited List_ and other substances as directed by _WADA_ on a full screen _in-competition_ basis during the _Games_.

I. Standard for _Sample_ analysis and reporting

The _Laboratory_ will analyze _Doping Control Samples_ and report all results in conformity with the _International Standard for Laboratories_.

II. Storage of _Sample_ and delayed analysis

The _Samples_ will be stored in a secure manner at the _Laboratory_ and may be further analyzed.

III. Management of Results and Anti-Doping Rule Violations

The detail Result Management Procedure is to be ascertained from the _OCA Anti-Doping Rules_.

In summary, the _OCA Executive Board_ has delegated a Disciplinary Commission to hear the _Athletes_ and those concerned in the management of results and anti-doping rule violations [including, but not limited to the handling of _Adverse Analytical Findings_] during the _Period of the Games_.

The Disciplinary Commission will provide the _OCA Executive Board_ with a report of the hearing, including its proposed recommendation. The Disciplinary Commission’s proposal is not binding upon the _OCA Executive Board_, which retains the ultimate decision making authority.

IV. Language

The English version of the _OCA Anti-Doping Rules_ and this _Guide_ will prevail.
Annex 4

Whereabouts Form

<table>
<thead>
<tr>
<th>Country</th>
<th>Athlete Name</th>
<th>Passport/Travel Document Number</th>
<th>Gender</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sport</th>
<th>Discipline</th>
</tr>
</thead>
</table>

| Location Information (Upon athlete arrival to [insert name of country]) |
| Arrival Date to [insert name of country] | 2009 |
| Athlete Village Location (Hotel) | |
| (Complete information that is known) | |

<table>
<thead>
<tr>
<th>Building No.</th>
<th>Level</th>
<th>Apartment</th>
<th>Room Letter</th>
</tr>
</thead>
</table>

| Location Information (Insert the period) |
| Accommodation Details (Please include the physical address/location of the accommodation, for example, your home address, or the name of the hotel in the city/region in which you will be staying) |
| Date ( / / 2009) |
| Physical address/location details |
| Phone number |

| Training Details (Please include the physical location of the training venue/s in the boxes below) |
| Date ( / / 2009) |
| Name |
| Location |
| Times (if known) |

| Accommodation Details (Please include the physical address/location of the accommodation, for example, your home address, or the name of the hotel in the city/region in which you will be staying) |
| Date ( / / 2009) |
| Physical address/location details |
| Phone number |
Annex 5

(1) Doping Control Form

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### 1. Athlete Information

- **Name:**
- **Nationality:**
- **Date of Birth:**
- **Country:**
- **Address:**
- **Contact:**

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### 2. Notification

- **Date:**
- **Time:**
- **Place:**
- **Person in Charge:**
- **Telephone:**
- **Fax:**
- **Email:**

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### 3. Information for Analysis

- **Urine:**
  - **Sample ID:**
  - **Location:**
  - **Volume:**
  - **Collection Date:**
  - **Collection Time:**
  - **Transport Time:**
  - **Transport Conditions:**
  - **Image:**

- **Blood:**
  - **Sample ID:**
  - **Location:**
  - **Volume:**
  - **Collection Date:**
  - **Collection Time:**
  - **Transport Time:**
  - **Transport Conditions:**
  - **Image:**

---

### 4. Confirmation of Procedure

- **Urine:**
  - **Sample ID:**
  - **Laboratory:**
  - **Test:**
  - **Result:**

- **Blood:**
  - **Sample ID:**
  - **Laboratory:**
  - **Test:**
  - **Result:**

---

**January 2010**
(2) Supplementary Doping Control Form

**Supplementary Report Form**

**Formulaire de rapport supplémentaire**

1. **Completed by** - **Complete par**
   - Doping Control Officer
   - Athlete
   - Athlete’s Representative
   - Other (Specify)

2. **Purpose of Report** - **Objet du rapport**
   - Deliberate Use Of Forbidden Substance
   - Use of Substance Involving Control
   - Additional Information of Control

3. **Supplementary Report** - **Rapport supplémentaire**
   - ADDITIONAL INFORMATION
   - ADDITIONAL INFORMATION

4. **Confirmation of Procedure** - **Confirmation de la procedure**
   - Name
   - Date
   - Signature

