



Please write legibly and in CAPITAL letters

BLOOD SAMPLE TRANSFER FORM

TESTING AUTHORITY	SAMPLE COLLECTION AGENCY

1. DOPING CONTROL STATION

DCO/BCO NAME	<input type="text"/>	OUT OF COMPETITION <input type="checkbox"/>	IN COMPETITION <input type="checkbox"/>
TEST LOCATION	<input type="text"/>	COMPETITION	<input type="text"/>
NUMBER OF SAMPLES	<input type="text"/>	DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			TIME SESSION COMPLETED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. SAMPLE I.D

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

⚠ 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 type="text"/>
STORAGE CONDITIONS	DCO NAME AND SIGNATURE
STORAGE DEVICE	<input type="text"/>
COOL (2°-12° C) <input type="checkbox"/>	
IN DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OUT DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

STORAGE LOCATION # 2	<input type="text"/>
STORAGE CONDITIONS	DCO NAME AND SIGNATURE
STORAGE DEVICE	<input type="text"/>
COOL (2°-12° C) <input type="checkbox"/>	
IN DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OUT DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. TRANSFER TO LABORATORY

DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TIME OF DEPARTURE FROM FINAL STORAGE LOCATION	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DCO/BCO DECLARATION		<input type="text"/> LABORATORY	
I DECLARE THAT ALL THE ABOVE SAMPLES ARE PRESENT AND I HAVE PACKAGED THEM FOR TRANSPORTATION TO THE		NAME OF THE LABORATORY	
SAMPLES WERE TRANSPORTED USING THE FOLLOWING METHOD : <input type="checkbox"/> PORTABLE REFRIGERATOR <input type="checkbox"/> INSULATED COOL BOX <input type="checkbox"/> TEMPERATURE DATA LOGGER YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> OTHER (PLEASE SPECIFY) <input type="checkbox"/> ISOTHERM BAG SEAL NB <input type="text"/>			
NAME		SIGNATURE	
<input type="checkbox"/> TRANSFER BY COURIER COMPANY NAME <input type="text"/> AIRWAYBILL N° <input type="text"/> COURIER SIGNATURE <input type="text"/> COURIER NAME <input type="text"/> COMMENT <input type="text"/> <input type="checkbox"/> TRANSFER BY OTHER MEANS <input type="checkbox"/> BY HAND <input type="checkbox"/> OTHER (PLEASE IDENTIFY) <input type="text"/> NAME <input type="text"/> SIGNATURE <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 TODAY ON	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TIME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
YES <input type="checkbox"/> NO <input type="checkbox"/> DO THE CODE NUMBERS OF THE KITS RECEIVED CORRESPOND TO THE SAMPLE CODES LISTED IN 2. ABOVE ?	YES <input type="checkbox"/> NO <input type="checkbox"/> REFRIGERATED CONTAINER ?
YES <input type="checkbox"/> NO <input type="checkbox"/> ARE THE KITS INTACT ?	YES <input type="checkbox"/> NO <input type="checkbox"/> COOL TEMPERATURE (2°-12° C) ?
COMMENTS <input type="text"/>	LABORATORY REPRESENTATIVE SIGNATURE <input type="text"/>

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