COMMON WEALTH GAMES FEDERATION
ANTI DOPING STANDARD
Sport stands for truth, talent and fairness of human performance. The essential elements of sport, based on friendship and fraternity, also include fair play. Let us all train hard with full sincerity, dedication and determination to achieve excellence through clean sport. We should ensure that our sportspersons refrain from using Prohibited Substances and Prohibited Methods for short-lived success.

The Organising Committee Commonwealth Games 2010 Delhi is truly committed to serve the spirit of sport by promoting drug free sports while respecting the athlete’s dignity and reputation. The Doping Control Division, in command of Dr. Munish Chander, is in operation to ensure that sportspersons do not endanger their body and mind by indulging in drug abuse, putting at risk the reputation of their nation, their sport and the entire sporting movement.

The World Anti Doping Agency, in collaboration with the Organising Committee Commonwealth Games 2010 Delhi, shall conduct the Athletes Outreach Programme to educate sportspersons and their entourage. I am confident that all participating sportspersons and their supporting staff will benefit by the interactive and fun-filled programme.

All are solicited to extend their fullest support and care to flourish sportspersons with the true spirit of sport, and to make the XIX Commonwealth Games 2010 Delhi “the best ever Commonwealth Games”.

I wish all participants the best of luck and a comfortable stay in the vibrant and energetic city Delhi.

Mr. Suresh Kalmadi, M.P.
Chairman, Organising Committee
Commonwealth Games 2010 Delhi
President, National Olympic Committee of India
The much awaited Commonwealth Games in New Delhi is about to begin very soon. The Commonwealth Games Federation (CGF), with the support of the Organising Committee Commonwealth Games 2010 Delhi, is fully committed towards fair play in the Games and is ready to present an effective and robust programme for ensuring a ‘dope free’ Games.

The CGF, with the assistance of the Doping Control Division, has developed this edition of the CGF Anti Doping Standard in accordance with the procedures and protocols in compliance with the World Anti Doping Agency Code 2009 and its attendant International Standards. The objective of the CGF Anti Doping Standard is to provide an understanding of the anti-doping rules, regulations and specific technical procedures and policies, enacted and applicable specifically for Delhi 2010 addressed to all athletes and officials of participating Commonwealth Games Associations (CGAs). The CGAs are expected to ensure that their athletes and entourage fully understand their responsibilities towards levelling the field of play during Delhi 2010.

We are optimistic that all the CGAs and athletes will take part in the Games with the spirit of honesty, parity and amity. We are expectant that the CGF Anti Doping Standard will go a long way in assisting the CGAs to achieve this objective.

Dr. M. Jegathesan
Honorary Medical Advisor
Commonwealth Games Federation

Mr. Mike Hooper
Chief Executive Officer
Commonwealth Games Federation
The Organising Committee Commonwealth Games 2010 Delhi, in the lead up to the Games, has been working in conjunction with the CGF to implement the most efficient doping control programme ever put in place for the Commonwealth Games. The CGF is a signatory to the WADA Code and is always stern against doping in sports and committed to a comprehensive testing programme covering the entire Games period.

The programme enacted for Delhi 2010 is a blend of testing, education and information for all competitors, and entourages. It is a programme that will ensure that the competitors’ reputation is protected while maintaining the rights of an athlete. The programme is unique from the previous Commonwealth Games, as it comprises of a large number of urine, blood and EPO analysis. Highly skilled and courteous doping control staff will be deployed at your service in all venue doping control stations.

The WADA, in partnership with the CGF and Delhi 2010, will conduct the best ever Athlete’s Outreach Programme during the Games. The Commonwealth Games Village will be an anti-doping education hub for all competitors and their supporting staff. Athletes will participate in anti-doping activities and enhance their awareness in fun and frolic.

We would like to take this opportunity to thank CGAs and other sporting organisations for their support and commitment towards true performance in Delhi 2010.

We wish everyone participating in Delhi 2010 the best of luck for their hard work, efforts and glory for their nations.

Prof. (Dr.) ManMohan Singh
Chairman
Doping Control Subcommittee

Dr. Munish Chander
Deputy Director General
Doping Control Division
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SECTION A: INTRODUCTION

OBJECTIVE

The objective of the Commonwealth Games Federation Anti-Doping Standard (CGF-ADS) is to provide an understanding of anti-doping rules, regulations and specific technical procedures and policies, enacted and applicable exclusively for the XIX Commonwealth Games 2010 Delhi (Delhi 2010), addressed to all athletes and officials of all Commonwealth Games Associations (CGAs) participating in Delhi 2010.

The CGF-ADS describes the roles and responsibilities of the organisations, as well as individuals involved in the Doping Control Programme developed for Delhi 2010. It also provides an overview of the CGF Doping Control Programme developed in collaboration with the Doping Control Division of the Organising Committee Commonwealth Games 2010 Delhi (OC CWG Delhi 2010).

The CGF-ADS will apply to all athletes participating in Delhi 2010, i.e., able bodied athletes, Para-athletes and support personnel.

DELIVERY

While maintaining flexibility, the CGF-ADS will be published and delivered on time as follows:

- The electronic copy of the CGF-ADS will be delivered in February 2010;
- The printed copies of the CGF-ADS will be available from March 2010; and
- Any amendments to the CGF-ADS, if made, will be communicated to the stakeholders.

ORGANISATIONS

Commonwealth Games Federation

The Commonwealth Games Federation (CGF) is the supreme authority in all matters concerning the Commonwealth Games. The responsibilities vested in the CGF are for the direction, policy and control of the Commonwealth Games and
other events and activities mentioned in the constitution of the CGF. The mission of the CGF is to ensure successful organisation and celebration of the Commonwealth Games, and to promote best interests of athletes participating in the Games, and to assist in the development of sports throughout the Commonwealth.

The CGF promotes the Commonwealth Games, which are held every four years and are open to eligible competitors representing affiliated CGAs. The CGF establishes rules and regulations for the conduct of the Commonwealth Games which conform to the technical rules of the International Federations governing the concerned sport; these may be modified and applied by the CGF to ensure that the overriding principles of the Commonwealth Games are observed.

The CGF not only promotes Commonwealth sporting competitions and establishes rules for other sport events (including cultural activities and festivals associated to such events), but also conducts the Commonwealth Youth Games and Commonwealth Championships.

The CGF promotes the shared values of integrity, fair play, competence, commitment towards excellence, respect for gender equality, and tolerance, including the fight against the use of drugs in sports and unhealthy or performance enhancing substances and methods.

The CGF has the jurisdiction to sanction athletes and support personnel only in relation to the Commonwealth Games. Therefore, all adverse analytical findings and evidence of other anti-doping rule violations will be handled in accordance with the CGF-ADS and shared with the respective international federations for action in accordance with the World Anti-Doping Agency (WADA) Code, as well as their own anti-doping rules.

CGF Honorary Medical Advisor

Dr. M. Jegathesan has been appointed by the CGF Executive Board as the CGF Honorary Medical Advisor. The CGF Honorary Medical Advisor chairs the CGF Medical Commission during the Commonwealth Games and leads the doping control management and organisation for the Commonwealth Games. The CGF Honorary Medical Advisor is also responsible for consultation with International Federations for the selection policies of athletes to be tested.
CGF Medical Commission

The CGF appoints a Medical Commission for the Commonwealth Games in accordance with Article 16 of the CGF constitution. It exercises duties as set out in Protocol 14 of the CGF Games Management Protocol. The CGF Medical Commission, under the chairmanship of Dr. M. Jegathesan, will authorise selection of athletes, supervise sample collection procedures and review adverse and unusual analytical findings and any other anti-doping rule violations. The CGF Medical Commission is the final authority to approve the Doping Control Programme developed by the Doping Control division for Delhi 2010. The members of the CGF Medical Commission for Delhi 2010 are:

- Dr. M. Jegathesan (Malaysia), Chairman;
- Dr. Brian Sando (Australia), Member;
- Dr. Herb Elliott (Jamaica), Member;
- Michele Verroken, Member/Secretary,
- Prof. Ken Fitch (Australia), Member and Chair of the TUE Committee;
- Dr. Andrew Pipe (Canada); Member;
- Dr. Harold Adams (South Africa), Member;
- Dr. Brian Walker (Scotland); Member; and
- Prof. Manmohan Singh (India), Member.

All members of the CGF Medical Commission constituted for Delhi 2010 will sign an agreement signifying no conflict of interest.

The CGF Medical Commission will conduct the initial review of any Adverse Analytical Finding and other Potential Anti-Doping Rule Violation(s). The CGF Medical Commission may delegate its powers to investigate other Potential Anti-Doping Rule Violations. Following initial review or investigations, the CGF Medical Commission will refer Potential Anti-Doping Rule Violations to the CGF Court.

Commonwealth Games Federation Court (Federation Court)

The Federation Court will receive Notification of all Adverse Analytical Findings and other Potential Anti-Doping Rule Violations from the CGF Medical Commission following an initial review. The Federation Court after review of the case will immediately impose provisional suspension to the concerned Athlete.
The Federation Court will also receive submissions from the concerned Athletes or Support Personnel during hearings. Following completion of the process, the Federation Court will determine appropriate sanctions (if any) and notify the hearing results to the relevant organisations. The CGF has constituted the Federation Court for Delhi 2010 with following members:

- The Hon. Michael Fennell O.J., C.D, President;
- HRH Tunku Imran, Vice President;
- Bruce Robertson, Vice President;
- Louise Martin CBE, Honorary Secretary;
- Austin Sealy, Honorary Treasurer; and
- Sharad Rao, Honorary Legal Adviser.

CGF Medical Commission Therapeutic Use Exemption Committee

The CGF Medical Commission has established a Therapeutic Use Exemption Committee (TUE Committee) to acknowledge the receipt of notification of Therapeutic Use Exemptions (TUEs) from athletes in the lead up to the Games. The CGF TUE Committee will also process applications of TUEs from athletes who have not obtained a TUE from their respective International Federation or National Anti-Doping Organisation. A circular in this context will be sent out to all CGAs six months prior to the official opening of the Games Village. The following members constitute the CGF TUE Committee for Delhi 2010:

- Prof. Ken Fitch (Australia), Chairman;
- Dr. Herb Elliott (Jamaica), Member; and
- Prof. Manmohan Singh (India), Member.

CGF Medical Commission – Doping Control Supervisors

The CGF Medical Commission will supervise implementation of the Doping Control Programme during Delhi 2010. The Medical Commissioners designated for this task will attend a number of sample collection sessions, a minimum of at least once, at each venue to assist the Doping Control personnel in their duties and clarify procedures, if necessary. Each Medical Commissioner will report observations to the CGF Medical Commission.
Organising Committee Commonwealth Games 2010 Delhi

The OC CWG Delhi 2010 is appointed by the CGF in conjunction with the Indian Olympic Association (IOA) to organise and host Delhi 2010.

Doping Control Division, OC CWG Delhi 2010

The Doping Control division is headed by Dr. Munish Chander, Dy. Director General (DDG) Doping Control. The Doping Control division is responsible for planning, developing, managing and implementing the Doping Control Programme, as approved by the CGF Medical Commission for Delhi 2010.

Doping Control Subcommittee

A Doping Control Subcommittee has been set up by the OC CWG Delhi 2010 to act in a supervisory and monitoring capacity concerning plans, including suggestions for planning, refinement, and to ensure efficiency in operational execution of the Doping Control Programme. The Subcommittee is chaired by Prof. (Dr.) ManMohan Singh. It is working in close liaison with the CGF Honorary Medical Advisor. The DDG of the Doping Control division is responsible for keeping the CGF Honorary Medical Advisor and the Chairman of the Subcommittee abreast of the latest developments, and to obtain the necessary approvals for doping control matters concerning Delhi 2010. Members of the Doping Control Subcommittee are:

- Col. (Dr.) Manish Bassi;
- Lt. Col. J.P.S. Grewal;
- Lt. Col. (Dr.) S.K. Ghai;
- Lt. Col. Rana K. Chengappa;
- Dr. Dipankar Bhattacharya; and
- Dr. Pawandeep Singh.

Court of Arbitration for Sport

The Court of Arbitration for Sport (CAS) was established on 22 June 1994, by agreement of the International Olympic Committee, Association of Summer Olympic International Federations, Association of International Winter Sports
Federations, and Association of National Olympic Committees, to provide resolution by arbitration and/or mediation of disputes arising within the field of sports. For the purposes of CGF-ADS, it includes an ad-hoc division of the CAS established for resolution of disputes in relation to Delhi 2010.

International Paralympic Committee

The International Paralympic Committee is the global governing body of the paralympic movement. It organises Summer and Winter Paralympic Games and serves as an International Federation for nine sporting events, for which it supervises and coordinates World Championships and other competitions. Doping control in Para-sports is as essential as in the able-bodied sports. The International Paralympic Committee is committed to enable paralympic athletes to achieve sporting excellence and develop sports opportunities for the populace with a disability. In addition, the International Paralympic Committee aims to promote the paralympic values, which include courage, determination, inspiration, and equality. The International Paralympic Committee, with International Federations and National Paralympics Committees established the International Paralympic Committee Anti-Doping Code to prevent doping in sports for Para-athletes.

International Federations

The International Federations are international non-governmental organisations recognised by the International Olympic Committee for administering one or more sports at the international level. The national federations administering those sports are affiliated to them. An International Federation has the responsibility to manage and monitor the activities of the world's various sport disciplines, including those on the programme schedule, and organising events during the Games. It also supervises development of athletes practising the sport disciplines at every level. Each International Federation ensures the promotion and development of its sport.

Commonwealth Games Association

A CGA is a national body responsible for the Commonwealth Games operations, publicity and development in the nation. In some member countries, the function of the CGA is undertaken by its National Olympic Committee. Seventy CGAs will be participating in Delhi 2010.
World Anti-Doping Agency

World Anti-Doping Agency (WADA) is an international independent organisation created in 1999 to promote, coordinate, and monitor the fight against doping in sports in all its forms. Composed and funded equally by the sports movement and governments of the world, WADA coordinates the development and implementation of the World Anti-Doping Code (Code), the document harmonising anti-doping policies in all sports and countries. WADA’s chief activities focus on several areas emanating from the responsibilities given to the Agency by the Code and reflect the importance of a comprehensive approach to the fight against doping in sports:

- Developing protocols to ensure evidence gathering and information sharing between the sports movement and governments; cooperating with Interpol in collaboration with United Nations Educational, Scientific and Cultural Activities Organisation (UNESCO), working with individual governments to persuade them to have laws in place that combat manufacturing, supply and possession of doping substances in their territories;
- Promoting global research to identify and detect doping substances and methods; exploring new models for enhanced detection; developing and maintaining the annual List of Prohibited Substances and Methods; accrediting anti-doping laboratories worldwide; monitoring TUEs granted by stakeholders;
- Developing and maintaining the Anti-Doping Administration and Management System, a web-based database management system to help stakeholders coordinate anti-doping activities and comply with the Code;
- Facilitating the coordination of Regional Anti-Doping Organisations by bringing together countries in regions where there are no or limited anti-doping activities so that they can pool resources to implement anti-doping activities;
- Leading and coordinating effective doping prevention strategies and education; assisting stakeholders in their implementation of anti-doping education programmes; and
- Educating athletes at major international and multi-sport events through direct one-on-one interaction with anti-doping experts, answering their questions about the dangers and consequences of doping; and empowering stakeholders to implement high-impact athlete outreach programmes.

For more information please visit www.wada-ama.org
WADA Athlete Outreach Programme

The WADA Athlete Outreach Programme will be a visible feature during Delhi 2010 in the Games Village. The programme promotes and encourages doping free sports through exhibits, media, video games, and personal interactions. The programme consists of an exhibit or booth within the Games Village staffed by individuals with expertise in the field of anti-doping. The WADA team will have one-on-one interactions with athletes and their entourage, while catering to related queries and disseminating information.

WADA Independent Observers

The WADA Independent Observers Programme is an initiative of WADA which aims to promote open and transparent anti-doping procedures at major events. The primary role of WADA Independent Observers team is to observe, audit and report to WADA on all facets of the anti-doping operations. The team members are experts appointed by the WADA Independent Observers Office. The Independent Observer team will be present at Delhi 2010 and will be provided access to pertinent information, facilities, and personnel in accordance with the agreement between WADA and the CGF.

WADA accredited Laboratories

The WADA accredited anti-doping laboratories are dedicated to the analysis of doping control tests. The laboratories which will perform the analysis of doping control tests for Delhi 2010 require accreditation from WADA.