---

January 2010
(3) Doping Control Officer Report
(4) Chain of Custody Form

<table>
<thead>
<tr>
<th>1. DOPING CONTROL SESSION</th>
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<td>TIME:</td>
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<td>WARDS:</td>
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<td>REPORT:</td>
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<th>4. DCO TRANSFER TO LABORATORY, COURIER OR OTHER</th>
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<tr>
<td>DCO NAME:</td>
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<tr>
<td>DATE:</td>
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<td>DROP-OFF TIME:</td>
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IF TRANSFERRED TO LABORATORY
LAB REP NAME
LAB REP POSITION
LAB REP SIGNATURE

IF TRANSFERRED TO COURIER
CONTRACT NAME
CONTACT NUMBER
COURIER SIGNATURE

IF TRANSFERRED TO OTHER
OTHER NAME
OTHER POSITION
OTHER SIGNATURE
(5) Transport Form

TRANSPORT FORM

TRANSFER TO COURIER

COURIER WAYBILL NUMBER: ______________________
TRANSFER DATE: ______________________
TRANSFER TIME: ______________________
NUMBER OF BAGS: ______________________
DATE OF TRANSFER: dd / mm / yy ______________________

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<tr>
<th>BAG 1 - FINAL SECURITY SEAL #</th>
<th>BAG 6 - FINAL SECURITY SEAL #</th>
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</table>

NAME AND SIGNATURE OF PERSON HANDING OVER CUSTODY OF BAGS:

NAME: ______________________ SIGNATURE: ______________________

NAME AND SIGNATURE OF COURIER RECEIVING BAGS:

NAME: ______________________ SIGNATURE: ______________________

Laboratory Confirmation of Receipt of Samples as per checked boxes above

NAME (PRINT) AND SIGNATURE OF LABORATORY REPRESENTATIVE DATE and TIME OF ACKNOWLEDGEMENT RECEIPT OF SAMPLES

White Copy: Laboratory Yellow Copy: Event Owner
Appendix 2

DEFINITIONS

ADAMS: The Anti-doping Administration and Management System is a Web-based database management tool for data entry, storage, sharing, and reporting designated to assist stakeholders and WADA in their anti-doping operations in conjunction with data protection legislation.

Adverse Analytical Finding: A report from a Laboratory or other approved Testing organization that identifies the presence of a Prohibited substance or its Metabolites or Markers (including elevated quantities of endogenous substances) in a specimen or evidence of the Use of a Prohibited Method.

AGOC: Asian Games Organizing Committee

Anti-Doping Organization: A Signatory that is responsible for adopting rules initiating, implementing or enforcing any part of the Doping Control Process. This includes, for example, the International Olympic Committee, the International Paralympics Committee, and other Major Event Organization that conducts Testing at their Events, WADA, International Federation, and National Anti-Doping Organization.

Anti-Doping Commission: The President of the OCA will appoint a Commission which will perform its responsibilities and duties under the directions of the OCA MC. Unless specifically directed in the Rules, the Person responsible for the administration of the Rules will be the Chairman of the OCA MC. The Chairman of the OCA MC may delegate specific responsibilities to other Persons at their discretion.

Asian Federation (AF): An international non-government organization, recognized by the OCA, which administers one or several sports at the continental level in Asia and also encompasses organizations administering such sports at national level.

Athlete: For the purposes of Doping Control, any person who participates or who may potentially participate in a Competition.

Athlete’s Representative: A person who is a member of the Athlete’s NOC (e.g. team coach, a physician or team mate) or a Games accredited person who accompanies the Athlete to the Doping Control Station for the Sample collection process.

Athlete Support Personnel: Any coach, trainer, manager, agent, team staff, official, medical or para-medical personnel working with or treating Athletes participating in or preparing for the Games.
Athlete’s Village: The officially accommodation for the Athletes and team officials.

Attempt: Purposely engaging in conduct that constitutes a substantial step in a course of conduct planned to culminate in the commission of an anti-doping rule violation. Provided, however there will be no anti-doping rule violation based solely on an attempt to commit a violation if the person enunciates the attempt prior to it being discovered by a third party not involved in the attempt.

Atypical Finding: A report from laboratory or other WADA-approved entity which requires further investigation as provided by the International Standard for Laboratories or related Technical Documents prior to the determination of Adverse Analytical Finding.

