



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	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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	BY HAND <input type="checkbox"/> OTHER (PLEASE IDENTIFY) <input type="text"/>		
	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
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