Respiratory Studies Panel

The Panel will assist the CGF Medical Commission in examining the cases of asthma and its clinical variants to use for the TUE process.
SECTION B: COMMONWEALTH GAMES FEDERATION ANTI-DOPING STANDARD

The CGF has developed the Anti Doping Standard for Delhi 2010 in compliance with the World Anti Doping Code 2009. It is mandatory that the CGF-ADS is adhered to by all the participants during Delhi 2010. Departures from the CGF-ADS which do not significantly affect the outcome of the matter in question should not automatically invalidate any part of the doping control process, including but not limited to Testing, TUE, hearing result, or other final adjudication concerned.

ARTICLE 1: DEFINITION OF DOPING

Doping is defined as the occurrence of one or more of the Anti-Doping Rule Violations set forth in Article 2.1 through Article 2.8 of the WADA Code 2009 as set out below.

ARTICLE 2: ANTI DOPING RULE VIOLATIONS

Athletes or other Persons shall be responsible for knowing what constitutes an Anti-Doping Rule Violation and the substances and methods which have been included on the Prohibited List.

The following constitute Anti-Doping Rule Violations:

2.1 Presence of a Prohibited Substance or its Metabolites or Markers in an Athlete’s Sample

2.1.1 It is each Athlete’s personal duty to ensure that no Prohibited Substance enters his or her body. Athletes are responsible for any Prohibited Substance or its Metabolites or Markers found to be present in their Samples. Accordingly, it is not necessary that intent, fault, negligence or knowing Use on the Athlete’s part be demonstrated in order to establish an anti doping violation under Article 2.1 WADA Code 2009.

2.1.2 Sufficient evident of an Anti-Doping Rule Violation under Article 2.1 is established by either of the following: presence of a Prohibited Substance or its Metabolites or Markers in the Athlete’s “A” Sample where the Athlete waives
analysis of the “B” Sample and the “B” Sample is not analysed; or, where the Athlete’s “B” Sample is analysed and the analysis of the Athlete’s “B” Sample confirms the presence of the Prohibited Substance or its Metabolites or Markers found in the Athlete’s “A” Sample.

2.1.3 Excepting those substances for which a quantitative threshold is specifically identified in the Prohibited List, the presence of any quantity of a Prohibited Substance or its Metabolites or Markers in an Athlete’s Sample shall constitute an Anti-Doping Rule Violation.

2.1.4 As an exception to the general rule of Article 2.1, the Prohibited List or International Standard may establish special criteria for the evaluation of Prohibited Substances that can also be produced endogenously.

2.2 Use or Attempted Use by an Athlete of a Prohibited Substance or a Prohibited Method

2.2.1 It is each Athlete’s personal duty to ensure that no Prohibited Substance enters his or her body. Accordingly, it is not necessary that intent, fault, negligence or knowing Use on the Athlete’s part be demonstrated in order to establish an Anti-Doping Rule Violation for Use of a Prohibited Substance or a Prohibited Method.

2.2.2 The success or failure of the Use or Attempted Use of a Prohibited Substance or Prohibited Method is not material. It is sufficient that the Prohibited Substance or Prohibited Method was Used or Attempted to be used for an Anti-Doping Rule Violation to be committed.

2.3 Refusing or failing without compelling justification to submit to Sample collection after Notification as authorised in applicable anti-doping rules, or otherwise evading Sample collection

2.4 Violation of applicable requirements regarding Athlete availability for Out-of-Competition Testing, including failure to file required whereabouts information and missed tests which are declared based on rules which comply with the International Standard for Testing. Any combination of three missed tests and/or filing failures within an eighteen-month period as determined by Anti-Doping Organisations with jurisdiction over the Athlete shall constitute an Anti-Doping Rule Violation.
2.5 Tampering or Attempted Tampering with any part of Doping Control

2.6 Possession of Prohibited Substances and Prohibited Methods

2.6.1 Possession by an Athlete In-Competition of any Prohibited Method or any Prohibited Substance, or Possession by an Athlete Out-of-Competition of any Prohibited Method or any Prohibited Substance which is prohibited Out-of-Competition unless the Athlete establishes that the Possession is pursuant to a TUE granted in accordance with Article 4.4 WADA Code 2009 (Therapeutic Use) or other acceptable justification.

2.6.2 Possession by an Athlete Support Personnel In-Competition of any Prohibited Method or any Prohibited Substance, or Possession by an Athlete Support Personnel Out-of-Competition of any Prohibited Method or any Prohibited Substance which is prohibited Out-of-Competition in connection with an Athlete, Competition or training, unless the Athlete Support Personnel establishes that the Possession is pursuant to a TUE granted to an Athlete in accordance with Article 4.4 WADA Code 2009 (Therapeutic Use) or other acceptable justification.

2.7 Trafficking or Attempted Trafficking in any Prohibited Substance or Prohibited Method

2.8 Administration or Attempted administration to any Athlete In-Competition of any Prohibited Method or Prohibited Substance, or administration or Attempted administration to any Athlete Out-of-Competition of any Prohibited Method or any Prohibited Substance that is prohibited Out-of-Competition, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an Anti-Doping Rule Violation or any Attempted Anti-Doping Rule Violation.

ARTICLE 3: PROOF OF DOPING

3.1 Burdens and Standards of Proof

The CGF shall have the burden of establishing that an Anti-Doping Rule Violation has occurred. The standard of evident shall be whether the CGF has established an Anti-Doping Rule Violation to the comfortable satisfaction of the hearing panel bearing in mind the seriousness of the allegation which is made. This standard
of evident in all cases is greater than a mere balance of probability but less than evident beyond a reasonable doubt. Where the Code places the burden of evident upon the Athlete or other Person alleged to have committed an Anti-Doping Rule Violation to rebut a presumption or establish specified facts or circumstances, the standard of evident shall be by a balance of probability, except as provided in Articles 10.4 and 10.6 WADA Code 2009, where the Athlete must satisfy a higher burden of evident.

3.2 Methods of Establishing Facts and Presumptions

Facts related to Anti-Doping Rule Violations may be established by any reliable means, including admissions. The following rules of evident shall be applicable in doping cases:

3.2.1 WADA-accredited laboratories are presumed to have conducted Sample analysis and custodial procedures in accordance with the International Standard for Laboratories. The Athlete or other Person may rebut this presumption by establishing that a departure from the International Standard for Laboratories occurred which could reasonably have caused the Adverse Analytical Finding.

If the Athlete or other Person rebuts the preceding presumption by showing that a departure from the International Standard for Laboratories occurred which could reasonably have caused the Adverse Analytical Finding, CGF shall have the burden to establish that such departure did not cause the Adverse Analytical Finding.

3.2.2 Departures from any other International Standard or other anti-doping rule or policy which did not cause an Adverse Analytical Finding or other Anti-Doping Rule Violation shall not invalidate such results. If the Athlete or other Person establishes that a departure from another International Standard or other anti-doping rule or policy which could reasonably have caused the Adverse Analytical Finding or other Anti-Doping Rule Violation occurred, then CGF shall have the burden to establish that such departure did not cause the Adverse Analytical Finding or the factual basis for the Anti-Doping Rule Violation.

3.2.3 The facts established by a decision of the Federation Court which is not the subject of a pending appeal shall be irrebuttable evidence against the Athlete or other Person to whom the decision pertained of those facts unless the Athlete
or other Person establishes that the decision violated principles of natural justice.

3.2.4 The Federation Court in a hearing on an Anti-Doping Rule Violation may draw an inference adverse to the Athlete or other Person who is asserted to have committed an Anti-Doping Rule Violation based on the Athlete’s or other Person’s refusal, after a request made in a reasonable time in advance of the hearing, to appear at the hearing (either in person or as directed by the Federation Court).

ARTICLE 4: PROHIBITED LIST

4.1 Publication and Revision of the Prohibited List

The CGF-ADS incorporates “The 2010 Prohibited List” enacted by WADA. WADA shall, as often as necessary and no less often than annually, publish the Prohibited List as an International Standard. The proposed content of the Prohibited List and all revisions are provided in writing promptly to all signatories and governments for comment and consultation. Each annual version of the Prohibited List and all revisions are distributed promptly by WADA to each signatory and government and are published on WADA’s Web site, and each Signatory takes appropriate steps to distribute the Prohibited List to its members and constituents. The CGF-ADS shall specify that, unless provided otherwise in the Prohibited List or a revision, the Prohibited List and revisions shall go into effect under the CGF-ADS three (3) months after publication of the Prohibited List by WADA without requiring any further action by CGF.

4.2 Prohibited Substances and Prohibited Methods Identified on the Prohibited List

4.2.1 Prohibited Substances and Methods

The Prohibited List identifies those Prohibited Substances and Prohibited Methods which are prohibited as doping at all times (both In-Competition and Out-of-Competition) because of their potential to enhance performance in future Competitions or their masking potential and those substances and methods which are prohibited In-Competition only. The Prohibited List may be expanded by WADA for a particular sport. Prohibited Substances and Prohibited Methods may be included in the Prohibited List by general category (e.g., anabolic agents) or by
specific reference to a particular substance or method.

4.2.2 Specified Substances

For purposes of the application of Article 10 WADA Code 2009 (Sanctions on Individuals), all Prohibited Substances shall be “Specified Substances” except substances in the classes of anabolic agents and hormones and those stimulants and hormone antagonists and modulators so identified on the Prohibited List. Prohibited Methods shall not be Specified Substances.

4.2.3 New Classes of Prohibited Substances

In the event, WADA expands the Prohibited List by adding a new class of Prohibited Substances in accordance with Article 4.1 WADA Code 2009, WADA’s Executive Committee shall determine whether any or all Prohibited Substances within the new class of Prohibited Substances shall be considered Specified Substances under Article 4.2.2 WADA Code 2009.

ARTICLE 5: THERAPEUTIC USE EXEMPTION (TUE)

Athletes, like all others, may have illnesses or conditions that require them to take particular medications. If an athlete is required to take the medication, to treat an illness or condition, which happens to fall under the Prohibited List, a TUE may give that athlete the authorisation to take the required medicine. The CGF-ADS for Delhi 2010 incorporates the WADA International Standard for Therapeutic Use Exemptions. International Standard for Therapeutic Use Exemptions is a level 2 mandatory International Standard developed as part of the World Anti-Doping Programme.

The main purpose of the CGF adopting the International Standard for TUE is to ensure that the process of granting TUEs is harmonised across sports and countries participating in Delhi 2010. The International Standard for TUE and WADA Code 2009 states that all International Federations and National Anti-Doping Organisations must have a process in place whereby athletes with documented medical conditions can request a TUE, and have such requests appropriately dealt with by a panel of independent physicians called the TUE Committee. International Federations and National Anti-Doping Organisations through their respective TUE Committee are responsible for accepting or rejecting such applications.
International Standard for TUE applies to all athletes participating in Delhi 2010, i.e., able-bodied athletes and Para-athletes.

The revised International Standard For TUEs came into force on 1 January 2010. More information on procedures and protocols for TUEs can be found in the Therapeutic Use Exemption section of WADA’s website.

http://www.wada-ama.org/en/exemptions.ch2

5.1 Therapeutic Use Exemption Committee (TUE Committee)

Athletes participating in Delhi 2010 can request TUE from the TUE Committee of either of the following anti-doping organisations:

- International Federations
- National Anti Doping Organisations
- WADA
- Commonwealth Games Federation

The TUE Committee shall be constituted by International Federations/National Anti Doping Organisations/WADA/CGF for their respective organisations and act in accordance with the following guidelines:

a) The TUE Committee should include at least three (3) physicians with experience in the care and treatment of athletes and a sound knowledge of clinical, sports and exercise medicine. In order to ensure a level of independence of decisions, the majority of the members of any TUE Committee should be free of conflicts of interest or political responsibility in the Anti-Doping Organisation.

b) All members of a TUE Committee will sign an agreement against conflict of interest. In applications involving Para-athletes, at least one TUE Committee member must possess specific experience with the care and treatment of Athletes with disabilities. The TUE Committee may seek whatever medical or scientific expertise they deem appropriate in reviewing the circumstances of any application for a TUE. The WADA TUE Committee shall be composed following the criteria set out in Article 6.1 International Standard for Therapeutic Use Exemptions. The WADA TUE Committee is established to review the granting or denial of TUEs for International Level Athletes, Athletes
entered in an International event, or Athletes in their National Anti-Doping Organisation’s Registered Testing Pool as set forth in Article 4.4 of the WADA Code 2009. In normal circumstances, the WADA TUE Committee shall render a decision within thirty days of receipt of all requested information.

5.1.1 TUE Applications to the International Federation TUE Committee

a) The Article 4.4 WADA Code 2009 states that each International Federation shall ensure, for International-Level Athletes or any other Athlete who is entered in an International Event, that a process is in place whereby Athletes with documented medical conditions requiring the Use of a Prohibited Substance or a Prohibited Method may request a TUE. Athletes who have been identified as included in their International Federation’s Registered Testing Pool may only obtain TUEs in accordance with the rules of their International Federation in compliance to the International Standard for Therapeutic Use Exemption and the International Standard for the Protection of Privacy and Personal Information. Each International Federation shall publish a list of those International Events for which a TUE from the International Federation is required.

b) It is believed that the Athletes competing at Delhi 2010, those requiring TUE shall apply to their respective International Federation. The TUE certificate granted by the International Federation must cover the entire Games period.

c) Where an Athlete has an existing TUE certificate in place granted by the respective International Federation, the concerned Athlete directly or through the respective CGA must notify and inform the CGF-TUE Committee in advance of the commencement of the Games preferably on or before 24th August 2010.

5.1.2 TUE Applications to the National Anti-Doping Organisation TUE Committee

a) Article 4.4 WADA Code 2009 states that each National Anti-Doping Organisation shall ensure, for all Athletes within its jurisdiction that have not been included in an International Federation Registered Testing Pool, that a process is in place whereby Athletes with documented medical conditions requiring the Use of a Prohibited Substance or a Prohibited Method may request a TUE. Such requests shall be evaluated in accordance with the International
Standard for Therapeutic Use Exemptions and the International Standard for the Protection of Privacy and Personal Information.

b) If the Athlete is unable to get a TUE certificate from the respective International Federation because the Athlete is not in the scope of International Federation process or the International Federation does not have a process that complies with the International Standard for Therapeutic Use Exemptions or the Athlete is from a nation or territory where the National Anti-Doping Organisation has a process to grant TUE certificate, then the Athlete should apply to the concerned National Anti-Doping Organisation for the grant of TUE. The TUE certificate granted by the National Anti-Doping Organisation must cover the entire Games period.

c) Where an Athlete has an existing TUE certificate in place granted by the respective National Anti-Doping Organisation, the concerned Athlete directly or through the relevant CGA must notify and inform the CGF-TUE Committee in advance of the commencement of the Games preferably on or before 24th August 2010.

Comment: International Federations and National Anti-Doping Organisations must promptly report to WADA through the Anti-Doping Administration and Management System (ADAMS) the granting of any Therapeutic Use Exemption.

National Anti-Doping Organisations will not grant TUEs to Athletes in an International Federation’s Registered Testing Pool except in those instances where the International Federation’s rules recognise or give authority to National Anti-Doping Organisations to grant TUEs to such Athletes.

5.1.3 TUE Applications to the WADA TUE Committee

If contrary to the requirement of the Article 4.4 WADA Code 2009, an International Federation does not have a process in place where Athletes may request TUE, an International-Level Athlete may request WADA to review the application as if it had been denied.

5.1.4 TUE Applications to the CGF TUE Committee

The CGF-TUE Committee is established by the CGF Medical Commission for
Delhi 2010. The CGF-TUE Committee is responsible to acknowledge the receipt of notification of TUEs from the participating Athletes in the lead up to the Games. The CGF-TUE Committee will also process applications for TUEs from Athletes who have not obtained a TUE from their respective International Federation/National Anti Doping Organisation/WADA. The CGF-TUE Committee for Delhi 2010 comprises of following members:

- Prof. Ken Fitch (Australia), Chairman
- Dr. Herb Elliott (Jamaica), Member;
- Prof. Manmohan Singh (India), Member

5.2 Criteria for granting TUE Certification by the CGF-TUE Committee

The TUE may be granted by the CGF-TUE Committee to an athlete permitting the use of a prohibited substance or prohibited method contained in the Prohibited List. An application for a TUE shall be reviewed by the CGF-TUE Committee and exemption will be granted only in strict accordance with the following criteria:

a) The Athlete does not obtain a TUE certificate from the respective International Federation or National Anti Doping Organisation on account of the athlete falling outside the TUE scope of International Federation or National Anti Doping Organisation Process; or

b) Neither the relevant International Federation nor the National Anti-Doping Organisation has a TUE process that complies with the International Standard For Therapeutic Use Exemption; or

c) The Athlete’s existing TUE does not cover the entire Games period;

d) The Athlete should submit an application for a TUE to the CGF-TUE Committee at the earliest but no less than thirty (30) days in advance of the official opening of the Games Village, if they have to get a TUE certificate from the CGF-TUE Committee for participation in Delhi 2010;

e) The Athlete would experience a significant impairment to health if the Prohibited Substance or Prohibited Method were to be withheld in the course of treating an acute or chronic medical condition;
f) The Therapeutic Use of the Prohibited Substance or Prohibited Method would produce no additional enhancement of performance other than that which might be anticipated by a return to a state of normal health following the treatment of a legitimate medical condition. The Use of any Prohibited Substance or Prohibited Method to increase “low-normal” levels of any endogenous hormone is not considered an acceptable therapeutic intervention;


g) There is no reasonable therapeutic alternative to the Use of the otherwise Prohibited Substance or Prohibited Method.


h) The necessity for the Use of the otherwise Prohibited Substance or Prohibited Method cannot be a consequence, wholly or in part, of the prior Use, without a TUE, of a substance or method which was prohibited at the time of Use.

