

# UNSUCCESSFUL ATTEMPT FORM

TESTING AUTHORITY	SAMPLE COLLECTION AUTHORITY

NAME OF ATHLETE TO BE TESTED	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	NATIONALITY
NAME OF DCO	DISCIPLINE/EVENT	
NAME OF ASSISTANT	TYPE OF TEST <input type="checkbox"/> OUT OF COMPETITION <input type="checkbox"/> IN COMPETITION <input type="checkbox"/> URINE TEST <input type="checkbox"/> BLOOD TEST	
LAST UPDATE TO WHEREABOUTS PROVIDED BY IAAF (DATE)	MISSION CODE	DCO LICENSE N°
60 MINUTE TIME SLOT		

## ATTEMPT INFORMATION

LOCATIONS 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 NAME / PHONE) : \_\_\_\_\_

COMMENTS \*

LOCATION 2

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 NAME / PHONE) : \_\_\_\_\_

COMMENTS \*

\* Please continue on Supplementary Report Form as necessary.

## CONFIRMATION OF DCO

I DECLARE THAT THE INFORMATION I HAVE GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND I AM AWARE THAT THE ABOVE UNSUCCESSFUL ATTEMPT MAY RESULT IN A MISSED TEST EVALUATION OR AN ANTI-DOPING RULE VIOLATION AGAINST THE ATHLETE

SIGNATURE OF DOPING CONTROL OFFICER	DATE	SIGNATURE OF DOPING CONTROL ASSISTANT
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IAAF Phone : +377 93 10 88 25 - (Fax +377 93 50 83 95)