



Please write legibly and in CAPITAL letters

# CHAIN OF CUSTODY FORM

TESTING AUTHORITY	SAMPLE COLLECTION AUTHORITY

## 1. DOPING CONTROL STATION

DCO NAME			OUT OF COMPETITION	<input type="checkbox"/>	IN COMPETITION	<input type="checkbox"/>
TEST LOCATION			COMPETITION			
AMOUNT OF SAMPLES	<input type="text"/>	<input type="text"/>	DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
	URINE	BLOOD		DD	MM	YYYY
						TIME SESSION

## 2. SAMPLES I.D

SAMPLE CODES	URINE	URINE	URINE	BLOOD
	EPO IRMS	EPO IRMS	EPO IRMS	EPO HGH
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

## 3. CHANGE OF STORAGE

STORAGE LOCATION #1 AFTER COLLECTION		STORAGE LOCATION #2	
DATE	<input type="text"/>	DATE	<input type="text"/>
TIME	<input type="text"/>	TIME	<input type="text"/>
STORAGE CONDITIONS	DCO NAME / SIGNATURE	STORAGE CONDITIONS	DCO NAME / SIGNATURE
ROOM TEMPERATURE <input type="checkbox"/>		ROOM TEMPERATURE <input type="checkbox"/>	
COOL <input type="checkbox"/>		COOL <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	

## 4. TRANSFER TO LABORATORY

TIME DEPARTURE FROM FINAL STORAGE LOCATION	<input type="text"/>	DATE	<input type="text"/>
DCO DECLARATION	I DECLARE THAT ALL THE ABOVE SAMPLES ARE PRESENT AND I HAVE PAID FOR THEIR TRANSPORTATION TO THE LABORATORY OF		
NAME	SIGNATURE	NAME OF THE LABORATORY	
<input type="checkbox"/> TRANSFER BY COURIER			
COMPANY NAME	AIRWAYBILL N°		
COURIER SIGNATURE	COURIER NAME	COMMENT	
<input type="checkbox"/> TRANSFER BY OTHER MEANS			
<input type="checkbox"/> BY HAND	<input type="checkbox"/> OTHER (PLEASE IDENTIFY)	NAME	SIGNATURE

## 5. RECEIPT BY LABORATORY

NAME OF THE LABORATORY REPRESENTATIVE			
POSITION IN THE LABORATORY			
I CONFIRM THAT I HAVE RECEIVED THE SAMPLES PACKAGE TODAY ON	<input type="text"/>	AT	<input type="text"/>
	DD	MM	YYYY
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• DO THE CODE NUMBERS OF THE KITS RECEIVED CORRESPOND TO THE SAMPLE CODES LISTED IN 2. ABOVE ?	<input type="checkbox"/>		<input type="checkbox"/>
• ARE THE KITS INTACT ?	<input type="checkbox"/>		<input type="checkbox"/>
• REFRIGERATED PACKAGE ?	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS			LABORATORY REPRESENTATIVE SIGNATURE

PLEASE SEND THIS FORM IMMEDIATELY TO THE IAAF BY FAX +377 93 50 83 95

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