Comment: An athlete who has applied to their International Federation or National Anti Doping Organisation or WADA for a Therapeutic Use Exemption and had such application rejected by that body, may not apply to the CGF-Therapeutic Use Exemption Committee on the same grounds.

TUE applications or Notifications to CGF-TUE Committee should be made on the prescribed TUE Form provided at “Annex I” and must include all relevant documentation. Applications or Notifications should be sent through the Athlete’s relevant CGA and be received by CGF-TUE Committee on or before 24th August 2010 at the following address:

Dr. Munish Chander  
Deputy Director General  
Doping Control Division  
New Delhi City Centre (NDCC) – Tower II  
Connaught Place, Jai Singh Road  
New Delhi-110001 (India)

TUE applications or Notifications may be sent by facsimile/e-mail with all appropriate documents to be attached as scanned copies to:

F: +91-11-24500455  
E: doping.control@cwgdelhi2010.org
5.3 Therapeutic Use Exemption Cancellation

The TUE will be cancelled by the CGF-TUE Committee, if:

• The Athlete does not duly comply with any requirement or condition imposed by the CGF-TUE Committee granting the exemption.
• The term for which the TUE was granted by International Federation/National Anti Doping Organisation/WADA has expired.
• The Athlete is notified that the TUE has been withdrawn by International Federation/National Anti Doping Organisation/WADA.
• A decision granting a TUE has been reversed by WADA or CAS.

An application for a TUE will not be considered for retroactive approval by the CGF-TUE Committee except in cases where:

Emergency treatment or treatment of an acute medical condition was necessary, or due to exceptional circumstances there was insufficient time or opportunity for an applicant to submit or a TUE Committee to consider an application prior to Doping Control test.

5.4 TUE Application Process

a) A TUE will only be considered following the receipt of a completed application form that must include all relevant documents (see Annex I – TUE form). The application process shall be dealt with in accordance with the principles of strict medical confidentiality.

b) An Athlete may not apply to more than one Anti-Doping Organisation for a TUE.

c) The application must identify the Athlete’s level of competition, sport and, where appropriate, discipline and specific position or role.

d) The application must list any previous and/or current TUE requests, the body to whom that request was made, and the decision of that body, and the decisions of any other body on review or appeal.

e) The application must include a comprehensive medical history and the results of all examinations, laboratory investigations and imaging studies relevant to application. The arguments related to the diagnosis and treatment, as well as
duration of validity, should follow the WADA “Medical Information to Support the Decisions of TUE Committees”.

f) Any additional relevant investigations, examinations or imaging studies requested by CGF-TUE Committee before approval will be undertaken at the expense of the applicant or his/her CGA.

g) The application must include a statement by a qualified physician attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the Athlete and describing why an alternative, permitted medication cannot, or could not, be used in the treatment of this condition.

h) The substance or method, dose, frequency, route and duration of administration of the otherwise Prohibited Substance or Prohibited Method in question must be specified. In case of change, a new application should be submitted.

i) In normal circumstances, decisions of CGF-TUE Committee will be taken within thirty (30) days of receipt of all relevant documentation and conveyed in writing to the respective CGA or Athlete by the CGF-TUE Committee.

j) In case a TUE application is submitted in a reasonable time limit prior to Delhi 2010, the CGF-TUE Committee will use its best endeavours to finalise the process prior to the official opening of the Games Village.

k) The Athlete and WADA shall be duly provided with an approval which includes information pertaining to the duration of the exemption and any conditions associated with TUE.

l) In all instances, the TUE certificate granted by the CGF-TUE Committee will be for the duration of the Games period only.

5.5 WADA Jurisdiction

WADA, on its own initiative, may review at any time the granting of a TUE to any International level Athlete or national level Athlete who is included in his or her National Anti Doping Organisation’s Registered Testing Pool. Further, upon the request of any such Athlete who has been denied a TUE, WADA may review such denial. If WADA determines that such granting or denial of a TUE did not comply
with the International Standard For Therapeutic Use Exemption, WADA may reverse the decision.

5.6 Review of TUE Decisions by WADA

5.6.1 The WADA TUE Committee may, at any time, review the grant of a TUE to an Athlete in the International Federation Registered Testing Pool, entered in an International Event as described in Article 7.1(b) International Standard for Therapeutic Use Exemptions, or a National Anti-Doping Organisation Registered Testing Pool. In addition to the information to be provided as set forth in Articles 7.1 and 7.2 International Standard for Therapeutic Use Exemptions, the WADA TUE Committee may also seek additional information from the Athlete, including further studies as described in Article 8.10 International Standard for Therapeutic Use Exemptions. If a decision granting a TUE is reversed by WADA upon review, the reversal shall not apply retroactively and shall not disqualify the Athlete’s results during the period for which the TUE had been granted and shall take effect no later than fourteen (14) days following notification of the decision to the Athlete.

5.6.2 An Athlete in an International Federation Registered Testing Pool, entered in an International Event as described in Article 7.1(b) International Standard for Therapeutic Use Exemptions, or National Anti-Doping Organisation Registered Testing Pool may request that WADA review the denial of a TUE by submitting a written request for review to WADA within twenty-one (21) days of the date of the denial. An Athlete submitting such a request for review to WADA shall pay an application fee as established by WADA and shall provide to the WADA TUE Committee copies of all information that the Athlete submitted to the Anti-Doping Organisation in connection with the TUE application. The WADA TUE Committee will assess the request based on the file that was available to the Anti-Doping Organisation that has denied the TUE but may, for the sake of clarification, seek additional information from the Athlete, including further studies as described in Article 8.10 International Standard for Therapeutic Use Exemptions. Until the WADA review process has been completed, the original TUE denial remains in effect. If WADA reverses the denial of a TUE, the TUE shall immediately go into effect in accordance with the conditions set forth in the WADA decision.

5.7 Appeals from Decisions Granting or Denying a TUE

Decisions by WADA reversing the grant or denial of a TUE may be appealed
exclusively to the Court of Arbitration for Sport (CAS) by the Athlete or the Anti-Doping Organisation whose decision was reversed. Decisions by Anti-Doping Organisations other than WADA denying TUEs, which are not reversed by WADA, may be appealed by International level Athletes to CAS and by other Athletes to the national-level reviewing body described in Article 13.2.2 WADA Code 2009. If the national level reviewing body reverses the decisions to deny a TUE, that decision may be appealed to CAS by WADA.

When an Anti-Doping Organisation fails to take action on a properly submitted TUE application within a reasonable time, the Anti-Doping Organisation's failure to decide may be considered a denial for purposes of the appeal rights provided in this Article.

5.8 Declaration of Use Process

5.8.1 The Prohibited List identifies certain substances and methods that are not prohibited but for which an Athlete is required to file a declaration of Use. An Athlete should satisfy this requirement by declaring the Use on a Doping Control Form and when available by filing a declaration of Use through ADAMS.

5.8.2 An Athlete’s failure to declare Use on a Doping Control Form and through ADAMS when available, as stated in Article 9.1, shall not be an anti-doping rule violation.

Comment: The rules of Anti-Doping Organisations with jurisdiction over an Athlete may impose consequences other than an anti-doping rule violation for a failure to declare.

5.9 Clearinghouse

5.9.1 Anti-Doping Organisations are required to provide WADA with all TUEs approved for Athletes who are part of a National or International Registered Testing Pool, and all supporting documentation, in accordance with Article 5.4.

5.9.2 The declarations of use should be available to WADA through ADAMS.

5.9.3 The clearinghouse shall guarantee strict confidentiality of all the medical information.
5.10 Previously Granted Abbreviated Therapeutic Use Exemptions (ATUEs)

All previously granted ATUEs that have not already expired or been cancelled shall expire on 31 December 2009.

ARTICLE 6: TESTING

6.1 Test Distribution Planning

The CGF shall have Testing jurisdiction during the Games period over all Athletes who are nationals, residents, license-holders or members of sports organisations of CGAs and are participating in Delhi 2010. All participating Athletes in Delhi 2010 must comply with any request for Doping Control Tests by CGF. The CGF will coordinate with International Federations and WADA to plan and conduct an effective number of doping control tests during the Games period on Athletes participating in Delhi 2010. The CGAs are expected to provide Whereabouts information of all Athletes participating in Delhi 2010 during the Games period. The Out-of-Competition Testing shall be at No Advance Notice and the Target Testing will be prioritised.

6.2 Standards for Testing

The CGF in liaison with the Doping Control division of the OC CWG Delhi 2010 will conduct doping control tests in conformity with CGF-ADS, which are in compliance with WADA Code 2009 and the accompanying International Standards. The CGF Medical Commission may request additional tests or investigations to ascertain Anti-Doping Rule Violation/s.

6.3 Additional Doping Control Testing Request

All world records will be subject to doping control Testing to meet International Federation requirements as part of the CGF Doping Control Programme.

Other records requiring doping control tests for record validation may be carried out through a request on a prescribed additional Doping Control Test Form. The request should come from a Chef de Mission or representative of the respective CGA to the Venue Doping Control Manager or to DDG, Doping Control division. The Chef de Mission or representative of the respective CGA will be required to
enter into an agreement to make the payment to the OC CWG Delhi 2010 on account of additional doping control Testing.

Additional doping control Samples collected on request will be analysed in the WADA accredited laboratory in conformity with CGF-ADS.

**ARTICLE 7: ANALYSIS OF SAMPLES**

Samples collected during Delhi 2010 will be analysed in accordance with the following principles:

7.1 Use of Approved Laboratories

For purposes of Article 2.1 WADA Code 2009 (Presence of a Prohibited Substance or its Metabolites or Markers), Samples will be analysed only in WADA accredited laboratories or as otherwise approved by WADA. The choice of WADA accredited laboratory (or other laboratory or method approved by WADA) used for the Sample analysis will be determined exclusively by the CGF, who is responsible for results management. The CGF has agreed with the OC CWG Delhi 2010 to submit the doping control Samples for analysis at the WADA accredited National Dope Testing Laboratory (NDTL), New Delhi.

7.2 Purpose of Collection and Analysis of Samples

Samples will be analysed to detect prohibited substances and prohibited Methods identified on the Prohibited List 2010 and other substances as may be directed by WADA/CGF pursuant to Article 4.5 WADA Code 2009 (Monitoring Programme), or to assist an anti-doping organisation in profiling relevant parameters in an athlete’s urine, blood or other matrix, for anti-doping purposes.

7.3 Research on Samples

No Sample may be used for any purpose other than as described in Article 6.2 WADA Code 2009 without the athlete’s written consent. Samples used for purposes other than Article 6.2 WADA Code 2009 shall have any means of identification removed so that they cannot be traced back to a particular athlete.
7.4 Standards for Sample Analysis and Reporting

Laboratories shall analyse doping control Samples and report results in conformity with the International Standard for laboratories.

7.5 Retesting Samples

A Sample may be re-analysed for the purpose of Article 6.2 WADA Code 2009 at any time exclusively at the direction of the CGF or WADA. The circumstances and conditions for retesting Samples shall conform to the requirements of the International Standard for laboratories.

7.6 Retirement from Sports

If an athlete or other person retires while a results management process is underway, the CGF (conducting the results management process) retains jurisdiction to complete its results management process. If an athlete or other person retires before any results management process has begun, CGF which would have had results management jurisdiction over the athlete or other person at the time of the Commonwealth Games the Athlete or other person committed an Anti-Doping Rule Violation, has jurisdiction to conduct results management.

Comment: Conduct by an athlete or other person before the athlete or other person was subject to the jurisdiction of the CGF would not constitute an anti-doping rule violation but could be a legitimate basis for denying the athlete or other person participation in the Commonwealth Games.

ARTICLE 8: RESULTS MANAGEMENT

The WADA accredited laboratory/ies contracted for Delhi 2010 will send analysis results, as available, daily to the CGF Honorary Medical Advisor. During the Games period a dedicated and secured fax or encrypted e-mail will be setup to receive the analytical analysis results in the room of the CGF Honorary Medical Advisor.

The contracted laboratory/ies will assist the CGF-Medical Commission in investigations, as directed by the CGF Honorary Medical Advisor or his Representative for Testing of additional Samples or tests and or “B” Samples through DDG Doping Control Division.
The contracted laboratory/ies will also provide relevant documentation as directed by the CGF Honorary Medical Advisor or his Representative through the DDG, Doping Control division.

The Doping Control Officials will submit all Doping Control Forms including but not limited to Venue Doping Control Manager Reports, Field incident Reports and any other documentation relating to other Potential Anti-Doping Rule Violations, to the CGF Medical Commission in accordance with Sample collection procedure through secured fax or hand delivery or encrypted email.

Doping Control personnel will not only assist in investigations but will also present during the hearings, if requested by the CGF-Medical Commission through the DDG, Doping Control division.

8.1 Initial Review Regarding Adverse Analytical Findings

Upon receipt of an “A” Sample Adverse Analytical Finding, the CGF-Medical Commission responsible for results management will conduct a review to determine whether:

a) An applicable TUE has been granted or will be granted as provided in the International Standard for Therapeutic Use Exemption, or
b) There is any apparent departure from the CGF Anti Doping Standard or International Standard for Laboratories that caused the Adverse Analytical Finding.

8.2 Notification after Initial Review

8.2.1 Adverse Analytical Findings

If the initial review of an Adverse Analytical Finding does not reveal an applicable TUE or entitlement to a TUE as provided in the International Standard for Therapeutic Use Exemptions, or departure that caused the Adverse Analytical Finding, the CGF-Medical Commission will promptly refer the Adverse Analytical Finding with all relevant documentation to the Federation Court.

The Federation Court will review the Adverse Analytical Finding and will impose a provisional suspension immediately to the Athlete.
The Federation Court will ensure that the Athlete is notified in writing of the Adverse Analytical Finding. The notice will include the following details:

a) The Adverse Analytical Finding;

b) The Anti-Doping Rule Violated;

c) The Athlete’s right to promptly request the analysis of the “B” Sample or, failing such request, that the “B” Sample analysis may be deemed waived;

d) The scheduled date, time and place for the “B” Sample analysis if the Athlete or the concerned CGA chooses to request an analysis of the “B” Sample;

e) The opportunity for the Athlete and/or the Athlete’s Representative to attend the “B” Sample opening and analysis at their own cost within the time period specified by the Federation Court, if such analysis is requested; and

f) The Athlete’s right to request copies of the “A” and “B” Sample laboratory documentation package which includes information as required by the International Standard for Laboratories.

The CGF will also notify the concerned CGA, International Federation and WADA.

After review if CGF decides not to bring forward the Adverse Analytical Finding as an Anti-Doping Rule Violation, it will so notify the Athlete and the concerned CGA, International Federation and WADA.

The above details may be given to the Athlete or the Athlete’s CGA verbally in the first instance and follow-up notice in writing as soon as possible.

8.2.2 Adverse Analytical Findings – “B” Sample Analysis

If the Athlete and/or the Federation Court (upon the recommendation of the CGF-Medical Commission) decides to have the “B” Sample analysis, the Federation Court will so advise the CGF-Medical Commission which in turn will contact the DDG, Doping Control division to confirm the date and time of ”B” Sample analysis from the laboratory. The CGF-Medical Commission will notify the Athlete of the time for the “B” Sample analysis, which will be at the earliest after receipt of Athlete’s request.
The Athlete or the Athlete’s Representative has the right to attend the identification, opening and analysis of the “B” Sample (attendance is at his or her own cost or that of the respective CGA). In cases where neither the Athlete nor his/her Representative chooses to attend the identification, opening and analysis of the “B” Sample, the CGF-Medical Commission will appoint an independent person to attend the identification, opening and analysis of the “B” Sample. The information regarding presence of the Athlete or the Athlete’s Representative during “B” Sample identification, opening and analysis will be sent to the laboratory/ies by the CGF-Medical Commission through the DDG, Doping Control division. The “B” Sample will be analysed at the same laboratory from where the “A” Sample analysis was performed.

