



Please write legibly and in CAPITAL letters

# BLOOD SAMPLE TRANSFER FORM

TESTING AUTHORITY	SAMPLE COLLECTION AGENCY

## 1. DOPING CONTROL STATION

DCO/BCO NAME <input style="width: 350px;" type="text"/>	OUT OF COMPETITION <input type="checkbox"/> IN COMPETITION <input type="checkbox"/>
TEST LOCATION <input style="width: 350px;" type="text"/>	COMPETITION <input style="width: 350px;" type="text"/>
NUMBER OF SAMPLES <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	DATE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
	TIME SESSION COMPLETED <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>

## 2. SAMPLE I.D

SAMPLE CODES	CODE FOR ANALYSIS	SAMPLE CODES	CODE FOR ANALYSIS
A/B <input type="checkbox"/>		A/B <input type="checkbox"/>	
A/B <input type="checkbox"/>		A/B <input type="checkbox"/>	
A/B <input type="checkbox"/>		A/B <input type="checkbox"/>	
A/B <input type="checkbox"/>		A/B <input type="checkbox"/>	

**⚠ COMMENTS :** Please indicate next to each sample the relevant "code for analysis" using the following codes : **A1** : Measurement of blood variables for Athlete Biological passport - **A2** : Erythropoiesis-stimulating agents (e.g. EPO Mircera) - **A3** : Growth hormone (GH) - **A4** : Blood transfusion - **A5** : HBOCs

## 3. STORAGE

STORAGE LOCATION # 1 AFTER COLLECTION <input style="width: 300px;" type="text"/>	DCO NAME AND SIGNATURE <input style="width: 150px;" type="text"/>
STORAGE CONDITIONS	STORAGE DEVICE <input style="width: 150px;" type="text"/>
COOL (2°-12° C) <input type="checkbox"/>	
<b>IN</b> DATE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	TIME <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
<b>OUT</b> DATE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	TIME <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>

STORAGE LOCATION # 2 <input style="width: 300px;" type="text"/>	DCO NAME AND SIGNATURE <input style="width: 150px;" type="text"/>
STORAGE CONDITIONS	STORAGE DEVICE <input style="width: 150px;" type="text"/>
COOL (2°-12° C) <input type="checkbox"/>	
<b>IN</b> DATE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	TIME <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
<b>OUT</b> DATE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	TIME <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>

## 4. TRANSFER TO LABORATORY

DATE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	TIME OF DEPARTURE FROM FINAL STORAGE LOCATION <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
DCO/BCO DECLARATION I DECLARE THAT ALL THE ABOVE SAMPLES ARE PRESENT AND I HAVE PACKAGED THEM FOR TRANSPORTATION TO THE <input style="width: 150px;" type="text"/> LABORATORY	
SAMPLES WERE TRANSPORTED USING THE FOLLOWING METHOD :	
<input type="checkbox"/> PORTABLE REFRIGERATOR <input type="checkbox"/> INSULATED COOL BOX <input type="checkbox"/> OTHER (PLEASE SPECIFY) <input type="checkbox"/> ISOTHERM BAG	NAME OF THE LABORATORY <input style="width: 200px;" type="text"/> SEAL NB <input style="width: 100px;" type="text"/> NAME <input style="width: 300px;" type="text"/> SIGNATURE <input style="width: 150px;" type="text"/>
<input type="checkbox"/> TRANSFER BY COURIER COMPANY NAME <input style="width: 300px;" type="text"/> AIRWAYBILL N° <input style="width: 150px;" type="text"/> COURIER SIGNATURE <input style="width: 150px;" type="text"/> COURIER NAME <input style="width: 150px;" type="text"/> COMMENT <input style="width: 300px;" type="text"/>	
<input type="checkbox"/> TRANSFER BY OTHER MEANS <input type="checkbox"/> BY HAND <input type="checkbox"/> OTHER (PLEASE IDENTIFY) <input style="width: 100px;" type="text"/> NAME <input style="width: 150px;" type="text"/> SIGNATURE <input style="width: 150px;" type="text"/>	

## 5. RECEIPT BY LABORATORY

NAME OF THE LABORATORY REPRESENTATIVE <input style="width: 400px;" type="text"/>	
POSITION IN THE LABORATORY <input style="width: 300px;" type="text"/>	
I CONFIRM THAT I HAVE RECEIVED THE SAMPLES TODAY ON <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
TIME <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
YES NO DO THE CODE NUMBERS OF THE KITS RECEIVED CORRESPOND TO THE SAMPLE CODES LISTED IN 2. ABOVE ? <input type="checkbox"/> <input type="checkbox"/> ARE THE KITS INTACT ? <input type="checkbox"/> <input type="checkbox"/>	YES NO REFRIGERATED CONTAINER ? <input type="checkbox"/> <input type="checkbox"/> COOL TEMPERATURE (2°-12° C) ? <input type="checkbox"/> <input type="checkbox"/>
COMMENTS <input style="width: 500px;" type="text"/>	LABORATORY REPRESENTATIVE SIGNATURE <input style="width: 150px;" type="text"/>

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