

BLOOD SAMPLING FORM

TESTING AUTHORITY	SAMPLE COLLECTION AGENCY

1. ATHLETE INFORMATION			
FAMILY NAME GIVEN NAME	DATE OF BIRTH DD MM 1 9		
NATIONALITY	ATHLETE NO DOCUMENT TYPE		
	DOCUMENT NUMBER		
E-MAIL OR POSTAL ADDRESS			
2. NOTIFICATION / CONSENT			
DATE COUNTRY COUNTRY	CITY		
COMPETITION DCO/ (where applicable) CHAPERONE NAME	DCO / CHAPERONE SIGNATURE		
PURPOSE OF BLOOD SAMPLING: Profiling of relevant parameters for anti-doping purposes and/or detection	of Prohibited Subtances and Methods		
I understand that I have been selected for a doping control I confirm that the purpose of the blood sampling has been explained to me I understand that, by signing this form, I am granting my consent to a blood sample being taken from me I understand that I must report to the doping control station immediately			
• I understand that failure or refusal to sign this form and/or provide a sample may be regarded as an anti-doping rul	e violation ATHLETE'S SIGNATURE		
3. INFORMATION FOR ANALYSIS			
ATHLETICS DATE OF STORM STATE OF COLLECTION S	MISSION N°:		
IN COMPETITION OUT OF COMPETITION OUT OF COMPETITION OUT OF COMPETITION F			
YES NO			
Has the athlete performed any strenuous physical exercise in the last 2 hours? Type of excercise Type of excercise			
Has the athlete resided or trained at altitude (>1000m) during the last 2 weeks?	Altitude Location		
Has the athlete used any form of altitude simulation during the last 2 weeks?	Frequency / Duration		
Has the athlete lost, donated or received blood in the last 3 months? Date D	Volume Condition		
DECLARATION OF MEDICATION. (taken in the last 7 days)			
DECEMBRION OF MEDICATION, (taken in the last 7 days)			
4. CONFIRMATION OF PROCEDURE FOR BLOOD TESTING			
COMMENTS. Any comments should be noted here	SUPPLEMENTARY REPORT FORM ?		

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ATHLETE REPRESENTATIVE (IF APPROP	RIATE)			
NAME	SIGNATURE			
DOPING CONTROL OFFICER (IF APPROP	'RIATE)			
NAME	SIGNATURE			
BLOOD CONTROL OFFICER				
NAME	SIGNATURE	DATE		
		DD	MM YYYY	
I declare that the information I have given on this do	cument is correct.		ATHLETE'S SIGNATURE	
• I declare that, subject to comments made in section	4, the sample collection was conducted in accordance with the relevant	procedures and I do not contest any aspect of the sample collection.		
	al information related to this doping control, including but not limited to th acy and Personal Information and Monegasque law.	ne disclosure of such information to third parties, in accordance a		
• I accept that any dispute, controversy or claim hows	oever arising from this doping control shall be resolved in accordance wit	th IAAF Competition Rules.		
• I accept the competence of the Court of Arbitration f	or Sport in Lausanne, Switzerland to resolve definitively any such dispute	, controversy or claim excluding all recourse to ordinary courts.		

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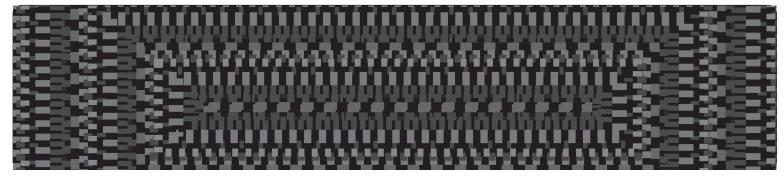
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1. ATHLETE INFORMATION



2. NOTIFICATION / CONSENT



3. INFORMATION FOR ANALYSIS

ATHLETICS DATE OF DD MM YYYY		TIME (DF ECTION	MISSION	1 N°:
1 tube 2 tubes (SERUM) 1 tube 2 tubes (SERUM)	AMPLE	E CODE N	UMBER	IN COMPE	GENDER
	YES	NO			
Has the athlete performed any strenuous physical exercise in the last 2 hours?			Type of excercise		
Has the athlete resided or trained at altitude (>1000m) during the last 2 weeks?			Date	Altitude	Location
Has the athlete used any form of altitude simulation during the last 2 weeks?			Device		Frequency / Duration
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