

## Please write legibly and in CAPITAL letters

## UNSUCCESSFUL ATTEMPT FORM

			$\overline{}$
$\overline{}$			┑,
$\overline{}$			
	TESTING AUTHORITY	SAMPLE COLLECTION AGENCY	

NAME OF ATHLETE TO BE TESTED	GENDER  M F  DISCIPLINE/EVENT	NATIONALITY			
NAME OF DCO					
	TYPE OF TEST	URINE TEST			
NAME OF ASSISTANT	OUT OF COMPETITION	COMPETITION 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				
I HAVE TALKED TO : RELATIVE COACH OTHER CONTACT DETAILS (EG N	AME / PHONE) :				
COMMENTS					
LOCATION 2					
ADDRESS	CITY				
	_ AM PM	AM PM			
	_ AM PM	AM PM			
I HAVE TALKED TO : RELATIVE COACH OTHER CONTACT DETAILS (EG N	MME / PHONE) :				
COMMENTS					
LOCATION 3					
ADDRESS	CITY				
	_ AM PM				
		AM PM			
I HAVE TALKED TO : RELATIVE COACH OTHER CONTACT DETAILS <i>(EG N</i>	NME / DHONE) ·				
COMMENTS					
		)			
ADDITIONAL COMMENTS : (FOR FURTHER COMMENTS, USE A SEPARATE SHEET OF PAPER) :					
CONFIDMATION OF DOO					
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			
Solution Sol	STATE OF BOTHING CONTINUE				

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