



Please write legibly and in CAPITAL letters

# CHAIN OF CUSTODY FORM

TESTING AUTHORITY	SAMPLE COLLECTION AUTHORITY
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## 1. DOPING CONTROL STATION

DCO NAME  OUT OF COMPETITION  IN COMPETITION

TEST LOCATION  COMPETITION

NUMBER OF SAMPLES  URINE  BLOOD  DATE       TIME SAMPLE COLLECTION SESSION COMPLETED

## 2. SAMPLES I.D

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

## 3. CHANGE OF STORAGE

STORAGE LOCATION # 1 AFTER COLLECTION

STORAGE CONDITIONS ROOM TEMPERATURE  COOL  OTHER  DCO NAME / SIGNATURE

**IN** DATE     TIME

**OUT** DATE     TIME

STORAGE LOCATION # 2

STORAGE CONDITIONS ROOM TEMPERATURE  COOL  OTHER  DCO NAME / SIGNATURE

**IN** DATE     TIME

**OUT** DATE     TIME

## 4. TRANSFER TO LABORATORY

TIME DEPARTURE FROM FINAL STORAGE LOCATION  DATE

DCO DECLARATION I DECLARE THAT ALL THE ABOVE SAMPLES ARE PRESENT AND I HAVE PACKAGED THEM FOR TRANSPORTATION TO THE LABORATORY OF  NAME OF THE LABORATORY

NAME  SIGNATURE

TRANSFER BY COURIER COMPANY NAME  AIRWAYBILL N°

COURIER SIGNATURE  COURIER NAME  COMMENT

TRANSFER BY OTHER MEANS  BY HAND  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       TIME

YES NO

• DO THE CODE NUMBERS OF THE KITS RECEIVED CORRESPOND TO THE SAMPLE CODES LISTED IN 2. ABOVE ?

• ARE THE KITS INTACT ?

• REFRIGERATED PACKAGE ?

COMMENTS  LABORATORY REPRESENTATIVE SIGNATURE

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