Bottle: The Bereg Sample collection glass vessel manufactured by Berlinger which is sealed by using a one-way closing system on the lid of the vessel. The vessel is marked either ‘A’ or ‘B’.

Bereg container: The white Styrofoam box containing the ‘A’ and ‘B’ Bereg Bottles with the matching unique code number to the Bottles.

Bereg Kit: A Sample collection kit manufactured by Berlinger which consists of one ‘A’ and one ‘B’ Bottle and Bereg Container.

CAS: The Court of Arbitration for Sports.

Chain of Custody: The sequence of individuals or organizations who are responsible for a Sample from when it is provided until it is received for analysis by the Laboratory.

Chaperone: An authorized AGOC person who is responsible for notifying the Athletes of their selection for Doping Control. This person will also accompany the Athletes and observe them continuously until they reach the Doping Control Station. A number of Chaperones may also observe the Athletes within the Doping Control Station. The Chaperones take instructions from the DCCC and the VDCM.

Code: The legal document applicable to sports enacted by WADA.

Collection Vessel: A disposable collection vessel made of plastic (sealed in a transparent plastic bag) into which the Athlete provides the urine Sample.

Competitions: A single race, match, game or singular athletic contest held for the Games.
Consequences of Anti-Doping Rule Violation: An Athlete or other persons violation of Anti-doping rule may result in one or more of the following:

(a) **Disqualification:** means the Athletes result in particular Competition or Event are invalidated, with the resulting consequences including forfeiture of any medals, points, and prizes.

(b) **Ineligibility :** means the athlete or other Persons is barred for a specified period of time from participating in any Competition or other activity of funding and;

(c) **Provision Suspension:** means the Athlete or other Person is barred temporarily from participating in any Competition prior to the final decision at a hearing conducted under the Article 7 of OCA Anti-Doping Rules.

**Courier:** The courier company responsible for transporting the Samples from the Doping Control Command Centre to the Laboratory.

**Doping Control:** The process including Testing, results management, hearing and appeals.

All steps and processes from the test distribution planning through to ultimate disposition of any appeal including all steps and processes in between such provision of whereabouts information, sample collection and handling, laboratory analysis, therapeutic use exemption, result management and hearings.

**Doping Control Chaperones Coordinator (DCCC):** an authorized AGOC person responsible for the management of Chaperones.

**Doping Control Command Centre:** The location from where AGOC will manage the Doping Control programme during the Games.

**Doping Control Form:** A form used to keep a record of the Sample collection procedure and Sample number.

**Doping Control Officer (DCO):** An authorized AGOC person who conducts the Sample collection procedure with the Athlete and takes instructions from the VDCM.

**Doping Control Station:** An area of restricted access for the collection of Doping Control Samples. In the case of Testing at Games Competition venues, the station will comprise a Waiting Room, one more Sample Processing Rooms and one or more attached toilets. If blood Samples are also collected, the station will also comprise one or more Blood Processing Rooms. In the case of Testing at non-competition venues, the Doping Control Station will be any facility appropriate for the collection of Samples.
Doping Control Venue Administrator (DCVA): An authorised AGOC person responsible for the set up and maintenance of the Doping Control Station and to keep the station functional by maintaining internal security.

EPO: Erythropoietin.

Games: The Asian Games.

In-Competition Period: The Period of the Asian Games.

Independent Observer Team: A team of observers, under the supervision of WADA, who will observe the Doping Control process during the Games and report on its observations.

Individual Sports: Any sports that is not a Team Sports

Ineligibility: See Consequences of Anti-Doping Rules Violations above.

International Federation (IF): The international non-government organizations recognized by the International Olympic Committee (IOC) as administering one more sports at world level. The National Federations (NFs) administering those sports are affiliated to them.

International Standard: A standard adopted by WADA in support of the Code. Compliance with an International Standard (as opposed to another alternative standard, practice or procedure) will be sufficient to conclude that the procedures addressed by the International Standard were performed properly.

International standard for laboratories: A standard adopted by WADA in support of the Code with regard to the Laboratory analysis.


Interpreter: A person able to translate a language orally into other language.

Laboratory: Samples collected at the Games will be analyzed by the WADA accredited laboratory.

Laboratory Advice Form: A form used to record the Sample collection detail for Laboratory.

Marker: A compound, group of compounds or biological parameters that indicates the Use of a Prohibited Substance or Prohibited Method.

