



Please write legibly and in CAPITAL letters

BLOOD SAMPLING FORM

TESTING AUTHORITY

SAMPLE COLLECTION AGENCY

1. ATHLETE INFORMATION

FAMILY NAME	<input type="text"/>	GIVEN NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NATIONALITY	<input type="text"/>	EVENT	<input type="text"/>	ATHLETE ID PROVIDED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DOCUMENT TYPE	<input type="text"/>	
E-MAIL OR POSTAL ADDRESS			DOCUMENT NUMBER			<input type="text"/>					

2. NOTIFICATION / CONSENT

DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COUNTRY	<input type="text"/>	CITY	<input type="text"/>	TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COMPETITION (where applicable)	<input type="text"/>	DCO / CHAPERONE NAME	<input type="text"/>	DCO / CHAPERONE SIGNATURE	<input type="text"/>										
PURPOSE OF BLOOD SAMPLING: Profiling of relevant parameters for anti-doping purposes and/or detection of Prohibited Substances and Methods															
<ul style="list-style-type: none">I understand that I have been selected for a doping controlI confirm that the purpose of the blood sampling has been explained to meI understand that, by signing this form, I am granting my consent to a blood sample being taken from meI understand that I must report to the doping control station immediatelyI understand that failure or refusal to sign this form and/or provide a sample may be regarded as an anti-doping rule violation															
															ATHLETE'S SIGNATURE

3. INFORMATION FOR ANALYSIS

ATHLETICS	DATE OF TEST	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIME OF COLLECTION	<input type="text"/>	<input type="text"/>	<input type="text"/>	MISSION N°:	<input type="text"/>																																			
<input type="checkbox"/> 1 tube (EDTA)	<input type="checkbox"/> 2 tubes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 tube (SERUM)	<input type="checkbox"/> 2 tubes	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IN COMPETITION	<input type="checkbox"/> OUT OF COMPETITION	GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F																																
<table><tr><td>• Has the athlete performed any strenuous physical exercise in the last 2 hours?</td><td><input type="checkbox"/></td><td>YES</td><td><input type="checkbox"/></td><td>NO</td><td colspan="3"><input type="text"/></td></tr><tr><td>• Has the athlete resided or trained at altitude (>1000m) during the last 2 weeks?</td><td><input type="checkbox"/></td><td colspan="3"></td><td>Date</td><td>Altitude</td><td>Location</td></tr><tr><td>• Has the athlete used any form of altitude simulation during the last 2 weeks?</td><td><input type="checkbox"/></td><td colspan="3"></td><td>Device</td><td colspan="2">Frequency / Duration</td></tr><tr><td>• Has the athlete lost, donated or received blood in the last 3 months?</td><td><input type="checkbox"/></td><td colspan="3"></td><td>Date</td><td>Volume</td><td>Condition</td></tr></table>																	• Has the athlete performed any strenuous physical exercise in the last 2 hours?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="text"/>			• Has the athlete resided or trained at altitude (>1000m) during the last 2 weeks?	<input type="checkbox"/>				Date	Altitude	Location	• Has the athlete used any form of altitude simulation during the last 2 weeks?	<input type="checkbox"/>				Device	Frequency / Duration		• Has the athlete lost, donated or received blood in the last 3 months?	<input type="checkbox"/>				Date	Volume	Condition
• Has the athlete performed any strenuous physical exercise in the last 2 hours?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="text"/>																																											
• Has the athlete resided or trained at altitude (>1000m) during the last 2 weeks?	<input type="checkbox"/>				Date	Altitude	Location																																									
• Has the athlete used any form of altitude simulation during the last 2 weeks?	<input type="checkbox"/>				Device	Frequency / Duration																																										
• Has the athlete lost, donated or received blood in the last 3 months?	<input type="checkbox"/>				Date	Volume	Condition																																									
DECLARATION 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 ? <input type="checkbox"/>										
ATHLETE REPRESENTATIVE (IF APPROPRIATE)																										
NAME										SIGNATURE																
DOPING CONTROL OFFICER (IF APPROPRIATE)																										
NAME										SIGNATURE																
BLOOD CONTROL OFFICER																										
NAME										SIGNATURE																
DATE																<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ATHLETE'S SIGNATURE
<ul style="list-style-type: none">I declare that the information I have given on this document is correct.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.I consent to the processing by the IAAF of all personal information related to this doping control, including but not limited to the disclosure of such information to third parties, in accordance with the International Standard for Protection of Privacy and Personal Information and Monegasque law.I accept that any dispute, controversy or claim howsoever arising from this doping control shall be resolved in accordance with IAAF Competition Rules.I accept the competence of the Court of Arbitration for Sport in Lausanne, Switzerland to resolve definitively any such dispute, controversy or claim excluding all recourse to ordinary courts.																										



