



Please write legibly and in CAPITAL letters

CHAIN OF CUSTODY FORM

TESTING AUTHORITY	SAMPLE COLLECTION AUTHORITY

1. DOPING CONTROL STATION

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

2. SAMPLES I.D

SAMPLE CODES	URINE	BLOOD
	EPO	EPO
	<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	<input type="text"/>
STORAGE CONDITIONS	DCO NAME / SIGNATURE
ROOM TEMPERATURE <input type="checkbox"/>	<input type="text"/>
COOL <input type="checkbox"/>	
OTHER <input type="checkbox"/>	
IN	DATE
	<input type="text"/>
	TIME
	<input type="text"/>
OUT	DATE
	<input type="text"/>
	TIME
	<input type="text"/>

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

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 PACKAGED THEM FOR TRANSPORTATION TO THE LABORATORY OF		
		<input type="text"/>
		NAME OF THE LABORATORY
NAME	SIGNATURE	
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> TRANSFER BY COURIER		
COMPANY NAME	AIRWAYBILL N°	
<input type="text"/>	<input type="text"/>	
COURIER SIGNATURE	COURIER NAME	COMMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> TRANSFER BY OTHER MEANS		
<input type="checkbox"/> BY HAND	<input type="checkbox"/> OTHER (PLEASE IDENTIFY)	
	NAME	SIGNATURE
	<input type="text"/>	<input type="text"/>

5. RECEIPT BY LABORATORY

NAME OF THE LABORATORY REPRESENTATIVE	<input type="text"/>
POSITION IN THE LABORATORY	<input type="text"/>
I CONFIRM THAT I HAVE RECEIVED THE SAMPLES PACKAGE TODAY ON	
	DATE
	<input type="text"/>
	TIME
	<input type="text"/>
	DD
	MM
	YYYY
	YES
	NO
• DO THE CODE NUMBERS OF THE KITS RECEIVED CORRESPOND TO THE SAMPLE CODES LISTED IN 2. ABOVE ?	<input type="checkbox"/>
• ARE THE KITS INTACT ?	<input type="checkbox"/>
• REFRIGERATED PACKAGE ?	<input type="checkbox"/>
COMMENTS	LABORATORY REPRESENTATIVE SIGNATURE
<input type="text"/>	<input type="text"/>

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