Metabolite: Any substance produced by a biotransformation process.
Minor: A natural person who has not yet reached the age of 18 years.

National Olympic Committee (NOC): The organization recognized by the OCA. The term NOC will also include the national sport Confederation in those countries where the National Sport Confederation assumes typical NOC responsibilities for Doping Control.

NADO: National Anti-Doping Organization.

No Advance Notice: An Athlete is first notified by the Chaperone that they are required to provide a Sample.

No Fault or Negligence: The Athletes establishing that he or she did not know or suspect, and could not reasonably have known or suspected even with the exercise of utmost caution, that he or she had Used or been administered the Prohibited Substances or Prohibited Methods.

OCA: Olympic Council of Asia.

OCA MC: OCA Medical Committee.

OCA Medical Committee & Anti-Doping Commission Representative: A member of the OCA MC & ADC allocated to be on duty to observe and assist with the AGOC Doping Control program.

Outreach Program: WADA education programme for Athletes and Athlete Support Personnel about the dangerous and consequences of doping.

Out of Competition: Any Doping Control which is not In-Competition

Partial Sample Kit: The kits manufactured by Berlinger, used for temporary secure storage of the urine Sample when the total urine volume produced by the Athlete is less than the requested quantity, or in other required situation. The kit consists of a white lid and a blue security seal with a unique code number.

Partial Sample: The procedure for temporarily sealing a Sample usually where an Athlete has provided an insufficient volume.

Participant: Any Athlete or Athlete Support Personnel.

Period of the Games: The period commencing from the date of opening of the Athlete Village until the Closing Ceremony of the Games.
Personal Information: As defined in the International Standard for Protection of Privacy and Personal Information, information, including without limitation sensitive Personal Information, relating to an identified or identifiable Participant or relating to other persons whose information is processed solely in the context of Anti-Doping Organization's anti-doping activities.

Person: A person, an organization or other entity

Possession: The Actual, physical, possession, or the constructive Possession (which must be found only if the person has exclusive control over the Prohibited Substances/Method or the premises or poverty in which a prohibited Substances/Method exists); provided, however, that if the person dose not have exclusive control over the prohibited substances/method or the premises in which a prohibited Substances/Method exists, constructive Possession must only be found if the Person knew about the presence of the prohibited Substances/Method and intended to exercise control over it. Provided however, there must no anti-doping rule violation based solely on possession if, prior to the receiving notification of any kind that the Person has committed an anti-doping rule violation, the person has taken concrete action demonstrating that the Person never intended to have Possession and has renounced Possession by explicitly declaring it to an Anti-Doping Organisation Notwithstanding anything to the contrary in this definition, the purchase (including by any electronic or other means) of a Prohibited Substances or Prohibited method constitutes possession by the person who makes the purchase.

Phlebotomist: A qualified medical person [e.g. doctor, nurse or technician] trained in blood processing with the appropriate certification authorised by AGOG. This person and/or a DCO, will carry out the blood Sample collection procedure and will be under the control of VDCM.

Pre-competition Testing: when Athletes are selected for Doping Control at any time other than immediately after their Competition.

Prohibited List: The list identifying the Prohibited Substances and Prohibited Methods.

Prohibited Method: Any method so described on the Prohibited list.

Prohibited Substance: Any substance so described on the Prohibited list.

Registered Testing Pool: The selection of Athlete identified by each NOC in consultation with the relevant IF or AF as applicable or eligible to compete in a Competition.

Rules: The anti-doping rules enacted and approved by OCA in compliance with the Code.
Sample: Any biological material collected for the purpose of Doping Control.

Sample Processing Room: An area within the Doping Control Station where the Sample collection procedures are conducted (except the provision of the urine Sample which occurs in the toilet cubicle).

Signatories: Those entities signing the Code and agreeing to comply with the Code, including the International Olympic Committee, International Federation, International Paralympics Committee, National Olympic Committees, National Paralympics Committee, Major Event Organization, National Anti-Doping Organization, and WADA.

Security Transport Bag: A bag into which the Bereg Kits are placed for transportation to the Laboratory. It has a uniquely numbered seal.

Supplementary Report Form: A separate form which can be attached with the Doping Control Form if required. This form can be completed to give all types of report by the DCO, Athlete, Athlete’s, Representative or by any other authorised person.