If the “B” Sample analysis does not confirm the “A” Sample analysis, the CGF-Medical Commission will inform the Federation Court which shall notify the Athlete and the respective CGA, the International Federation and WADA that the Sample has been declared negative and that no further action will occur. The provisional suspension will be rescinded immediately.

If the “B” Sample analysis does confirm the “A” Sample Adverse Analytical Finding, the CGF-Medical Commission will inform the Federation Court and CGF-ADS shall be followed with respect to the Adverse Analytical Finding.

8.2.3 Review of Atypical Findings

The CGF-Medical Commission will direct the contracted laboratory/ies to report the presence of Prohibited Substances, which may also be produced endogenously, as Atypical Findings subject to further investigation. Upon receipt of an “A” Sample Atypical Finding, the CGF-Medical Commission will conduct a review to determine whether:

a) An applicable TUE has been granted, or
b) Is there any apparent departure from the CGF-ADS or International Standard for Laboratories that caused the Atypical Finding.

If that review does not reveal an applicable TUE or departure that caused the Atypical Finding, the CGF-Medical Commission will conduct the required investigation.
The CGF-Medical Commission will not provide notice of an Atypical Finding until it has completed its investigation and decided whether it will bring the Atypical Finding forward as an Adverse Analytical Finding unless one of the following circumstances exist:

a) If the CGF-Medical Commission determines “B” Sample should be analysed prior to the conclusion of its investigation, the CGF-Medical Commission may conduct “B” Sample analysis after notifying the Athlete, with a notice which includes a description of the Atypical Finding and the information described in Article 8.2.1(b)-(f) CGF-ADS.

b) After the investigation is completed by the CGF-Medical Commission, the Athlete and concerned CGA, International Federation and WADA will be notified whether or not the Atypical Finding brought forward as an Adverse Analytical Finding. The Athlete will be notified as provided in Article 8.2 CGF-ADS.

8.2.4 Review of Other Anti-Doping Rule Violations

Upon receipt of a Venue Doping Control Manager Report, Field Incident Report or other evidence showing a possible Anti-Doping Rule Violation, the CGF-Medical Commission will conduct an initial review to determine departure from CGF-ADS.

The CGF-Medical Commission may request the assistance of the laboratory/ies, other scientific and/or medical expertise or any other expertise as required conducting an investigation. The identity of the Athlete or Support Personnel will be revealed only where it is absolutely necessary to that investigation.

The CGF-Medical Commission will conduct any follow-up investigation into a possible Anti-Doping Rule Violation or other action which the CGF-Medical Commission otherwise considers appropriate. When the CGF-Medical Commission is satisfied that an Anti-Doping Rule Violation has occurred, it will refer the case of Anti-Doping Rule Violation to the Federation Court with all relevant documentation. The CGF-Medical Commission will also make a recommendation to the Federation Court to impose the provisional suspension on the Athlete or Support Personnel. The CGF-Medical Commission will provide expert advice to the Federation Court.
The Federation Court will review the case and will immediately impose a provisional suspension on the Athlete or respective Support Personnel for Anti-Doping Rule Violation.

The Federation Court will promptly issue a notice in writing of the Anti Doping Rule Violated to the Athlete or other Person subject to sanction. The notice will include the following details:

a) Name of the Athlete or concerned Support Personnel, the respective CGA, sport and discipline;

b) An outline of the Venue Doping Control Manager Report or Field Incident Report or other evidence indicating the Anti-Doping Rule Violation;

c) The Athlete’s and/or Support Personnel’s right to present submissions relating to the possible Anti-Doping Rule Violation;

d) The anti-doping rule asserted to be violated, or where a further investigation is necessary, a description of the additional investigation that will be conducted to confirm the Anti-Doping Rule Violation;

e) The possible consequences of the Anti-Doping Rule Violation;

f) The other parties that will be notified of the Adverse Analytical Finding or other Anti-Doping Rule Violation;

g) The Athlete’s and/or Support Personnel’s right to request copies of all relevant documentation, including (if relevant) the “A” and “B” Sample Laboratory Reports, Venue Doping Control Manager Report or Field Incident Report; and,

h) Details of any provisional suspension to be imposed and the expedited or provisional hearing as applicable.

The above details may be given to the Athlete or the Athlete’s CGA verbally in the first instance and follow-up notice in writing as soon as possible. The relevant International Federation, CGA and WADA will also be notified.
Where there has been a Potential Anti-Doping Rule Violation other than an Adverse Analytical Finding, once the Athlete and/or Support Personnel has received Notification following an initial review as outlined above, the Federation Court will invite the Athlete or Support Personnel to make submissions in relation to the Potential Anti-Doping Rule Violation.

These submissions may be made to the Federation Court verbally or in writing within the time frame specified by the Federation Court in the Notification following initial review.

The Federation Court will consider these submissions and determine whether those can be considered reasonably to negate the possibility of an Anti-Doping Rule Violation.

Where the Federation Court determines that the Athlete’s or Support Personnel’s submissions negate the possibility of an Anti-Doping Rule Violation, there will be no further action and any provisional suspension will be rescinded immediately. The Federation Court will notify the Athlete or Support Personnel, the respective CGA, International Federation and WADA of this finding.

Where the Federation Court determines that the Athlete’s or Support Personnel’s submissions do not negate the possibility of an Anti-Doping Rule Violation, the CGF-ADS will continue to be followed with respect to the Potential Anti-Doping Rule Violation.

8.3 Principles Applicable to Provisional Suspensions

8.3.1 Mandatory Provisional Suspension after “A” Sample Adverse Analytical Finding

When an “A” Sample Adverse Analytical Finding is received by CGF for a Prohibited Substance, other than a Specified Substance, a Provisional Suspension will be imposed promptly after the review and a Notification described in Articles 8.1 and 8.2 CGF-ADS will be issued. Provided, however, that a Provisional Suspension may not be imposed unless the Athlete is given either:

a) An opportunity for a Provisional Hearing either before imposition of the Provisional Suspension or on a (timely basis) after imposition of the Provisional
b) An opportunity for an expedited hearing on a timely basis after imposition of a Provisional Suspension.

8.3.2 Provisional Suspension based on “A” Sample Adverse Analytical Finding for Specified Substances or other Anti-Doping Rule Violations

The CGF may immediately impose Provisional Suspensions for Anti-Doping Rule Violations other than an Adverse Analytical Finding, or after the review and Notification described in Articles 8.1 and 8.2 CGF-ADS for Specified Substances, but prior to the analysis of the Athlete’s “B” Sample or the final hearing.

Provided, however, a Provisional Suspension may not be imposed unless the Athlete or other Person is provided either:

a) An opportunity for a Provisional Hearing either before imposition of the Provisional Suspension or on a timely basis after imposition of the Provisional Suspension; or

b) An opportunity for an expedited hearing on a timely basis after imposition of a Provisional Suspension.

If a Provisional Suspension is imposed based on an “A” Sample Adverse Analytical Finding and a subsequent “B” Sample analysis does not confirm the “A” Sample analysis, then the Athlete will not be subjected to any further Provisional Suspension on account of a violation of Article 2.1 WADA Code 2009 (Presence of a Prohibited Substance or its Metabolites or Markers). In circumstances where the Athlete or the Athlete’s team has been removed from a Competition based on a violation of Article 2.1 WADA Code 2009, and the subsequent “B” Sample analysis does not confirm the “A” Sample finding, if, without otherwise affecting the Competition, the CGF may reinstate the Athlete or team to continually take part in the Competition.

ARTICLE 9: AUTOMATIC DISQUALIFICATION OF INDIVIDUAL RESULTS

An Anti-Doping Rule Violation in Individual Sports in connection with an In-Competition test during the Games period automatically leads to disqualification
of the result obtained in that competition with all resulting consequences, including forfeiture of any medals, points and prizes.

ARTICLE 10: SANCTIONS ON INDIVIDUALS

10.1 Disqualification of Results in the Event during which an Anti-Doping Rule Violation Occurs

An Anti-Doping Rule Violation occurring during or in connection with an Event may, upon the decision of the Federation Court, lead to Disqualification of all of the Athlete’s individual results obtained in that Event with all Consequences, including forfeiture of all medals and points except as provided in Article 10.1.1.

10.1.1 If the Athlete establishes that he or she bears no fault or negligence for the violation, the Athlete’s individual results in other competitions will not be disqualified unless the Athlete’s results in competitions other than the competition in which the Anti-Doping Rule Violation occurred were likely to have been affected by the Athlete’s Anti-Doping Rule Violation.

The long term sanctions for Anti-Doping Rule Violations as mentioned under following WADA Code 2009 Articles will be imposed on the recommendation of the Federation Court by the concerned International Federations in accordance with WADA Code 2009.

10.2 Disqualification of Results in Competitions Subsequent to Sample Collection or Commission of an Anti-Doping Rule Violation

In addition to the automatic Disqualification of the results in the competition in which the positive Sample was produced, under Article 9 (Automatic Disqualification of Individual Results) WADA Code 2009, all other competitive results obtained from the date a positive Sample was collected (whether In-Competition or Out-of-Competition), or other Anti-Doping Rule Violation occurred, through the commencement of any Provisional Suspension or Ineligibility period, will, unless Fairness requires otherwise, be disqualified with all of the resulting Consequences including forfeiture of any medals and points.
10.3 Commencement of Ineligibility Period

Except as provided below, the period of Ineligibility shall start on the date of the hearing decision providing for Ineligibility or, if the hearing is waived, on the date Ineligibility is accepted or otherwise imposed. Any period of Provisional Suspension (whether imposed or voluntarily accepted) shall be credited against the total period of Ineligibility imposed.

10.3.1 Delays Not Attributable to the Athlete or other Person

Where there have been substantial delays in the hearing process or other aspects of Doping Control not attributable to the Athlete or other Person, the CGF may start the period of Ineligibility at an earlier date commencing as early as the date of Sample collection or the date on which another Anti-Doping Rule Violation last occurred.

10.3.2 Timely Admission

Where the Athlete or other Person promptly (which, in all events, for an Athlete means before the Athlete competes again) admits the Anti-Doping Rule Violation after being confronted with the Anti-Doping Rule Violation by the CGF, the period of Ineligibility may start as early as the date of Sample collection or the date on which another Anti-Doping Rule Violation last occurred. In each case, however, where this Article is applied, the Athlete or other Person shall serve at least one half of the period of Ineligibility going forward from the date the Athlete or other Person accepted the imposition of a sanction, the date of a hearing decision imposing a sanction, or the date the sanction is otherwise imposed.

10.3.3 If a Provisional Suspension is imposed and respected by the Athlete, then the Athlete shall receive a credit for such period of Provisional Suspension against any period of Ineligibility which may ultimately be imposed.

10.3.4 If an Athlete voluntarily accepts a Provisional Suspension in writing from the CGF and thereafter refrains from competing, the Athlete shall receive a credit for such period of voluntary Provisional Suspension against any period of Ineligibility
which may ultimately be imposed. A copy of the Athlete’s voluntary acceptance of a Provisional Suspension shall be provided promptly to each party entitled to receive notice of a Potential Anti-Doping Rule Violation under Article 14.1 WADA Code 2009.

10.3.5 No credit against a period of Ineligibility shall be given for any time period before the effective date of the Provisional Suspension or voluntary Provisional Suspension regardless of whether the Athlete elected not to compete or was suspended by his or her team.

10.4 Status during Ineligibility

10.4.1 Prohibition against Participation during Ineligibility

No Athlete or other Person who has been declared Ineligible may, during the period of Ineligibility, participate in any capacity in a Competition or activity organised by the CGF.

ARTICLE 11: CONSEQUENCES TO TEAMS

11.1 Testing of Team Sports

Where more than one member of a team in a Team Sport has been notified of an Anti-Doping Rule Violation in connection with Delhi 2010, CGF shall conduct appropriate Target Testing of the team during the Games Period.

11.2 Consequences for Team Sports

If more than two members of a team in a Team Sport are found to have committed an Anti-Doping Rule Violation during an Event Period, the CGF shall impose an appropriate sanction on the team (e.g., loss of points, Disqualification from a Competition or Event, or other sanction) in addition to any Consequences imposed upon the individual athlete committing the Anti-Doping Rule Violation.
RESULT MANAGEMENT PROCESS (POTENTIAL ANTI DOPING RULE VIOLATION/S)

- **HMA notified of potential ADRV**
  - HMA appoints appropriate authorities or CGF MC Delegate to investigate
  - Potential ADRV observed
  - Appointed authority or delegate investigates and compiles a report
  - VDCS completes VDCS Report & Field Incident Report
  - Report to CGF MC

- **No ADRV**
  - Irregularities undermines potential ADRV
  - Irregularities in documentation

- **Irregularities don’t undermine potential ADRV**
  - CGF MC conducts initial review of documentation
  - No Irregularities in documentation
  - CGF MC refers to Federation Court
  - Notification in accordance with 7.3
  - Submissions don’t negate potential ADRV
  - Hearing - Federation Court
ARTICLE 12: RIGHT TO A FAIR HEARING

12.1 Fair Hearing Principles

The Federation Court will provide a hearing process for any Person who is asserted to have committed an Anti-Doping Rule Violation. The hearing process will address whether an Anti-Doping Rule Violation was committed and, if so, the appropriate consequences will follow. The hearing process will respect the following principles:

a) A timely hearing;
b) A fair and impartial hearing panel;
c) The right to be represented by counsel at the Person’s own expense;
d) The right to be informed in a fair and timely manner of the asserted Anti-Doping Rule Violation;
e) The right to respond to the asserted Anti-Doping Rule Violation and resulting consequences;
f) The right of each party to present evidence, including the right to call and question witnesses (subject to the hearing panel’s discretion to accept testimony by telephone or written submission);
g) The Person’s right to an interpreter at the hearing, with the hearing panel to determine the identity of the interpreter, and responsibility for his/her cost; and
h) A timely, written, reasoned decision, specifically including an explanation of the reason(s) for any period of Ineligibility.

12.2 Games Period Hearings

The hearings during Delhi 2010 will be conducted by an expedited process in accordance with CGF-ADS and the WADA Code 2009.

12.3 Waiver of Hearing

The right to a hearing may be waived either explicitly or by the Athlete's or other Person’s (failure to challenge the CGF assertion that an Anti-Doping Rule Violation has occurred within the specific time period provided in CGF-ADS. Where no hearing occurs, CGF shall submit to the Persons described in Article 13.2.3 a reasoned decision explaining the action taken.
12.4 Provisional Hearings

Where an Athlete or Support Personnel has received Notification that a provisional suspension has been imposed, and an expedited hearing is not possible due to the necessity for further investigation, the Athlete or Support Personnel will be given a provisional hearing.

The provisional hearing will be held as soon as possible after imposition of the provisional suspension and will be conducted by the Federation Court in accordance with CGF-ADS and the WADA Code 2009.

The provisional hearing will determine only whether the provisional suspension should stand. Where the Federation Court determines that the provisional suspension should not stand, the Federation Court will rescind the provisional suspension immediately.

In all cases where a provisional suspension has been rescinded and the Athlete or the Athlete’s team has been expelled from the Games following the provisional suspension, where it is still possible for the Athlete or team to be reinstated without otherwise affecting the competition or event, the Athlete or team will be allowed to continually take part in the Games.

12.5 Hearings during the Games Period

Hearings during the Games period will take place only when:

a) An Athlete or Support Personnel has received Notification after an initial investigation as outlined in CGF-ADS; and
b) In case of an Adverse Analytical Finding, the Athlete has accepted the “A” Sample result or has not requested to have the “B” Sample analysis or the “B” Sample analysis has confirmed the “A” Sample Adverse Analytical Finding; or

c) In case of other Anti-Doping Rule Violations, the Athlete or Support Personnel has declined to make submissions or their submissions have been determined not to negate the possibility of an Anti-Doping Rule Violation; then the Federation Court will hear the case.

All hearings conducted during the Games period will be expedited hearings and will
be held as soon as possible after the imposition of the provisional suspension.

All hearings in relation to Anti-Doping Rule Violations conducted during the Games period will be heard by the Federation Court, in accordance with CGF-ADS and the WADA Code 2009. Guidelines for the conduct of hearings will be determined by the Federation Court.

The sanctions will be determined by the Federation Court with respect to the CGF’s jurisdiction only (i.e. with respect to the continued participation in Delhi 2010 and future Commonwealth Games). The Federation Court will refer these cases to the respective International Federation for determination of other applicable long term sanctions in accordance with the respective International Federation’s rules.

12.6 Hearings following the Games Period

Where it is necessary to conduct an investigation into a Potential Anti-Doping Rule Violation that extends beyond the Games period, the Federation Court may liaise with the respective CGA and International Federation regarding conduct of a hearing following the investigation. All hearings following the Games period but falling within the jurisdiction of the CGF will be conducted by the Federation Court in accordance with CGF-ADS and the WADA Code 2009.

