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IAAF Athletics

Please write legibly and in CAPITAL letters

UNSUCCESSFUL ATTEMPT FORM

TESTING AUTHORITY	SAMPLE COLLECTION AUTHORITY

NAME OF ATHLETE TO BE TESTED	GENDER ☐ M ☐ F	NATIONALITY
NAME OF DCO	DISCIPLINE/EVENT	
NAME OF ASSISTANT	TYPE OF TEST ☐ OUT OF COMPETITION ☐ IN COMPETITION	☐ URINE TEST ☐ 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 _____ ☐ AM ☐ PM | DEPARTURE TIME _____ ☐ 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 _____ ☐ AM ☐ PM | DEPARTURE TIME _____ ☐ 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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