Tampering: Altering for an improper purpose or in an improper way, bringing improper influence to bear; interfering improperly; obstructing, misleading or engaging in any fraudulent conduct to alter results prevent normal procedures from occurring; or providing fraudulent information to an Anti-Doping Organisation.

Target Testing: Selection of Athletes for Doping Control where specific Athletes or groups of Athletes are selected on a non-random basis for Doping Control at the specified time.

Team Sports: A sport in which the substitution of players is permitted during the competition.

Testing: The process involving test distribution planning, Sample collection, Sample handling, Sample transportation to the Laboratory and Analysis of Samples.

Trafficking: Selling, giving, transporting, sending delivering or distributing a prohibited Substance or Prohibited Method (either physically or by any electronic or other means) by an athlete, athlete support personnel or any other person subject to the jurisdiction of an Anti-Doping Organization to any third party, provided, however, this definition shall not include the action of bonafide medical personnel involving a prohibited Substances used for genuine and legal therapeutic purposes or other acceptable justification, and shall not include actions involving Prohibited Substances which are not prohibited in Out-of Competition testing unless the
circumstances as a whole demonstrate such prohibited substances are not intended for genuine and legal therapeutic purposes.

**Therapeutic Use Exemption (TUE):** If a medication an *Athlete* is taking to treat an illness or condition is on the *Prohibited* list, the *Athlete* may apply to be exempted to use that medicine.

**Therapeutic Use Exemption Sub Commission (TUEC):** The Sub Commission is appointed by the Chair of the *OCA MC* to assess each *TUE* application to apply during the *Period of the Games*.

**Use:** The application, ingestion, injection or consumption by any means whatsoever of any *Prohibited Substance* or *Prohibited Method*.

**Venue Doping Control Manager (VCDM):** An authorized *AGOC* person who is responsible for the overall supervision of a *Doping Control Station* in a venue. The *VDCM* is in charge of team assigned to the *Doping Control Station* and ensures the *Rules* are complied with. They are required to liaise with the *OCA*, the *IF* and or *AF* and the *WADA* representatives and to play an active role in the selection of *Athlete* for *Doping Control*.

**WADA:** The World Anti-Doping Agency.

**Waiting Room:** The room in the *Doping Control Station* where *Athletes* will wait until they are able to provide *Sample*.

**Witnessing Officer:** An authorized *AGOC DCO* who is responsible for witnessing the passing the *Athlete’s Sample* in accordance with the *IST*.
Appendix 3 WADA 2009 Prohibited List

The World Anti-Doping Code

THE 2010 PROHIBITED LIST

INTERNATIONAL STANDARD

The official text of the Prohibited List shall be maintained by WADA and shall be published in English and French. In the event of any conflict between the English and French versions, the English version shall prevail.

This List shall come into effect on 1 January 2010

The Prohibited List 2010
19 September 2009
THE 2010 PROHIBITED LIST
WORLD ANTI-DOPING CODE

Valid 1 January 2010

All Prohibited Substances shall be considered as “Specified Substances” except Substances in classes S1, S2.1 to S2.5, S.4.4 and S6.a, and Prohibited Methods M1, M2 and M3.

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-androstenediol (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-hydroxy-androst-4-eno[2,3-d]isoxazole); dehydrochlorimethyltestosterone (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-diene-3-one); desoxymethyltestosterone (17α-methyl-5α-androst-2-en-17β-ol); drostanolone; ethyltestosterone (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-dihydroxy-androst-4-en-3-one); mestanolone; mesterolone; metenolone; methandienone (17β-hydroxy-17α-methylandrosta-1,4-diene-3-one); methandriol; methasterone (2α, 17α-dimethyl-5α-androstane-3-one-17β-ol); methylidenolone (17β-hydroxy-17α-methylene-4,9-diene-3-one); methyl-1-testosterone (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one); methylnortestosterone (17β-hydroxy-17α-methylene-4-en-3-one); methyltestosterone; metribolone (methyltriolone, 17β-hydroxy-17α-methylene-4,9,11-triene-3-one); mibolerone; nandrolone; nandrolone-19-nor-androstenedione (estr-4-ene-3,17-dione); norboleone; norclostebol; normethandroline; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanolozol (17β-hydroxy-5α-androstano[3,2-c] pyrazole); quinbolone;
stanozolol; stenbolone; 1-testosterone (17β-hydroxy-5α-androst-1-en-3-one); tetrahydrogestrinone (18α-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 when administered exogenously:

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-3β,17α-diol; androst-4-ene-3β,17β-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; epitestosterone; 3α-hydroxy-5α-androstan-17-one; 3β-hydroxy-5α-androstan-17-one; 19-norandrosterone; 19-nortestosterone.