12.7 Notification of Hearings Results

The Federation Court will notify the following parties of the outcome of hearings and its determination in accordance with Article 28, Item9 of the CGF Constitution, including any sanctions that may have been imposed:

a) The Athlete or Support Personnel
b) The respective CGA, Chef-de-Mission or Team Manager
c) The CGF Medical Commission
d) The relevant International Federation
e) WADA
f) Any other person or organisation that the CGF believes should be informed

The Federation Court will also refer the outcomes of hearings to the CGF media personnel for public reporting in accordance with the applicable media policies and
the public disclosure requirements of the WADA Code.

ARTICLE 13: APPEALS

13.1 Appeals

During the Games period, appeals from decisions of the Federation Court will be heard by the ad-hoc Division of CAS.

After the conclusion of the Games period, appeals from decisions of the Federation Court will be heard by the Appeals Arbitration Division of CAS in accordance with the Code for Sports Related Arbitration and the WADA Code 2009.

13.2 Decisions Subject To Appeal

Decisions made by the Federation Court under CGF-ADS adopted pursuant to the Code may be appealed as set forth below in Articles 13.2 through 13.4 or as otherwise provided in CGF-ADS. Such decisions will remain in effect while under appeal unless the appellate body orders otherwise. Before an appeal is commenced, any post-decision review provided in the CGF rules must be exhausted, provided that such review respects the principles set forth in Article 13.2.2 below (except as provided in Article 13.1.1).

13.2.1 WADA Not Required to Exhaust Internal Remedies

Where WADA has a right to appeal under Article 13 and no other party has appealed a final decision within the CGF's process, WADA may appeal such decision directly to CAS without having to exhaust other remedies in the CGF's process.

13.3 Appeals from Decisions Regarding Anti-Doping Rule Violations, Consequences, and Provisional Suspensions

- A decision that an Anti-Doping Rule Violation was committed, a decision imposing Consequences for an Anti-Doping Rule Violation, or a decision that no Anti-Doping Rule Violation was committed; a decision that an Anti-Doping Rule Violation proceeding cannot go forward for procedural reasons (including, for example, prescription); a decision under Article 10.10.2 (Violation of the Prohibition of Participation during Ineligibility) WADA Code 2009; a decision that
an Anti-Doping Organisation lacks jurisdiction to rule on an alleged Anti-Doping Rule Violation or its Consequences; a decision by the CGF not to bring forward an Adverse Analytical Finding or an Atypical Finding as an Anti-Doping Rule Violation, or a decision not to go forward with an Anti-Doping Rule Violation after an investigation under Article 7.4 WADA Code 2009; and

- A decision to impose a Provisional Suspension as a result of a Provisional Hearing or in violation of Article 7.5 WADA Code 2009 may be appealed exclusively as provided in this Article 13.2 WADA Code 2009.

13.3.1 Appeals Involving International-Level Athletes

In cases arising from participation in Delhi 2010, the decision may be appealed exclusively to CAS in accordance with the provisions applicable before such court.

13.3.2 Persons Entitled to Appeal

In cases under Article 13.2.1, the following parties shall have the right to appeal to CAS:

(a) The Athlete or other Person who is the subject of the decision being appealed;
(b) The other party to the case in which the decision was rendered;
(c) The respective International Federation /CGA; and
(d) WADA.

The filing deadline for an appeal or intervention filed by WADA will be (the later of):

(a) Twenty-one (21) days after the last day on which any other party in the case could have appealed, or
(b) Twenty-one (21) days after WADA’s receipt of the complete file related to the decision.

Notwithstanding any other provision herein, the only Person who may appeal against a Provisional Suspension is the Athlete or other Person upon whom the Provisional Suspension is imposed.
13.4 Failure to Render a Timely Decision by an Anti-Doping Organisation

Where, in a particular case, an Anti-Doping Organisation fails to render a decision with respect to whether an Anti-Doping Rule Violation was committed within a reasonable deadline set by WADA, WADA may elect to appeal directly to CAS as if the Anti-Doping Organisation had rendered a decision finding no Anti-Doping Rule Violation. If the CAS hearing panel determines that an Anti-Doping Rule Violation was committed and that WADA acted reasonably in electing to appeal directly to CAS, then WADA’s costs and attorneys fees in prosecuting the appeal will be reimbursed to WADA by the Anti-Doping Organisation.

13.5 Appeals from Decisions Granting or Denying a Therapeutic Use Exemption

Decisions by WADA reversing the grant or denial of a TUE may be appealed exclusively to CAS by the Athlete or the Anti-Doping Organisation whose decision was reversed. Decisions by Anti-Doping Organisations other than WADA denying TUE’s, which are not reversed by WADA, may be appealed by International-Level Athletes to CAS and by other Athletes to the national-level reviewing body described in Article 13.2.2 WADA Code 2009. If the national-level reviewing body reverses the decision to deny a TUE, that decision may be appealed to CAS by WADA.

When an Anti-Doping Organisation fails to take action on a properly submitted TUE application within a reasonable time, the Anti-Doping Organisation’s failure to decide may be considered a denial for purposes of the appeal rights provided in this Article.

13.6 Appeals from Decisions under Part Three and Part Four of the Code

With respect to a WADA report of non-compliance under Article 23.4.5 or any Consequences imposed under Part Three (Roles and Responsibilities) WADA Code 2009, the entity to which the WADA report pertains or upon which Consequences are imposed under Part Three WADA Code 2009 shall have the right to appeal exclusively to CAS in accordance with the provisions applicable before such court.

ARTICLE 14: CONFIDENTIALITY AND REPORTING

Information Concerning Adverse Analytical Findings, Atypical Findings, and Other
Potential Anti-Doping Rule Violations

14.1 Notice to Athletes and Other Persons

An Athlete whose Sample is brought forward as an Adverse Analytical Finding after the initial review under Articles 8.1 or 8.3 CGF-ADS, or an Athlete or other Person who is asserted to have committed an Anti-Doping Rule Violation after the initial review under Article 8.2.4 CGF-ADS, will be notified by the Federation Court.

14.2 Notice to International Federations and WADA

The CGF will also notify the Athlete’s CGA, International Federation and WADA not later than the completion of the process.

14.3 Content of Notification

Notification will include: the Athlete’s name, country, sport and discipline within the sport, the Athlete’s competitive level, whether the test was In-Competition or Pre-Competition or out-of-competition, the date of Sample collection and the analytical result reported by the laboratory.

14.4 Confidentiality

The recipient organisations CGA, International Federations and WADA will not disclose this information beyond those Persons with a strong requirement to know until CGF has made public disclosure or has failed to make public disclosure.

14.5 Public Disclosure

14.5.1 The identity of any Athlete or other Person, who is asserted by the CGF to have committed an Anti-Doping Rule Violation, may be publicly disclosed by CGF after issuing disclosure notice to the Athlete or other Person and to the applicable Anti-Doping Organisations.

14.5.2 No later than twenty (20) days after it has been determined in a hearing that an Anti-Doping Rule Violation has occurred, or such hearing has been waived, or the assertion of an Anti-Doping Rule Violation has not been timely challenged, the CGF will publicly report the disposition of the Anti-Doping matter including
the sport, the Anti-Doping Rule violated, the name of the Athlete or other Person committing the violation, the Prohibited Substance or Prohibited Method involved and the consequences imposed. The CGF will also publicly report within twenty (20) days, the appeal decisions concerning Anti-Doping Rule Violations. The CGF will also within the time period for publication, send all hearing and appeal decisions to WADA.

14.5.3 In any case where it is determined, after a hearing or appeal, that the Athlete or other Person did not commit an Anti-Doping Rule Violation, the decision may be disclosed publicly only with the consent of the Athlete or other Person who is the subject of the decision. The CGF will use reasonable efforts to obtain such consent, and if the consent is obtained, the CGF will publicly disclose the decision in its entirety or in such re-edited form as the Athlete or other Person may approve.

14.5.4 For the purpose of Article 11.5 CGF-ADS, publication will be accomplished at a minimum by placing the required information on the CGF official web site and leaving the information up for at least one (1) year.

14.5.5 The CGF or WADA accredited laboratory or official of either, will publicly not comment on the specific facts of a pending case (as opposed to general description of process and science) except in response to public comments attributed to the Athlete, other Person or their Representatives.

14.6 Statistical Reporting

The CGF shall, at least annually, publish publicly a general statistical report of their Doping Control activities with a copy provided to WADA. The CGF may also publish reports showing the name of each Athlete tested and the date of each Testing.

14.7 Data Privacy

When performing obligations under the WADA Code 2009, the CGF may collect, store, process or disclose personal information related to Athletes and third parties. The CGF shall ensure that it complies with applicable data protection and privacy laws with respect to their handling of such information, as well as the International Standard for the Protection of Privacy that WADA will adopt to ensure Athletes and non-Athletes are fully informed of and, where necessary, agree to the handling
of their personal information in connection with anti-doping activities arising under the WADA Code 2009.

ARTICLE 15: MUTUAL RECOGNITION

15.1 Subject to the right to appeal provided in Article 13 WADA Code 2009, Testing, TUEs and hearing results or other final adjudications of any Signatory which are consistent with the WADA Code 2009 and are within that Signatory’s authority, shall be recognised and respected by all other Signatories.

15.2 Signatories shall recognise the same actions of other bodies which have not accepted the WADA Code if the rules of those bodies are otherwise consistent with the WADA Code 2009.

ARTICLE 16: STATUTE OF LIMITATIONS

No action may be commenced against an Athlete or other Person for an Anti-Doping Rule Violation contained in the WADA Code 2009 unless such action is commenced within eight (8) years from the date the violation is asserted to have occurred.

ARTICLE 17: POST GAMES RESULT MANAGEMENT

Post Games Result Management process should be read in conjunction with the CGF-ADS developed for Delhi 2010.

17.1 CGF-Medical Commission Documentation

All Doping Control Forms and other relevant documents will be submitted to the CGF-Medical Commission and will be the property of the CGF.

17.2 Post Games Analytical Findings

The Doping Control division will instruct the last date to the contracted WADA accredited laboratory(ies) after which all the analytical findings will be sent to the CGF-Honorary Medical Advisor on the address or fax number as authorised by the CGF-Honorary Medical Advisor.
17.3 Notification after Initial Review

The CGF-Honorary Medical Advisor will communicate to the members of the Medical Commission, who in accordance with CGF-ADS shall review all Post Games Analytical findings within a week if possible or soon after the receipt of report from WADA accredited laboratory(ies). On completion of initial review of the Adverse Analytical Finding, the CGF Honorary Medical Advisor shall prepare a report along with relevant documentation for the Federation Court.

The CGF-Honorary Medical Advisor shall email the Adverse Analytical Finding to the Federation Court, who on obtaining shall:

a) Review evidence that an Anti-Doping Rule Violation has occurred;

b) Send Notification to the President of the concerned CGA along with documents of Potential Anti-Doping Rule Violation, requesting to inform the concerned Athlete

17.4 CGA Responsibility

The CGA will report, if possible within a week or soon after the Athlete in case of an Adverse Analytical Finding accepts the findings and waives the right to have ‘B’ Sample analysis. In case the Athlete opts to have the ‘B’ Sample analysis, he/she must inform whether he/she would like to observe the Testing in person or through a representative at his/her own expense. If so, the CGF-Medical Commission will facilitate arrangements.

In case of a Non-Analytical Anti-Doping Rule Violation, the concerned CGA will report within forty eight (48) hours or soon after the Athlete or Support Personnel intends to make a submission.

17.5 Notification to CGA and Athlete

Following consensus from Members of the Federation Court, the CGF-Chief Executive Officer shall send the Notification of a Potential Anti-Doping Rule Violation to the concerned CGA and the Athlete allowing fourteen (14) days to reply after which Hearing Process will commence.
17.6 No Reply

If no reply comes within fourteen (14) days from the concerned CGA and/or Athlete concerned, the CGF-Chief Executive Officer will ascertain by phone or other appropriate means the reasons and will determine the next steps which may include giving a period of extension or proceeding ahead with the case.

17.7 Decisions by Federation Court

Upon receipt of the letter from the concerned CGA, the CGF-Chief Executive Officer shall forward it to the Federation Court Members. The Chairman of the Federation Court will collate all the comments and will make a decision as to the next course of action.

17.8 Monitoring

The CGF-Chief Executive Officer will monitor further progress of the case and where relevant will involve the CGF-Honorary Medical Advisor, Members of the CGF-Medical Commission, Federation Court and the (Ordinary) Division of CAS, for further action as appropriate.

17.9 Hearing

The Hearing Process will commence in accordance with CGF-ADS as applicable during the Games period.

17.10 Appeal

After the conclusion of the Games period, appeals from decisions of the Federation Court will be heard by the Appeals Arbitration Division of CAS in accordance with the Code for Sports Related Arbitration and the WADA Code 2009.
SECTION C: COURT OF ARBITRATION FOR SPORT

Arbitration Rules for Delhi 2010

ARTICLE 1: APPLICATION OF THE PRESENT RULES AND JURISDICTION OF THE COURT OF ARBITRATION FOR SPORT (CAS)

The purpose of the present rules is to provide, in the interests of the Athletes and of sports, for the resolution by arbitration of any disputes covered by Article 28 of the Constitution of the Commonwealth Games Federation and by the arbitration clause inserted in the entry form for the Commonwealth Games, insofar as they arise in the host country of the Games between 23 September – 14 October 2010.

ARTICLE 2: AD-HOC DIVISION

For the period fixed in Article 1, the International Court of Arbitration for Sport (ICAS) shall establish an ad-hoc Division of CAS (hereinafter the “ad-hoc Division”), the function of which is to provide for the resolution by arbitration of the disputes covered by Article 1 by means of Panels set up in accordance with the present Rules. The ad-hoc Division consists of arbitrators appearing on a special list, a President and a Court Office.

ARTICLE 3: SPECIAL LIST OF ARBITRATORS

The ICAS, acting through its Board, shall draw up the special list of arbitrators referred to in Article 2. This special list consists only of arbitrators who appear on the CAS general list of arbitrators and who are present at the Games.

The special list of arbitrators will be published before the opening of the Games. It may be subsequently modified by the ICAS Board where necessary.

ARTICLE 4: PRESIDENCY

The ICAS Board will elect the President of the ad-hoc Division from among the members of the ICAS. The President shall perform the functions conferred upon him or her by the present Rules and all other functions relevant to the proper
operation of the ad-hoc Division. The President must be independent of the parties.

ARTICLE 5: COURT OFFICE

The CAS shall establish a Court Office of the ad-hoc Division in Delhi. This office will be placed under the authority of the CAS Secretary General.

ARTICLE 6: LANGUAGE OF ARBITRATION

The arbitration will be conducted in English.

ARTICLE 7: SEAT OF ARBITRATION AND LAW GOVERNING THE ARBITRATION

The seat of the ad-hoc Division and of each Panel is in Lausanne, Switzerland. However, the ad-hoc Division and each Panel may carry out all the actions which fall within their mission in Delhi or in any other place they deem appropriate. The arbitration is governed by Chapter 12 of the Swiss Act on private International Law.

ARTICLE 8: REPRESENTATION AND ASSISTANCE

The parties may be represented or assisted by persons of their choice in so far as circumstances permit, particularly with regard to the time limit set for the award/decision. The names, addresses, telephone and facsimile numbers of the persons representing the parties, and details of any other written forms of electronic communication by which they may be reached, shall appear in the application referred to in Article 10 or can be submitted at the start of the hearing.

ARTICLE 9: NOTIFICATIONS AND COMMUNICATIONS

a) All notifications and communications from the ad-hoc Division (Panel, Presidency or Court Office) will be given as follows:

i. To the claimant: by delivery to the address at the Commonwealth Games site appearing in the request or by facsimile, or at the electronic mail address specified in the request or, in the absence of all of the above, by deposit at the Court Office.
ii. To the respondent: by delivery, facsimile or electronic mail to his or her office or place of residence at the site of the Commonwealth Games.

The ad-hoc Division may also give notifications and communications by telephone and confirm them subsequently in writing, or by electronic mail. In the absence of written confirmation, the communication is nevertheless valid if the addressee had actual knowledge of it.

b) Notifications and communications from the parties will be delivered or faxed to the Court Office with the exception of the application referred to in article 10 which must be delivered to the Court Office in return for a receipt.

