



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