Please write legibly and in CAPITAL letters

BLOOD SAMPLING FORM

TESTING AUTHORITY

SAMPLE COLLECTION AGENCY

1. ATHLETE INFORMATION

FAMILY NAME	<input type="text"/>	GIVEN NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NATIONALITY	<input type="text"/>	EVENT	<input type="text"/>	ATHLETE ID PROVIDED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DOCUMENT TYPE	<input type="text"/>	
E-MAIL OR POSTAL ADDRESS			DOCUMENT NUMBER <input type="text"/>								

2. NOTIFICATION / CONSENT

DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	COUNTRY	<input type="text"/>	CITY	<input type="text"/>	TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COMPETITION (where applicable)	<input type="text"/>	DCO / CHAPERONE NAME	<input type="text"/>	DCO / CHAPERONE SIGNATURE	<input type="text"/>										
PURPOSE OF BLOOD SAMPLING: Profiling of relevant parameters for anti-doping purposes and/or detection of Prohibited Substances and Methods															
<ul style="list-style-type: none">I understand that I have been selected for a doping controlI confirm that the purpose of the blood sampling has been explained to meI understand that, by signing this form, I am granting my consent to a blood sample being taken from meI understand that I must report to the doping control station immediatelyI understand that failure or refusal to sign this form and/or provide a sample may be regarded as an anti-doping rule violation															
															ATHLETE'S SIGNATURE

3. INFORMATION FOR ANALYSIS

ATHLETICS	DATE OF TEST	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIME OF COLLECTION	<input type="text"/>	<input type="text"/>	<input type="text"/>	MISSION N°:	<input type="text"/>	
<input type="checkbox"/> 1 tube (EDTA)	<input type="checkbox"/> 2 tubes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 tube (SERUM)	<input type="checkbox"/> 2 tubes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
SAMPLE CODE NUMBER		SAMPLE CODE NUMBER		IN COMPETITION		<input type="checkbox"/>	OUT OF COMPETITION		<input type="checkbox"/>	GENDER		<input type="checkbox"/> M <input type="checkbox"/> F	
<ul style="list-style-type: none">Has the athlete performed any strenuous physical exercise in the last 2 hours?Has the athlete resided or trained at altitude (>1000m) during the last 2 weeks?Has the athlete used any form of altitude simulation during the last 2 weeks?Has the athlete lost, donated or received blood in the last 3 months?				YES		NO		Type of exercise <input type="text"/>					
								Date		Altitude		Location	
								Device		Frequency / Duration			
								Date		Volume		Condition	
DECLARATION 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 ? <input type="checkbox"/>					
ATHLETE REPRESENTATIVE (IF APPROPRIATE)																	
NAME				SIGNATURE													
DOPING CONTROL OFFICER (IF APPROPRIATE)																	
NAME				SIGNATURE													
BLOOD CONTROL OFFICER																	
NAME				SIGNATURE													
DATE												<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
												DD	MM	YYYY			
<ul style="list-style-type: none">I declare that the information I have given on this document is correct.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.I consent to the processing by the IAAF of all personal information related to this doping control, including but not limited to the disclosure of such information to third parties, in accordance with the International Standard for Protection of Privacy and Personal Information and Monegasque law.I accept that any dispute, controversy or claim howsoever arising from this doping control shall be resolved in accordance with IAAF Competition Rules.I accept the competence of the Court of Arbitration for Sport in Lausanne, Switzerland to resolve definitively any such dispute, controversy or claim excluding all recourse to ordinary courts.													ATHLETE'S SIGNATURE				



Please write legibly and in CAPITAL letters

BLOOD SAMPLING FORM

TESTING AUTHORITY	SAMPLE COLLECTION AGENCY

1. ATHLETE INFORMATION

2. NOTIFICATION / CONSENT

3. INFORMATION FOR ANALYSIS

ATHLETICS

DATE OF
TEST

DD

MM

YYYY

TIME OF
COLLECTION

MISSION N°:

☐ 1 tube
(EDTA)☐ 2 tubes

SAMPLE CODE NUMBER

☐ 1 tube☐ 2 tubes

(SERUM)

SAMPLE CODE NUMBER

IN COMPETITION ☐

OUT OF COMPETITION ☐

GENDER

M

F

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Has the athlete performed any strenuous physical exercise in the last 2 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has the athlete resided or trained at altitude (>1000m) during the last 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has the athlete used any form of altitude simulation during the last 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has the athlete lost, donated or received blood in the last 3 months? | <input type="checkbox"/> | <input type="checkbox"/> |

Type of exercise

Date

Altitude

Location

Device

Frequency / Duration

Date

Volume

Condition

DECLARATION OF MEDICATION. (taken in the last 7 days)

4. CONFIRMATION OF PROCEDURE FOR BLOOD TESTING

[REDACTED]

[REDACTED]

[REDACTED]