ARTICLE 10: APPLICATION

Any individual or legal entity wishing to bring before the ad-hoc Division of CAS a dispute within the meaning of Article 1 of the present Rules will file a written application with the Court Office. The application will include:

a) A copy of the decision being challenged, where applicable;

b) A brief statement of the facts and legal arguments on which the application is based;

c) The claimant’s request for relief;

d) Where applicable, an application for a stay of the effects of the decision being challenged or for any other preliminary relief of an extremely urgent nature;

e) Any appropriate comments on the basis for CAS jurisdiction;

f) The claimant’s address at the site of the Commonwealth Games and, where applicable, the facsimile numbers and electronic mail address at which the claimant can be reached for the purposes of the proceedings and, where applicable, the same information for the person representing the claimant.

g) The application will be written in English. A standard application form is available
to the parties at the Court Office.

h) If the National Associations concerned are not parties to the proceedings and do not receive a copy of the application in that capacity, this application will be communicated to them for information purposes.

ARTICLE 11: FORMATION OF THE PANEL

Upon receipt of the application, the President of the ad-hoc Division constitutes a Panel composed of three arbitrators appearing on the special list within the meaning of Article 2 of the Rules (the “Panel”) and appoints the President thereof.

In case if it is appropriate under the circumstances, the President of the ad-hoc Division may, in his or her discretion, appoint a sole arbitrator.

If an application is filed which is related to an arbitration already pending before the ad-hoc Division, the President of the ad-hoc Division may assign the second dispute to the Panel appointed to decide the first dispute. In order to take decision, the President of the ad-hoc Division shall take into account all the circumstances, including the relation between the two cases and the progress already made in the first case.

ARTICLE 12: INDEPENDENCE AND QUALIFICATIONS OF THE ARBITRATORS

All arbitrators must have legal training and should possess recognised competence with regard to sports. They must be independent of the parties and disclose immediately any situation that is likely to infringe their independence as arbitrators.

All arbitrators must be present during the Games and be available for the ad-hoc Division at any time. The President of the ad-hoc Division is subject to the same obligations as mentioned for the arbitrators.

No arbitrator may act as counsel for a party or other interested person before the ad-hoc Division.
ARTICLE 13: CHALLENGES, DISQUALIFICATION AND REMOVAL OF ARBITRATORS

An arbitrator must disqualify him or herself spontaneously or, failing that, may be challenged by a party if circumstances give rise to legitimate doubts as to his or her independence. The President of the ad-hoc Division is competent to take cognizance of any challenge requested by a party. He shall decide it immediately after giving the parties and the arbitrator concerned, the opportunity to be heard, so far as circumstances permit. The challenge must be brought as soon as the reason for the challenge becomes known.

Any arbitrator may be removed by the President of the ad-hoc Division if he or she is prevented from carrying out the assignment or fails to perform his or her duties in accordance with the present Rules.

If an arbitrator disqualifies him or herself spontaneously or if the President of the ad-hoc Division accepts a challenge by a party or removes an arbitrator, the President of the ad-hoc Division shall immediately appoint an arbitrator to fill the vacancy.

ARTICLE 14: STAY OF DECISION CHALLENGED AND PRELIMINARY RELIEF OF EXTREME URGENCY

In case of extreme urgency, the President of the ad-hoc Division or the Panel, where already formed, may rule on an application for a stay of the effects of the challenged decision or for any other preliminary relief without hearing the respondent first. The decision granting such relief ceases to be effective when the Panel gives a decision within the meaning of article 20 of the present Rules.

When deciding whether to award any preliminary relief, the President of the ad-hoc Division or the Panel shall consider whether the relief is necessary to protect the applicant from irreparable harm, the likelihood of success on the merits of the claim, and whether the interests of the applicant outweigh those of the opponent or of other persons or entities involved in the Games.

ARTICLE 15: PROCEDURE BEFORE THE PANEL

a) Defence of lack of jurisdiction: Any defence of lack of jurisdiction of the Panel
must be raised at the start of the proceedings or, at the latest, at the start of the hearing.

b) Procedure: The Panel organises the procedure as it considers appropriate while taking into account the specific needs and circumstances of the case, the interests of the parties, in particular their right to be heard, and the particular constraints of speed and efficiency specific to the present ad-hoc procedure. The Panel shall have full control over the evidentiary proceedings.

c) Hearing: Except where it considers another form of procedure more appropriate, the Panel shall summon the parties to a hearing on very short notice immediately upon receipt of the application. It shall append a copy of the application to the summons to appear addressed to the respondent.

At the hearing, the Panel shall hear the parties and take all appropriate action with respect to evidence. The parties shall introduce at the hearing all the evidence they intend to adduce and produce the witnesses, who shall be heard immediately.

d) Other evidentiary measures: If a party requests an opportunity to introduce additional evidence which, for legitimate reasons, it was not able to produce at the hearing, the Panel may permit it to the extent necessary to the resolution of the dispute.

The Panel may at any time take any appropriate action with respect to evidence. In particular, it may appoint an expert and order the production of documents, information or any other evidence. It may also, in its discretion, decide whether to admit or exclude evidence offered by the parties and assess the weight of evidence. The Panel shall inform the parties accordingly.

e) Failure to appear: If one party or both parties fail to appear at the hearing or to comply with injunctions, summons or other communications issued by the Panel, the Panel may nevertheless proceed.

ARTICLE 16: THE PANEL’S POWER TO REVIEW

The Panel shall have full power to establish the facts on which the application is based.
ARTICLE 17: LAW APPLICABLE

The Panel shall rule on the dispute pursuant to the Constitution of the CGF, the applicable regulations, the general principles of law and the rules of law whose application, the Panel deems appropriate.

ARTICLE 18: TIME LIMIT

The Panel shall give a decision within 24 hours of the lodging of the application. In exceptional cases, this time limit may be extended by the President of the ad-hoc Division if circumstances require.

ARTICLE 19: DECISION-MAKING, FORM AND COMMUNICATION OF THE DECISION

The decision is taken by a majority or, in the absence of a majority, by the President of the Panel. It shall be written, dated and signed by the President of the Panel and, in principle, brief reasons shall be stated. Before the award is signed, it shall be reviewed by the President of the ad-hoc Division, who may make amendments of form and, without affecting the Panel’s freedom of decision may also draw the latter’s attention to points of substance.

It shall be communicated to the parties immediately. The Panel may decide to communicate the holding of the award, prior to the reasons. The award shall be final from such communication.

If the National Associations concerned are not parties to the proceedings and do not receive a copy of the award in that capacity, this award shall be communicated to them for information purposes.

ARTICLE 20: ENFORCEABILITY AND SCOPE OF THE DECISION

a) Choice of final award or referral

Taking into account all the circumstances of the case, including the claimant’s request for relief, the nature and complexity of the dispute, the urgency of its resolution, the extent of the evidence required and of the legal issues to be resolved, the parties’ right to be heard and the state of the record at the end of the ad-hoc arbitration proceedings, the Panel may either make a final award or
refer the dispute to arbitration by CAS in accordance with the Code of Sports-related Arbitration.

The Panel may also make an award on part of the dispute and refer the unresolved part of the dispute to the regular CAS procedure.

b) Preliminary relief in the Case of referral

If the Panel refers the dispute to a regular CAS procedure, the Panel may, even where the parties have made no application to that effect, grant preliminary relief which will remain in effect until the arbitrators decide otherwise in the regular CAS procedure.

c) Referral

If the Panel refers the dispute to regular CAS procedure, the following provisions shall apply:

i. The Panel may set a time limit for the claimant to bring the case before CAS according to Articles R38 and R48 of the Code of Sports-related Arbitration or provide for referral on its own motion (“ex officio referral”). In either case, the time limit laid down by the statutes or regulations of the bodies, the decision of which is being challenged or by Article R49 of the Code of Sports-related Arbitration do not apply.

ii. Depending on the nature of the case, the CAS Court Office shall assign the arbitration to the Ordinary Arbitration Division or to the Appeals Arbitration Division.

iii. The panel formed during Delhi 2010 remains assigned to the resolution of the dispute for purposes of the regular CAS procedure and, by submitting to the present Rules, the parties waive any provision to the contrary in the Code of Sports-related Arbitration or in their agreement concerning the number of arbitrators and the way in which the panel is formed.

iv. In the event of ex officio referral, the CAS Court Office shall take any appropriate action which may facilitate the initiation of the regular CAS procedure, having special regard to the present provision.
ARTICLE 21: ENFORCEABILITY; NO REMEDIES

The decision is enforceable immediately and may not be appealed against or otherwise challenged.

ARTICLE 22: COST-FREE NATURE OF THE PROCEEDINGS

The facilities and services of the CAS ad-hoc Division, including the provision of arbitrators to the parties to a dispute, are free of charge.

However, the parties shall pay their own costs of legal representation, experts, witnesses and interpreters.

ARTICLE 23: MISCELLANEOUS PROVISIONS

The present Rules have been adopted by the ICAS in Divonne-les-Bains on 14 June 2005, on the basis of Article 28 of the Constitution of the CGF and of Articles S6, paragraphs 1, 8 and 10, S8, S23 and R69 of the Code of Sports-related Arbitration. They form an integral part of the Code of Sports-related Arbitration.

The present Rules may be amended by the ICAS pursuant to Article S8 of the Code of Sports-related Arbitration.
SECTION D: DOPING CONTROL PROCEDURE

I: INTRODUCTION AND DEFINITIONS

1. Introduction

The main purpose of the Sample collection procedures is to implement effective Testing during Delhi 2010 and to maintain the integrity and identity of the Samples collected, from the time the Athlete is notified of the test till the Samples are transported to the WADA accredited laboratory(s) for analysis.

The CGF-ADS details the recommended processes for Doping Control including but not limited to the Notification of Athletes, preparing for and conducting Sample collection, security/post test administration and transport of Samples.

The CGF-ADS encompasses all the elements needed in order to ensure optimal harmonisation and best practice in implementing the Doping Control Programme for Delhi 2010.

The CGF-ADS has been developed by the Doping Control Division in consultation with the CGF-Honorary Medical Advisor.

The CGF-ADS, including all annexes, is applicable to all participants of Delhi 2010.

1.1 Scope

The Urine Sample Collection Process begins with the arrival of Doping Control Personnel at the Doping Control Station, and ends with the dispatch of the urine Sample to the laboratory.

1.1.1 Protocol for the Urine Sample Collection Session

The protocol for the Urine Sample collection session is divided into the following steps:
i. Brief Personnel on Roles and Responsibilities

The Doping Control Station Supervisor in the presence of the Venue Doping Control Manager, if available, shall brief the Doping Control Personnel on their roles and responsibilities prior to or upon arrival at the Doping Control Station. This will include but not limited to Athlete Notification, escorting, urine Sample collection, and related blood Sample collection if applicable.

The Chaperone Coordinator shall familiarise the venue doping control operations to the Chaperones. Such familiarisation shall include the requirements for Notification, escorting the Athlete, as well as confidentiality obligations.

ii. Assess the facilities

The doping control facilities developed for Delhi 2010 are in compliance with the protection of Athlete’s privacy and shall be used for sole purpose of doping control activities only. The doping control facilities for In-Competition Testing will meet the following criteria:

- Solely reserved for doping control purposes;
- Maintains Athlete privacy and confidentiality;
- Accessible only to authorised personnel;
- Sufficient Security to store Sample collection equipment;
- Comprises of a waiting area with chairs and a separate administration area with a table and chairs for execution of paperwork;
- Adjoining toilet facilities for Sample provision. This shall ideally consist of cubicles large enough to accommodate the Witness DCO, Athlete, and a third person in case of a Minor.
- Facilities to allow the Athlete to wash his/her hands;
- Large enough to accommodate adequate number of Athletes, Athlete Representatives, Doping Control Personnel and an interpreter, if required; and
- Located in a suitable location in relation to the field of play or another location, preferably the mixed zone, where athletes will be notified.

The doping control facilities for Out-of-Competition Testing shall provide a suitable environment for waiting and administration, and ensure the Athlete’s privacy.
THE COMPETITORS CAN BE TESTED ANYWHERE ANYTIME DURING THE GAMES PERIOD

The Doping Control Stations in all the venues shall have the facility of selection of sealed, non-alcoholic, beverages by the Athletes.

Access to the Doping Control Station is restricted to the Athlete, the Athlete Representative, an interpreter if required, and the Doping Control Personnel, unless otherwise agreed by the Doping Control Station Supervisor. Additional personnel requesting access may include an International Federation representative, a CGF-Medical Commissioner, or a WADA Independent Observer. These personnel shall have adequate authorisation available from the DDG, Doping Control division to review upon arrival at the Doping Control Station.

The OC CWG Delhi 2010 shall deploy the Security Personnel to monitor access to the Doping Control Station, and ensure that only authorised persons are admitted. Members of the Media shall not be allowed to enter the Doping Control Station at any time.

iii. Prepare the necessary equipment

   The Doping Control Station Supervisor shall ensure that equipment supplies are adequate for the Sample collection session. The Berlinger equipment and other items shall be used for doping control activities during Delhi 2010, which shall include (but are not limited to):

   • Sealed, sterile urine collection vessels;
   • Partial Sample kits;
   • Equipment for measuring specific gravity;
   • Sealed, tamper-evident containers for ‘A’ and ‘B’ Samples;
   • Sealed, tamper-evident transport containers (if applicable);
   • Secure transport bags;
   • Disposable gloves;
   • Soap or hand wash;
   • Paper towels;
   • Garbage bin or similar for disposal;
   • Individually sealed non-alcoholic beverages;
• All doping control documentation, including Doping Control Forms, Athlete Notification Forms, Supplementary Report Forms, Chain of Custody Forms, etc.

The Berlinger Sample collection equipment system to be used during Delhi 2010 shall meet the following minimum criteria:

• A unique numbering system incorporated into all containers in which the Athlete’s Sample is sealed.
• A sealing system that is tamper-evident.
• Ensure that the identity of the Athlete is not evident from the equipment itself.
• Ensure that all equipment is clean and sealed prior to use.

2: PLANNING AND SELECTION

2.1 Objective

The objective is the development of a Test Distribution Plan that is relevant to the specific sports of Delhi 2010. The common objective is to plan and implement an effective test distribution both In-Competition and Pre-Competition in each sport, or discipline within the sport (as applicable), resulting in the effective detection, deterrence and prevention of doping practices in sport/discipline.

2.2 General

2.2.1 The CGF with Testing jurisdiction on the competitors of Delhi 2010 shall develop a plan for the efficient and effective allocation of its Testing resources across the different sports. This plan, which shall be monitored, evaluated, modified and updated periodically as required, is referred to in the CGF-ADS as the Test Distribution Plan.

2.2.2 Planning starts with the gathering of information (e.g., in relation to the number of relevant Athletes in a particular sport/discipline, as well as evaluating the potential risk of doping and possible doping pattern for each sport/discipline; and then developing a Test Distribution Plan that deploys the available resources in the most efficient and effective way to address those risks.
2.2.3 The CGF shall, as a minimum, evaluate the potential risk of doping and possible
doping pattern for each sport and/or discipline based on:

- The physical demands of the sport and/or discipline and possible performance
  enhancing effect that doping may elicit
- Available doping analysis statistics
- Available research on doping trends
- The history of doping in the sport and/or discipline
- Training periods during the Games and the Competition Schedule;
- Information received on possible doping practices

2.2.4 The main activities are therefore information-gathering, monitoring and follow
up, risk evaluation, and developing, monitoring, evaluating, modifying and updating the
Test Distribution Plan.

2.2.5 The CGF shall allocate the number of Doping Control Tests that are to
be conducted for each sport and discipline, including between urine and blood
Testing and between Pre-Competition and In-Competition Testing. The allocation of
resources between urine and blood Testing and between Pre-Competition Testing
and In-Competition Testing shall take into account the relative risks of doping in
such sport/discipline.

2.2.6 Except in exceptional and justifiable circumstances, all Testing shall be a done
on a “No Advance Notice” basis.

2.3 Requirements for Selection of Athletes for Testing

2.3.1 Athlete Selection

The Doping Control Command Centre on behalf of the CGF-Medical Commission
will provide information to the Venue Doping Control Managers regarding the
selection of Athletes prior to the commencement of the competitions in their
allocated venues.

In case of random selection, any one of the following selection criteria shall be used
during Delhi 2010. The criteria chosen shall be appropriate for the sport, e.g.: 
SECTION D

• Finishing position
• Vest/jersey number
• Entry number
• Lane number
• Any other fair and transparent criteria for selection

Once the criteria have been determined, the actual selection method may be one of the following:

• Numbered cards placed face-down on a table
• Random draw of numbers (or names) from a closed container such as a cloth bag
• Any other fair and transparent method of selection

In order to provide transparency and accountability, a random selection shall be made in the presence of an International Federation’s representative and/or the CGF -Medical Commissioner if available and/or the Venue Doping Control Manager if available.

Following the selection of the Athlete, the Doping Control Station Supervisor shall ensure that selection decisions are disclosed on a need-to-know basis only to ensure that Testing is conducted on a No-Advance Notice.

