

UNSUCCESSFUL ATTEMPT FORM

TESTING AUTHORITY	SAMPLE COLLECTION AUTHORITY
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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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