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8 August 2011

Dear CGA Colleagues and Athletes

CYG Isle of Man – Anti-Doping Procedures

As we approach the Commonwealth Youth Games in the Isle of Man in a few weeks' time, I would like to remind you that the Commonwealth Games Federation's Anti-Doping Standard (ADS) will be in operation. With young athletes involved in the doping control procedure, we need to be aware of the need to support these athletes through the testing procedure. Athletes selected for testing should be accompanied by an official from their CGA who is familiar with the ADS. The CGF Medical Commission has agreed with the testing agency UK Anti-Doping that the test administration should be as simple as possible. Information required for the Doping Control Form has been reduced to the minimum required to ensure the identity, integrity and validity of the test. I attach an example of the form and a description of information required/not required.

I should also like to remind you that the Prohibited List in operation at these Games has been previously advised to you. I hope you have had an opportunity to check that no prohibited substances are presently in medications being used. To remind you a copy of the CGF (WADA) Prohibited List is attached. Should a medication containing a prohibited substance be required and no permitted alternative is available, then a Therapeutic Use Exemption (TUE) application should be made. If a TUE valid for the period of the CYG 2011 has already been obtained please ensure that a copy is submitted to the CGF Medical Commission by email on cygtue2011@sportingintegrity.co.uk

Your support in helping the CGF to achieve a drug-free Youth Games is appreciated. I look forward to seeing you in the Isle of Man.

With sincere good wishes

Tan Sri Dr. M. Jegathesan
Honorary Medical Adviser

DOPING CONTROL FORM

ALL boxes should be completed as indicated except the following:

Section A.

Box 8 Identification

Identification will be the CYG accreditation

Section B.

Box 12 Coach's Name – not required

Box 13 Doctor's Name – not required

Box 14 Athlete's Home Address – not required c/o CGA is sufficient

Box 15 Athlete's Tel No. – not required


Box 23 Declaration of Medications – not obligatory to provide this information

Box 24 Valid TUE? – not obligatory, only if known

Box 25 Blood Transfusion? – not required


Box 31 Representative Confirmation –
Athlete Representative to be signed by CGA accompanying person
NGB/IF Representative to be signed by CGF Medical Commission representative, if present.

DOPING CONTROL FORM (URINE)



DESCRIPTION OF MISSION

RMA COPY



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A. TO BE COMPLETED AT NOTIFICATION. Complete EVERY box in BLOCK CAPITALS

2 NAME		5 TEAM OR DISCIPLINE				8 IDENTIFICATION	
FIRST NAME FAMILY NAME							
3 NATIONALITY		6 NOTIFICATION DATE		DAY MONTH YEAR		2 0 1 1	
4 DATE OF BIRTH		DAY MONTH YEAR		7 NOTIFICATION TIME		HOURS	

You have been selected to provide a urine sample and are required to report to the Doping Control Station immediately. Please advise me if you are unable to report immediately. You are required to provide a urine sample under the supervision of a DCO of the same gender at the earliest opportunity. Refusal or failure to comply with this request may be regarded as an anti-doping rule violation. You may be accompanied by a representative/interpreter of your choice. I will arrange for you to be accompanied to the Doping Control Station.

I am signing to confirm that I have notified the athlete named above in box 2.

9 DC STAFF SIGNATURE		PRINT NAME	
10 ATHLETE SIGNATURE			

I understand that I have been notified to report to the Doping Control Station to provide a urine sample. I acknowledge that I have been notified and I understand that a refusal or failure to comply with this request to provide a urine sample may constitute an anti-doping rule violation.

B. TO BE COMPLETED AT THE DOPING CONTROL STATION

11 OF ARRIVAL		12 COACH'S NAME		14 ATHLETE HOME ADDRESS			
HOURS		13 DOCTOR'S NAME					
16 MISSION ORDER NO.		17 DATE OF SAMPLE COLLECTION		18 AGE		19 ATHLETE GENDER	
DAY MONTH YEAR		2 0 1 1		M <input type="checkbox"/> F <input type="checkbox"/>		15 ATHLETE TEL. NO.	

PARTIAL SAMPLE NO.	~ VOL (ml)	TIME SEALED	DCO INITIALS	ATHLETE SIGNATURE	PARTIAL SAMPLE NO.	~ VOL (ml)	TIME SEALED	DCO INITIALS	ATHLETE SIGNATURE

~ VOL (ml)	TIME SEALED	URINE SAMPLE BOTTLE NO.	SPECIFIC GRAVITY	TIME OF NOTIFICATION FOR AN ADDITIONAL SAMPLE (IF REQUIRED)
		A B	1.0	
		A B	1.0	

23 DECLARATION OF MEDICATION Please provide details of any prescription/non-prescription medication or supplements taken in the last 7 days (include dosage where possible).

24 I HAVE A VALID TUE (IF YES, DETAILS) YES NO 25 I HAVE HAD A BLOOD TRANSFUSION IN THE LAST 6 MONTHS YES NO

26 I CONSENT FOR MY SAMPLE TO BE USED IN ANONYMOUS ANTI-DOPING RESEARCH (SEE OVERLEAF) YES NO

27 ATHLETE COMMENTS 28 OTHER COMMENTS

29 DCF CONTINUED ON SUPPLEMENTARY REPORT FORM YES NO

30 DCO CERTIFICATION *Circle the correct option

*1. I certify that the athlete provided a urine sample and that the urine sample collection procedures were correctly carried out (or as otherwise detailed on a Supplementary Report Form).

*2. I certify that the athlete refused to submit to sample collection, or failed to submit to sample collection, or otherwise evaded sample collection, for the following reason (athlete to provide and sign, if applicable).

DCO SIGNATURE		DCO PRINTED NAME		Time	
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31 REPRESENTATIVE CONFIRMATION confirm the information on this form to be accurate.

SIGNATURE		PRINT NAME		SIGNATURE		PRINT NAME	
Signature of Athlete Representative (if present)				Signature of NGB or IF Representative (if present)			

32 ATHLETE DECLARATION I declare that I am satisfied with the urine sample collection procedure and that the information set out in this form is accurate and correct. I confirm that my urine sample collected has been sealed and numbered above. I accept that all information related to Doping Control shall be shared with relevant bodies in accordance with the World Anti-Doping Code. I have read and understood the text overleaf and I consent to the processing of my personal data through ADAMS.

ATHLETE SIGNATURE		Time	
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REPORT DOPING IN SPORT - Make the call 0800 032 2332

33 FORM CHECK SIGNATURE		DCO SIGNATURE		PRINT NAME	
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Box 8

Box 12 & 13 Not required

Box 14 & 15 Not required

Box 23 Not mandatory

Box 24 Only if known

Box 25 Not required

Box 31 CGA Representative

Box 31 CGF MC Representative