3: NOTIFICATION OF ATHLETES

3.1 Objective

The objective is to ensure that reasonable attempts are made to locate the selected Athlete, the selected Athlete is notified as outlined in Clause 3.4.1, the rights of the Athlete are maintained, there are no opportunities to manipulate the Sample to be provided, and the Notification is documented.

3.2 General

Notification of the Athletes starts when the Chaperone initiates the Notification of the selected Athlete and ends when the Athlete arrives at the Doping Control Station or when the Athlete’s possible failure to comply is brought to the CGF Medical Commission’s attention. The main activities are:
• Appointment of the Doping Control Personnel;
• Locating the Athlete and confirming his/her identity;
• Informing the Athlete that he/she has been selected to provide a Sample and inform him/her of his/her rights and responsibilities;
• For a No Advance Notice Sample collection, continuously chaperoning the Athlete from the time of Notification to the arrival at the designated Doping Control Station; and
• Documenting the Notification, or Notification attempt.

3.3 Requirements Prior to Notification of Athletes

3.3.1 Other than by exception, No Advance Notice shall be the Notification method for Sample collection.

3.3.2 To conduct or assist with the Sample Collection Sessions, the Doping Control Division shall appoint and authorise the Doping Control Personnel who have been trained for the responsibilities assigned to them, who do not have a conflict of interest in the outcome of the Sample collection, and who are not Minors.

3.3.3 The Doping Control Personnel shall have official Games accreditation cards which are provided and controlled by the OC CWG Delhi 2010. The Games accreditation card shall identify each Doping Control Personnel by his/her name and photograph.

3.3.4 The Chaperone shall, at a minimum, first verbally confirm the Athlete’s identity. Later on in a discrete manner, the identity (name, CGA and photograph) of an Athlete selected for the doping control test shall be confirmed from the Games accreditation cards allotted to the Athletes by the OC CWG Delhi 2010. This shall ensure that the selected Athlete is the same Athlete who is notified. An Athlete’s inability to provide his/her photo identification shall not invalidate a test. Formal identification can be established by starting number, accreditation, a third party witness, or other viable methods. If the Athlete’s identity is unknown and cannot be established in any manner, the Chaperone Coordinator shall contact the Doping Control Station Supervisor for further instructions.

The Chaperone shall request the Athlete to hand over his/her Games accreditation card and the Chaperone shall replace it with a doping control access pass. The Athlete’s accreditation card shall remain with the Doping Control Personnel till the
completion of the doping control session.

3.3.5 The Chaperone Coordinator shall establish the Notification location of the selected Athlete and plan the approach and timing of Notification, taking into consideration the specific circumstances of the sport/competition/training session or the athlete’s location (in case of pre-competition, post-competition and out-of-competition Testing) and the situation in question, and in such a manner that the Notification will be carried out as No-Advance-Notice Notification.

The relevant information for the Notification of the selected Athlete shall be disclosed to the designated Chaperone before the finish of the competition/training. The Chaperone shall be given designated seating area near the Field of Play (FOP) to identify the Athlete in advance of the finish of the competition/training.

3.3.6 The Chaperone shall show the Athlete the Notification section of the Doping Control Form, and notify the Athlete of his/her selection for Testing. The detailed records of the Athlete Notification shall be included in the Notification section of the Doping Control Form.

3.3.7 The Athlete shall be the first one to be notified that he/she has been selected for Sample collection except where prior contact with a third party is required as specified in Clause 3.3.8.

3.3.8 The Chaperone Coordinator shall consider whether a third party is required to be notified prior to the Notification of the Athlete when the Athlete is a Minor (as provided for in Annex ‘C’ – Modifications for Athletes who are Minors), or where required due to an Athlete’s disability (as provided for in Annex ‘B’ – Modifications for Para-athletes), or in situations where an interpreter is required and available for the Notification.

Comment: In the case of In-Competition Testing during Delhi 2010, it is permissible to notify third parties that Testing will be conducted, where required to help the Doping Control Personnel to identify the Athlete(s) to be tested and to notify such Athlete(s) that he/she is required to provide a Sample.

3.4 Requirements for Notification of Athletes

3.4.1 When initial contact is made, the Chaperone shall ensure that the Athlete and/
or a third party (if required in accordance with Clause 3.3.8) is informed:

a) That the Athlete is required to undergo a Sample collection;

b) Of the authority under which the Sample collection is to be conducted;

c) Of the type of Sample collection and any conditions that need to be adhered to prior to the Sample collection;

d) Of the Athlete’s rights, including the right to:

i. Have a representative and if required, an interpreter;

ii. Ask for additional information about the Sample collection process;

iii. Request a delay in reporting to the Doping Control Station for valid reasons; and

iv. Request modifications as provided for in Annex ‘B’ – Modifications for Para-athletes.

e) Of the Athlete’s responsibilities, including the requirement to:

i. Remain within direct surveillance of the Chaperone at all times from the point of Notification until the completion of the Sample collection procedure;

ii. Produce identification in accordance with Clause 3.3.4;

iii. Comply with the Sample collection procedures (and the Athlete shall be advised of the possible consequences of Failure to Comply); and

iv. Report immediately for a test and not later than 60 minutes from Notification, unless there are valid reasons for a delay, as determined in accordance with Clause 5.4.4.

f) Of the location of the Doping Control Station;

g) That should the Athlete choose to consume food or fluids prior to providing a Sample, he/she does so at his/her own risk, and should in any event avoid excessive rehydration, having in mind the requirement to produce a Sample with a Suitable Specific Gravity for Analysis; and

h) That the Sample provided by the Athlete to the Doping Control Personnel shall be the first urine passed by the Athlete subsequent to Notification, i.e., he/she shall not pass urine in the shower or otherwise prior to providing a Sample to
the Doping Control Personnel.

3.4.2 When contact is made, the Chaperone shall:

a) keep the Athlete under surveillance at all times from the time of contact until the Athlete leaves the Doping Control Station at the end of his/her Sample Collection Session

b) Identify himself/herself to the Athlete using the documentation referred to in Clause 3.3.3.

c) Confirm the Athlete’s identity as per the criteria established in Clause 3.3.4. Confirmation of the Athlete’s identity by any other method, or failure to confirm the identity of the Athlete shall be documented and reported to the Chaperone Coordinator; and

d) In cases the Athlete’s identity cannot be confirmed as per the criteria established in Clause 3.3.4, the CGF-Medical Commission shall decide whether it is appropriate to follow up in accordance with Annex ‘A’ – Investigating a possible failure to comply.

3.4.3 The Chaperone shall then have the Athlete sign the Notification section of the Doping Control Form to acknowledge and accept the Notification. If the Athlete refuses to sign that he/she has been notified, or evades the Notification, the Chaperone shall if possible inform the Athlete of the consequences of refusing or failing to comply, and the Chaperone shall immediately report all relevant facts to the Chaperone Coordinator. When possible the Doping Control Station Supervisor shall continue to collect a Sample. The Venue Doping Control Manager shall document the facts in a detailed report and report the circumstances to the DDG, Doping Control Division to take up the matter with the CGF Medical Commission. The CGF Medical Commission shall follow the steps prescribed in Annex ‘A’ – Investigating a Possible Failure to Comply.

3.4.4 The Chaperone Coordinator may consider any reasonable third party requirement or any request by the Athlete for permission to delay reporting to the Doping Control Station following the acknowledgement and acceptance of Notification, and/or to leave the Doping Control Station temporarily after arrival. The Chaperone Coordinator may grant such permission if the Athlete can be
continuously chaperoned and observed during the delay and if the request relates to the following activities:

For In-Competition Testing:

a) Participation in a victory ceremony;
b) Fulfilment of media commitments;
c) Competing in further competitions;
d) Performing a warm down;
e) Obtaining necessary medical treatment;
f) Locating a representative and/or interpreter;
g) Obtaining photo identification; or
h) Any other exceptional circumstances which may be justified, and which shall be documented.

For Pre-Competition Testing:

a) Locating a representative;
b) Completing a training session;
c) Receiving necessary medical treatment;
d) Obtaining photo identification; or

e) Any other exceptional circumstances which can be justified, and which shall be documented.

3.4.5 The Chaperone Coordinator with the approval of Doping Control Station Supervisor shall document any reasons for an Athlete’s delay in reporting to the Doping Control Station and/or reasons for an Athlete’s leaving the Doping Control Station that may require further investigation by the CGF Medical Commission. Any failure of the Athlete to remain under constant observation shall also be recorded.

3.4.6 The Chaperone Coordinator shall reject a request for delay from an Athlete if it will not be possible for the Athlete to be continuously chaperoned.

The Athlete will arrive at the Doping Control Station with a Chaperone and, if requested, an Athlete Representative and/or interpreter. At this time, the Chaperone shall present the Athlete’s Games Accreditation Card as photo identification to the Doping Control Station Administrator. An entry and exit log shall be maintained to record the names of the persons entering the facility, their position, and the time of their arrival and departure.
3.4.7 If the Athlete delays reporting to the Doping Control Station, other than in accordance with Clause 3.4.4, but arrives at the Doping Control Station, the Doping Control Station Supervisor with the approval of the Venue Doping Control Manager shall decide whether to process a possible Failure to Comply. If at all possible the Doping Control Station Supervisor shall proceed with collecting a Sample, and shall document the details of the delay in the Athlete reporting to the Doping Control Station.

3.4.8 If, while keeping the Athlete under observation, the Doping Control personnel observe any matter with a potential to compromise the test, the circumstances shall be reported to and documented by the Doping Control Station Supervisor with approval of the Venue Doping Control Manager. If deemed appropriate by the Venue Doping Control Manager and with the approval of the DDG, Doping Control Division, the Doping Control Station Supervisor shall follow the requirements of Annex ‘A’ – Investigating a Possible Failure to Comply, and/or consider if it is appropriate to collect an additional Sample from the Athlete.

4: PREPARING FOR THE SAMPLE COLLECTION SESSION

4.1 Objective

To prepare for the Sample collection session in a manner that ensures that the session can be conducted efficiently and effectively.

4.2 Scope

Preparing for the Sample collection session starts with the establishment of a system for obtaining relevant information for effective conduct of the session and ends when it is confirmed that the Sample collection equipment conforms to the specified criteria.

The main activities are:

a) Establishing a system for collecting details regarding the Sample collection session;

b) Establishing criteria for who may be present during a Sample collection session;
c) Ensuring that the Doping Control Station meets the minimum criteria prescribed in Clause 4.3.2; and

d) Ensuring that the Sample collection equipment used by the Doping Control Division meets the minimum criteria prescribed in Clause 4.3.4.

4.3 Requirements for Preparing for the Sample Collection Session

4.3.1 The Doping Control Division shall establish a system for obtaining all the information necessary to ensure that the Sample collection session can be conducted effectively, including special requirements to meet the needs of Para-athletes (as provided in Annex ‘B’ – Modifications for Para-athletes) as well as the needs of Athletes who are Minors (as provided in Annex ‘C’ – Modifications for Athletes who are Minors).

4.3.2 The Venue Doping Control Manager shall setup the Doping Control Station which, at a minimum, ensures the Athlete’s privacy and is used solely as a Doping Control Station for the duration of Delhi 2010. The Venue Doping Control Manager shall record any significant deviations from these criteria.

4.3.3 The Doping Control Division has established criteria for who may be authorised to be present in the Doping Control Stations during the Sample collection session in addition to the Doping Control personnel. At a minimum the criteria includes:

a) An Athlete’s entitlement to be accompanied by a representative and/or interpreter during the Sample collection session except when the Athlete is passing a urine Sample;

b) A Minor Athlete’s entitlement (as provided for in Annex C – Modifications for Athletes who are Minors), and the witness DCO’s entitlement to have a representative observe the witness DCO when the Minor Athlete is passing a urine Sample, but without the representative directly observing the passing of the Sample unless requested to do so by the Minor Athlete;

c) The entitlement of a Para-athlete to be accompanied by a representative (as provided for in Annex B - Modifications for Para-athletes ); and
d) The WADA Independent Observer shall not directly observe the passing of a urine Sample.

4.3.4 The Doping Control Division shall use only the Berlinger Doping control equipment system which, at a minimum, meets the following criteria:

a) Have a unique numbering system incorporated on all bottles, containers, tubes or other items which will be used to seal the Sample;

b) Have a sealing system that is tamper evident;

c) Ensure that the identity of the Athlete is not evident from the equipment itself; and

d) Ensure that all equipment is clean and sealed prior to use by the Athlete.

4.3.5 The Doping Control Division has developed a system for recording the Chain of Custody of the Samples and Sample collection documentation which includes confirming that both the Samples and Sample collection documentation has arrived at their intended destinations.

Comment: Information as to how a Sample is stored prior to departure from the Doping Control Station may be recorded on a Chain of Custody Form. When the Sample is taken from the Doping Control Station, each transfer of custody of the Sample from one person to another shall be documented, up until the Sample arrives at the WADA accredited laboratory.

5: CONDUCTING THE SAMPLE COLLECTION SESSION

5.1 Objective

To conduct the Sample collection session in a manner that ensures the integrity, security and identity of the Sample and respects the privacy of the Athlete.

5.2 Scope

The Sample collection session starts with defining overall responsibility for the
conduct of the Sample collection session and ends once the Sample collection documentation is complete. The main activities are:

a) Preparation for collecting the Sample;
b) Collection and security of the Sample; and
c) Documentation of the Sample collection.

5.3 Requirements Prior to Sample Collection

5.3.1 The CGF in collaboration with the Doping Control Division shall be responsible for the overall conduct of the Doping Control Programme, with specific responsibilities delegated to the Doping Control personnel.

5.3.2 The DCO shall ensure that the Athlete has been informed of his/her rights and responsibilities as specified in Clause 3.4.1.

5.3.3 The Chaperone/Doping Control Station Administrator shall provide the Athlete with an opportunity to hydrate. The Athlete shall avoid excessive rehydration, keeping in mind the requirement to provide a Sample with a suitable Specific Gravity for analysis.

5.3.4 The Athlete shall only leave the Doping Control Station under continuous surveillance by the Chaperone and with the approval of the Chaperone Coordinator. The Chaperone Coordinator shall consider any reasonable request by the Athlete to leave the Doping Control Station, as specified in Clauses 3.4.5 and 3.4.6, until the Athlete is able to provide a Sample.

5.3.5 If the Chaperone Coordinator gives approval to the Athlete to leave the Doping Control Station, the Chaperone Coordinator shall agree with the Athlete on the following conditions to leave:

a) The purpose of the Athlete leaving the Doping Control Station;
b) The time of return (or return upon completion of an agreed activity);
c) That the Athlete must remain under observation at all times;
d) That the Athlete shall not pass urine until he/she gets back to the Doping
Control Station; and the Doping Control Station Administrator shall document the actual time of the Athlete’s departure and return.

5.4 Requirements for Sample Collection

5.4.1 If the Athlete is providing a blood Sample at the same session, the Doping Control Station Supervisor/Chaperone Coordinator may request the Athlete to provide the blood Sample first. The DCO shall collect the Sample from the Athlete according to the following protocol/s for a specific type of Sample collection:

a) Annex D: Collection of Urine Samples
b) Annex E: Collection of Blood Samples

5.4.2 Any behaviour by the Athlete and/or persons associated with the Athlete or anomalies with a potential to compromise the Sample collection shall be recorded in detail by the DCO/Doping Control Station Supervisor/Venue Doping Control Manager. If appropriate, the CGF-Medical Commission shall institute Annex ‘A’ – Investigating a possible Failure to Comply.

5.4.3 If there are doubts as to the origin or authenticity of the Sample, the Athlete shall be asked to provide an additional Sample. If the Athlete refuses to provide an additional Sample, the DCO shall document in detail the circumstances around the refusal, and the CGF-Medical Commission shall institute Annex ‘A’ – Investigating a possible Failure to Comply.

5.4.4 The DCO shall provide the Athlete with an opportunity to document any concerns he/she may have about how the Sample collection session was conducted.

5.4.5 While conducting the sample collection session, the following information shall be recorded at a minimum:

- Date, time and type of Notification (No Advance Notice, Advance Notice, In-Competition, Out-of-Competition or Pre-Competition);
- Arrival time of the athlete at the Doping Control Station
- Date and time of Sample provision
- Name of the Athlete;
- Date of birth of the Athlete
- Gender of the Athlete
• Athlete’s residential/home address and telephone number, if required
• Athlete’s sport and discipline
• Name of the Athlete’s coach and doctor, if required
• The Sample code number
• Name and signature of the witness DCO
• Name and signature of the Blood Collection Officer (where applicable)
• Required laboratory information on the Sample
• Medications and supplements taken and recent blood transfusion details (if applicable) within the timeframe specified by the laboratory and declared by the Athlete
• Any irregularities in procedures
• Athlete’s comments or concerns regarding the conduct of the Sample collection session, if provided
• Athlete’s consent for the processing of test data in ADAMS
• Athlete’s consent or otherwise for the use of the Sample(s) for research purposes
• Name and signature of the Athlete’s representative (if applicable), as per Clause 7.4.6
• Name and signature of the Athlete
• Name and signature of the DCO

5.4.6 At the conclusion of the Sample Collection Session the Athlete and DCO shall sign relevant documentation to indicate their satisfaction that the documentation accurately reflects the details of the Athlete’s Sample Collection Session, including any concerns recorded by the Athlete. The Athlete’s representative (if any) and the Athlete shall both sign the documentation if the Athlete is a Minor. Other persons present who had a formal role during the Athlete’s Sample collection session may sign the documentation as witnesses of the proceedings.

