



Please write legibly and in CAPITAL letters

UNSUCCESSFUL ATTEMPT FORM

TESTING AUTHORITY

SAMPLE COLLECTION AGENCY

NAME OF ATHLETE TO BE TESTED

GENDER

☐ M

☐ F

NATIONALITY

NAME OF DCO

DISCIPLINE/EVENT

NAME OF ASSISTANT

TYPE OF TEST

☐ OUT OF COMPETITION

☐ COMPETITION

☐ URINE TEST

☐ BLOOD TEST

MISSION CODE

DCO LICENSE N°

LAST UPDATE TO WHEREABOUTS PROVIDED BY IAAF (DATE)

ATTEMPT INFORMATION

LOCATION/S VISITED

☐ LOCATION 1

ADDRESS

CITY

COUNTRY

DATE (DD/MM/YY)

ARRIVAL TIME

DEPARTURE TIME

____/____/____

____ ☐ AM ☐ PM

____ ☐ AM ☐ PM

____/____/____

____ ☐ AM ☐ PM

____ ☐ AM ☐ PM

I HAVE TALKED TO :

☐ RELATIVE

☐ COACH

☐ OTHER

CONTACT DETAILS (EG NAME / PHONE) :

COMMENTS

☐ LOCATION 2

ADDRESS

CITY

____/____/____

____ ☐ AM ☐ PM

____ ☐ AM ☐ PM

____/____/____

____ ☐ AM ☐ PM

____ ☐ AM ☐ PM

I HAVE TALKED TO :

☐ RELATIVE

☐ COACH

☐ OTHER

CONTACT DETAILS (EG NAME / PHONE) :

COMMENTS

☐ LOCATION 3

ADDRESS

CITY

____/____/____

____ ☐ AM ☐ PM

____ ☐ AM ☐ PM

____/____/____

____ ☐ AM ☐ PM

____ ☐ AM ☐ PM

I HAVE TALKED TO :

☐ RELATIVE

☐ COACH

☐ OTHER

CONTACT DETAILS (EG NAME / PHONE) :

COMMENTS

ADDITIONAL COMMENTS : (FOR FURTHER COMMENTS, USE A SEPARATE SHEET OF PAPER) :

CONFIRMATION OF DCO

☐ I AM AWARE THAT THE ABOVE UNSUCCESSFUL ATTEMPT REPORT COULD RESULT IN A MISSED TEST EVALUATION OR AN ANTI-DOPING RULE VIOLATION AGAINST THE ATHLETE

I DECLARE THAT THE INFORMATION I HAVE GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF DOPING CONTROL OFFICER

DATE

SIGNATURE OF DOPING CONTROL ASSISTANT

IAAF Phone : +377 93 10 88 25 - Fax +377 93 50 83 95