



Please write legibly and in CAPITAL letters

# CHAIN OF CUSTODY FORM

TESTING AUTHORITY	SAMPLE COLLECTION AUTHORITY

## 1. DOPING CONTROL STATION

DCO NAME	<input type="checkbox"/>	OUT OF COMPETITION	<input type="checkbox"/>	IN COMPETITION
TEST LOCATION	COMPETITION			
NUMBER OF SAMPLES	DATE	TIME SAMPLE COLLECTION SESSION COMPLETED		
URINE      BLOOD	DD      MM      YYYY	●		●

## 2. SAMPLES I.D

SAMPLE CODES	URINE	BLOOD
	EPO	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"/>

## 3. CHANGE OF STORAGE

STORAGE LOCATION # 1 AFTER COLLECTION	DCO NAME / SIGNATURE
STORAGE CONDITIONS	
ROOM TEMPERATURE <input type="checkbox"/>	
COOL <input type="checkbox"/>	
OTHER <input type="checkbox"/>	
<b>IN</b> DATE	TIME
DD      MM      YYYY	●
<b>OUT</b> DATE	TIME
DD      MM      YYYY	●

STORAGE LOCATION # 2	DCO NAME / SIGNATURE
STORAGE CONDITIONS	
ROOM TEMPERATURE <input type="checkbox"/>	
COOL <input type="checkbox"/>	
OTHER <input type="checkbox"/>	
<b>IN</b> DATE	TIME
DD      MM      YYYY	●
<b>OUT</b> DATE	TIME
DD      MM      YYYY	●

## 4. TRANSFER TO LABORATORY

TIME DEPARTURE FROM FINAL STORAGE LOCATION	DATE
●	DD      MM      YYYY
DCO DECLARATION	
I DECLARE THAT ALL THE ABOVE SAMPLES ARE PRESENT AND I HAVE PACKAGED THEM FOR 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									
DD      MM      YYYY	TIME								
●	●								
<ul style="list-style-type: none"> <li>• DO THE CODE NUMBERS OF THE KITS RECEIVED CORRESPOND TO THE SAMPLE CODES LISTED IN 2. ABOVE ?</li> <li>• ARE THE KITS INTACT ?</li> <li>• REFRIGERATED PACKAGE ?</li> </ul>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<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