2. Other Anabolic Agents, including but not limited to:

Clenbuterol, selective androgen receptor modulators (SARMs), 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. PEPTIDE HORMONES, GROWTH FACTORS AND RELATED SUBSTANCES

The following substances and their releasing factors are prohibited:

1. Erythropoiesis-Stimulating Agents [e.g. erythropoietin (EPO), darbepoetin (dEPO), methoxy polyethylene glycol-epoetin beta (CERA), hematide];
2. Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) in males;
3. Insulins;
4. Corticotrophins;

The Prohibited List 2010
19 September 2009
5. Growth Hormone (GH), Insulin-like Growth Factor-1 (IGF-1), Mechano Growth Factors (MGFs), Platelet-Derived Growth Factor (PDGF), Fibroblast Growth Factors (FGFs), Vascular-Endothelial Growth Factor (VEGF) and Hepatocyte Growth Factor (HGF) as well as any other growth factor affecting muscle, tendon or ligament protein synthesis/ degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching;

6. Platelet-derived preparations (e.g. Platelet Rich Plasma, "blood spinning") administered by intramuscular route. Other routes of administration require a declaration of use in accordance with the International Standard for Therapeutic Use Exemptions.

and other substances with similar chemical structure or similar biological effect(s).

S3. BETA-2 AGONISTS

All beta-2 agonists (including both optical isomers where relevant) are prohibited except salbutamol (maximum 1600 micrograms over 24 hours) and salmeterol by inhalation which require a declaration of use in accordance with the International Standard for Therapeutic Use Exemptions.

The presence of salbutamol in urine in excess of 1000 ng/mL is presumed not to be an intended therapeutic use of the substance and will be considered as an Adverse Analytical Finding unless the Athlete proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of a therapeutic dose (maximum 1600 micrograms over 24 hours) of inhaled salbutamol.

S4. HORMONE ANTAGONISTS AND MODULATORS

The following classes are prohibited:

1. Aromatase inhibitors including, but not limited to: aminogluthethimide, anastrozole, androsta-1,4,6-triene-3,17-dione (androstratrienedione), 4-androstene-3,6,17 trione (6-oxo), exemestane, formestane, letrozole, 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.
4. Agents modifying myostatin function(s) including but not limited to: myostatin inhibitors.

55. DIURETICS AND OTHER MASKING AGENTS

Masking agents are prohibited. They include:
Diuretics, probenecid, plasma expanders (e.g. glycerol; intravenous administration of albumin, dextran, hydroxyethyl starch and mannitol) and other substances with similar biological effect(s).

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 drosperinone, pamabrom and topical dorzolamide and brinzolamide, which are not prohibited).

A Therapeutic Use Exemption for diuretics and masking agents is not valid if an Athlete's urine contains such substance(s) in association with threshold or sub-threshold levels of an exogenous Prohibited Substance(s).
PROHIBITED METHODS

M1. ENHANCEMENT OF OXYGEN TRANSFER

The following are prohibited:

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

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

M2. CHEMICAL AND PHYSICAL MANIPULATION

1. Tampering, or attempting to tamper, in order to alter the integrity and validity of Samples collected during Doping Contests is prohibited. These include but are not limited to catheterisation, urine substitution and/or adulteration (e.g. proteases).

2. Intravenous infusions are prohibited except for those legitimately received in the course of hospital admissions or clinical investigations.

M3. GENE DOPING

The following, with the potential to enhance athletic performance, are prohibited:

1- The transfer of cells or genetic elements (e.g. DNA, RNA);

2- The use of pharmacological or biological agents that alter gene expression.

Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists (e.g. GW 1516) and PPARδ-AMP-activated protein kinase (AMPK) axis agonists (e.g. AICAR) are 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

All stimulants (including both optical isomers where relevant) are prohibited, except imidazole derivatives for topical use and those stimulants included in the 2010 Monitoring Program¹.

Stimulants include:

a: Non-Specified Stimulants:

Adrafinil; amfepramone; amiphenazole; amphetamine; amphetaminil; benfluorex; benzphetamine; benzylpiperazine; bromantan; clobenzorex; cocaine; cropropanil; crosetamide; dimethylamphetamine; etiamphetamine; famprofazone; fencamine; fenetylline; fenfluramine; fenproporex; furfenorex; mfenorex; mephenertmine; mesocarb; methamphetamine(d-); p-methylamphetamine; methylenedioxymethylamphetamine; methylenedioxyxymethamphetamine; methylhexanamine (dimethylpentylamine); modafinil; norfenfluramine; phendimetrazine; phenmetrazine; phentermine; 4-phenylpiracetam (carphedon); prenylamine; prolintane.

A stimulant not expressly listed in this section is a Specified Substance.

b: Specified Stimulants (examples):

Adrenaline ²; cathine³; ephedrine⁴; etamivan; etilefrine; fenbutrazate; fencamfamin; heptaminol; isomethptene; levmethamphetamine; meclofenoxate; methylphedrine⁴; methylphenidate; nikethamide; norfenefrine; octopamine; oxilofrine; parahydroxyamphetamine; pemoline; pentetrazol; phenpromethamine; propylhexedrine; pseudophedrine⁴; selegline; sibutramine; strychnine; tuainoheptane and other substances with a similar chemical structure or similar biological effect(s).
The following substances included in the 2010 Monitoring Program (bupropion, caffeine, phenylephrine, phenylpropanolamine, pipradol, synephrine) are not considered as Prohibited Substances.

** 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.

***** Pseudoephedrine is prohibited when its concentration in urine is greater than 150 micrograms per milliliter.

**S7. NARCOTICS**

The following narcotics are prohibited:

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

**S8. CANNABINOIDS**

Natural or synthetic Δ9-tetrahydrocannabinol (THC) and THC-like cannabinoids (e.g. hashish, marijuana, HU-210) are prohibited.

**S9. GLUCOCORTICOSTEROIDS**

All glucocorticosteroids are prohibited when administered by oral, intravenous, intramuscular or rectal routes.

In accordance with the International Standard for Therapeutic Use Exemptions, a declaration of Use must be completed by the Athlete for glucocorticosteroids administered by intraarticular, periarticular, peritendinous, epidural, intradermal and inhalation routes, except as noted below.

Topical preparations when used for auricular, buccal, dermatological (including iontophoresis/phonophoresis), gingival, nasal, ophthalmic and perianal disorders are not prohibited and require neither a Therapeutic Use Exemption nor a declaration of Use.
SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1. ALCOHOL

Alcohol (ethanol) is prohibited In-Competition only, in the following sports. Detection will be conducted by analysis of breath and/or blood. The doping violation threshold (haematological values) is 0.10 g/L.

- Aeronautic (FAI)
- Archery (FITA)
- Automobile (FIA)
- Karate (WKF)
- Modern Pentathlon (UIPM) for disciplines involving shooting
- Motorcycling (FIM)
- Ninepin and Tenpin Bowling (FIQ)
- Powerboating (UIM)

P2. BETA-BLOCKERS

Unless otherwise specified, beta-blockers are prohibited In-Competition only, in the following sports.

- Aeronautic (FAI)
- Archery (FITA) (also prohibited Out-of-Competition)
- Automobile (FIA)
- Billiards and Snooker (WCBS)
- Bobsleigh (FIBT)
- Boules (CMSB)
- Bridge (FMB)
- Curling (WCF)
- Golf (IGF)
- Gymnastics (FIG)
- Motorcycling (FIM)
- Modern Pentathlon (UIPM) for disciplines involving shooting
- Ninepin and Tenpin Bowling (FIQ)
- Powerboating (UIM)
- Sailing (ISAF) for match race helms only
- Shooting (ISSF, IPC) (also prohibited Out-of-Competition)
- Skating/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air
- Wrestling (FILA)

Beta-blockers include, but are not limited to, the following:

Acebutolol, alprenolol, atenolol, betaxolol, bisoprolol, bunolol, carteolol, carvedilol, celiprolol, esmolol, labetalol, levobunolol, metipranolol, metoprolol, nadolol, oxprenolol, pindolol, propranolol, sotalol, timolol.