5.4.7 The DCO shall provide the Athlete with a copy of the records of the Sample collection session that have been signed by the Athlete.

6: SECURITY/POST TEST ADMINISTRATION

6.1 Objective

To ensure that all Samples collected at the Doping Control Station and the respective Sample collection documentation is securely stored prior to their
departure from the Doping Control Station.

6.2 Scope

Post test administration begins when the Athlete has left the Doping Control Station after providing his/her Sample/s, and ends with the preparation of all of the collected Samples and sample collection documentation for transportation.

6.3 Requirements for Security/Post Test Administration

6.3.1 The Doping Control Division shall define criteria ensuring that any Sample will be stored in a manner that protects its integrity, identity and security prior to transportation from the Doping Control Station. The DCO shall ensure that all Samples are stored in accordance with these criteria.

6.3.2 The Doping Control Division shall develop a system to ensure that the documentation for each Sample is completed and securely handled.

6.3.3 The CGF-Medical Commission shall develop a system to ensure that, where required, instructions for the type of analysis to be conducted are provided to the WADA-accredited laboratory or as otherwise approved by WADA.

7: TRANSPORTATION OF SAMPLES AND DOCUMENTATION

7.1 Objective

a) To ensure that Samples and related documentation arrive at the WADA-accredited laboratory or as otherwise approved by WADA in proper condition to do the necessary analysis; and

b) To ensure that the Sample collection session documentation is sent by the Doping Control Command Centre to the intended destinations in a secure and timely manner.

7.2 Scope

Transportation starts when the Samples and related documentation leave the Doping Control Station and ends with the confirmed receipt of the safe delivery
of the Samples and Sample collection session documentation at their intended destinations.

The main activities involve arranging for the secure transportation of Samples and related documentation to the WADA accredited laboratory or as otherwise approved by WADA and arranging for the secure transport of the Sample collection session documentation to the CGF Medical Commission.

7.3 Requirements for Transport and Storage of Samples and Documentation

7.3.1 The Doping Control Division in consultation with the CGF Medical Commission shall authorise a transport system that ensures that the Samples and documentation will be transported in a manner that protects their integrity, identity and security.

7.3.2 Samples shall always be transported to the WADA accredited laboratory (or as otherwise approved by WADA), using the Doping Control Division authorised transport method, as soon as practicable after the completion of the Sample collection session. Samples shall be transported in a manner which minimises the potential for Sample degradation due to factors such as time delays and extreme temperature variations.

Comment: The Doping Control division shall discuss transportation requirements with the laboratory for analysis of the Samples, to establish what is necessary (e.g., whether refrigeration or freezing of Samples is necessary) in the particular circumstances.

7.3.3 Documentation identifying the Athlete shall not be included with the Samples or documentation sent to the WADA accredited laboratory or as otherwise approved by WADA.

7.3.4 The Venue Doping Control Manager shall send all relevant Sample collection session documentation to the Doping Control Command Centre using the Doping Control division’s authorised transport method as soon as practicable after the completion of the Sample collection session.

7.3.5 The Chain of Custody shall be checked by the CGF Medical Commission if receipt of either the Samples with accompanying documentation or the Sample collection session documentation is not confirmed at their intended destination or a Sample’s integrity or identity has been compromised during transport. The CGF
Medical Commission shall consider whether the Sample shall be voided.

7.3.6 Documentation related to a Sample collection session and/or an Anti-Doping Rule Violation shall be stored by the CGF Medical Commission for a minimum of eight years as per WADA Code 2009 Article 17.

8: OWNERSHIP OF SAMPLES

8.1 The CGF having jurisdiction of Testing on the competitors of the Commonwealth Games owns the Samples collected from the Athlete.

8.2 The CGF may transfer ownership of the Samples to the CGF Medical Commission exercising results management authority in relation to such Testing.
Prevention of doping in sports involves awareness of the pertinent issues and concerns, disseminating relevant and accurate information and positively influencing beliefs, attitude and behaviour of the athletes and other persons. A reliable Doping Control Programme would be in place during Delhi 2010 to deter and detect the use of Prohibited Substances and Prohibited Methods. To effectively address these dimensions, the Doping Control division has developed the Doping Control Core Information and Education Programme for Delhi 2010.

Athletes and Supporting Personnel participating in Delhi 2010 shall receive updated and accurate information of the Doping Control Programme and specifically, the List of Prohibited Substances and Methods, the health consequences of doping, the doping control procedures and Athletes rights and responsibilities. The program shall also promote the spirit of sports and to dissuade Athletes from using Prohibited Substances and Prohibited Methods in order to establish a drug free environment.

The Athlete’s Support Personnel shall be encouraged to educate and counsel their Athletes regarding Doping Control policies and procedures and the CGF-ADS enacted for Delhi 2010.

It is believed that all participating CGAs, International Federations, Athletes and their Support Personnel shall cooperate with each other and with the CGF, the Doping Control division and other stakeholders to synchronise the efforts in doping control information and education.

TARGET GROUP

Athletes (able bodied athletes and Para-athletes) competing in Delhi 2010 are primarily the target group for dissemination of anti-doping awareness. The Athlete’s Support Personnel are the secondary target group and shall assist in implementing the programme in an effective manner.

INFORMATION AND EDUCATION SERVICES

The Doping Control division in consultation with the CGF Honorary Medical
Advisor and WADA shall disseminate anti-doping knowledge to all CGAs and International Federations. These organisations in turn are responsible to coordinate with their Athletes and Supporting Personnel to disseminate the information and education received from the Doping Control Division. The following literature has been developed by the Doping Control Division for the services of Athletes and Athlete’s Support Personnel:

a) CGF Anti-Doping Standard
b) Athlete’s Doping Control Handbook
c) Doping control information flyers
d) Doping control procedural leaflets
e) Doping control procedural video
f) Doping control informational e-newsletter

NETWORK (E-NEWSLETTER)

The OC CWG Delhi 2010 shall release a dedicated Medical and Doping Control newsletter from April 2010. This electronic newsletter shall comprise of sections on information and education of doping control.

NETWORK (MAILS)

The Doping Control division shall send information on following aspects to all CGAs:

a) Doping Control Core Information and Education Programme developed for Delhi 2010
b) Sportspersons self evaluation kit
c) TUE process and forms
d) Doping control fact sheets
e) Doping control procedures
f) WADA Athlete’s Outreach Programme Information

INTERACTIVE SESSIONS

The Doping Control division shall support the CGF Honorary Medical Advisor to deliver the Doping Control interactive sessions prior to the commencement of the Games to the following client groups:
a) Chef-de-Missions
b) Team support personnel
c) Technical delegates
d) Competition Managers
e) Venue Managers
f) Media staff

SPORTSPERSONS SELF EVALUATION PROGRAMME

Prior to their arrival in the Games Village, all sportspersons shall be sent a Self Assessment Kit through their CGAs. The kit shall enable the Doping Control division to know the anti-doping knowledge status of the Athletes and will facilitate the planning and implementation of the education programme accordingly.

WADA ATHLETE’S OUTREACH PROGRAMME

The Doping Control division, while coordinating with the CGF Honorary Medical Advisor, shall support WADA to conduct the Anti-Doping Education Programme in the Games Village during the Games period.

FEEDBACK

The Doping Control division shall evaluate the Doping Control Programme developed for Delhi 2010 through feedback from Athletes, Supporting Personnel, CGAs, International Federations and WADA.
ANNEX ‘A’
INVESTIGATING A POSSIBLE FAILURE TO COMPLY

A.1 Objective

To ensure that any matters occurring before, during or after a Sample collection session that may lead to determination of a Failure to Comply are assessed, documented and acted upon.

A.2 Scope

Investigating a possible Failure to Comply begins when the CGF Medical Commission becomes aware of a possible Failure to comply and ends when the CGF Medical Commission takes appropriate follow-up action based on the outcomes of its investigation.

A.3 Responsibility

A.3.1 The CGF Medical Commission is responsible for ensuring that:

a) An investigation of the possible Failure to Comply is investigated based on all relevant information and documentation.

b) The Athlete or other party is informed of the possible Failure to Comply in writing and has the opportunity to respond.

c) The evaluation process is documented.

d) The final determination is made available to the relevant CGA, International Federation and WADA.

A.3.2 The Doping Control Station Supervisor and the Venue Doping Control Manager are responsible for:

a) Informing the Athlete or other party of the consequences of a possible failure to comply.
b) Completing the Athlete’s Sample collection session where possible.

c) Providing a detailed written report of any possible Failure to Comply.

A.3.3 Doping Control Personnel are responsible for:

a) Informing the Athlete or other party of the consequences of a possible failure to comply.

b) Reporting to the Doping Control Station Supervisor any possible Failure to Comply.

A.4 Requirements

A.4.1 Any potential Failure to Comply shall be reported by the Venue Doping Control Manager and followed up by the CGF Medical Commission as soon as practicable.

A.4.2 If the CGF Medical Commission determines that there has been a potential Failure to Comply, the Athlete or other party shall be promptly notified in writing:

a) Of the possible consequences; and

b) That a potential Failure to Comply will be investigated by the CGF Medical Commission and appropriate follow-up action will be taken.

A.4.3 Any additional necessary information about the potential Failure to Comply shall be obtained from all relevant sources, including the Athlete or other party as soon as possible and recorded.

A.4.4 The CGF Medical Commission shall establish a system for ensuring that the outcomes of its investigation into the potential Failure to Comply are considered for results management action.
ANNEX ‘B’
MODIFICATIONS FOR PARA-ATHLETES

B.1 Objective

To ensure that the special needs of Para-athletes are considered, wherever possible, in relation to the provision of a Sample, without compromising on the integrity of the Sample collection session.

B.2 Scope

Determining whether modifications are necessary starts with identification of situations where Sample collection involves Para-athletes and ends with modifications to the Sample collection procedures and equipment where necessary and where possible.

B.3 Responsibility

The Doping Control division has the responsibility for ensuring, when possible, that the Venue Doping Control Manager has the necessary information and the essential Sample collection equipment to conduct a Sample collection session for Para-athletes.

B.4 Requirements

B.4.1 All aspects of Notification and Sample collection for Para-athletes shall be carried out in accordance with the standard Notification and Sample collection procedures unless modifications are necessary due to the Athlete’s disability.

B.4.2 In planning or arranging a Sample collection, the Doping Control division shall consider whether there will be any Sample collection for Para-athletes that may require modifications to the standard procedures for Notification or Sample collection, including Sample collection equipment and facilities.

B.4.3 The DCO shall have the authority to make modifications as the situation requires when possible and as long as such modifications will not compromise on the identity, security or integrity of the Sample. All such modifications must be documented.
B.4.4 An Athlete with an intellectual, physical or sensorial disability can be assisted by the Athlete’s representative or the Doping Control personnel during the Sample collection session where authorised by the Athlete and agreed to by the DCO.

B.4.5 The DCO can decide that alternative Sample collection equipment or facilities will be used when required to enable the Athlete to provide the Sample as long as the Sample’s identity, security and integrity will be unaffected.

B.4.6 Athletes who are using urine collection or drainage systems are required to eliminate existing urine from such systems before providing a urine Sample for analysis. Where possible, the existing urine collection or drainage system shall be replaced with a new, unused catheter or drainage system.

B.4.7 The DCO will record modifications made to the standard Sample collection procedures for Para-athletes, including any applicable modifications specified in the above actions.
C.1 Objective

To ensure that the needs of an Athlete who is a Minor are met, in relation to the provision of a Sample, without compromising on the integrity of the Sample collection session.

C.2 Scope

Determining whether modifications are necessary starts with identification of situations where Sample collection involves Athletes who are Minors and ends with modifications to the Sample collection procedures where necessary and where possible.

C.3 Responsibility

The Doping Control division has the responsibility for ensuring, when a need arises, that the Venue Doping Control Manager has the necessary information to conduct a Sample collection session with an Athlete who is a Minor.

C.4 Requirements

C.4.1 All aspects of Notification and Sample collection for Athletes who are Minors shall be carried out in accordance with the standard Notification and Sample collection procedures unless modifications are necessary due to the Athlete being a Minor.

C.4.2 In planning or arranging a Sample collection, the Doping Control division shall consider whether there will be any Sample collection for Athletes who are Minors that may require modifications to the standard procedures for Notification or Sample collection.

C.4.3 The Chaperone Coordinator shall have the authority to make modifications as the situation requires when possible and as long as such modifications will not compromise on the identity, security or integrity of the Sample.
C.4.4 Athletes who are Minors may be accompanied by a representative throughout the entire Sample collection session. The representative shall not witness the passing of a urine Sample unless requested to do so by the Minor. The objective is to ensure that the witness DCO is observing the Sample provision correctly. Even if the Minor declines a representative, the Chaperone Coordinator shall consider whether a third party ought to be present during Notification and/or collection of the Sample from the Athlete.

C.4.5 For Athletes who are Minors, Doping Control Station Supervisor shall determine who, in addition to the Sample collection personnel, may be present during the Sample collection session, namely a Minor’s representative to observe the Sample collection session (including observing the witness DCO when the Minor is passing the urine Sample, but not to directly observe the passing of the urine Sample unless requested to do so by the Minor).

C.4.6 If a Minor declines to have his/her own representative present during the Sample collection session; this shall be clearly documented by the DCO. This does not invalidate the test, but shall be recorded. If a Minor declines the presence of his/her representative, a surrogate by the Doping Control division or the CGF Medical Commission, if available, must be present.

C.4.7 The Chaperone with the approval of Chaperone Coordinator shall consider the appropriate course of action to accommodate the Athlete in locating a representative in order to proceed with Testing.
ANNEX – ‘D’
COLLECTION OF URINE SAMPLES

D.1 Objective

To collect an Athlete’s urine Sample in a manner that ensures:

a) Consistency with relevant principles of the CGF-ADS and precautions in healthcare settings so that the health and safety of the Athlete and Doping Control personnel are not compromised;

b) The Sample meets the suitable volume and Specific Gravity for analysis. Failure of a Sample to meet these requirements in no way invalidates the suitability of the Sample for analysis. The determination of a Sample’s suitability for analysis is the decision of the relevant laboratory, in consultation with the DDG, Doping Control division and the CGF Honorary Medical Advisor;

c) The Sample has not been manipulated, substituted, contaminated or otherwise tampered with in any way;

d) The Sample is clearly and accurately identified; and

e) The Sample is securely sealed in a tamper-evident kit.

D.2 Scope

The collection of a urine Sample begins with ensuring that the Athlete is informed of the Sample collection requirements and ends with discarding any residual urine remaining at the end of the Athlete’s Sample collection session.

D.3 Responsibility

The DCO has the responsibility for ensuring that each Sample is properly collected, identified and sealed. The witness DCO has the responsibility for directly witnessing the passing of the urine Sample.
D.4 Requirements

D.4.1 Before Sample collection, the DCO shall ask the Athlete whether he/she has been tested before, and whether they require an explanation of the collection procedure.

If the Athlete has not been tested before, or requests an explanation of the procedure, the DCO shall explain the Sample collection procedure to the Athlete.

The DCO shall ensure that the Para-athlete is informed of the requirements of the Sample collection session, including any modifications as mentioned in Annex ‘B’ – Modifications for Para-athletes.

The role of the DCOs in this procedure is to explain, and the DCOs must not handle the equipment selected by the athlete.

Selection of the Sample collection vessel

D.4.2 The DCO shall ensure that the Athlete is offered a choice of appropriate equipment for collecting the Sample. If the nature of an Athlete’s disability requires that he/she must use additional or other equipment as mentioned in Annex ‘B’ – Modifications for Para-athletes, the DCO shall inspect that equipment to ensure that the identity or integrity of the Sample will remain unaffected.

D.4.3 The DCO shall instruct the Athlete to select a collection vessel and visually check if it is clean and empty.

D.4.4 When the Athlete selects a collection vessel and for selection of all other Sample collection equipment that directly holds the urine Sample, the DCO will instruct the Athlete to check if all seals on the selected equipment are intact and the equipment has not been tampered with. If the Athlete is not satisfied with the selected equipment, he/she may select another. If the Athlete is not satisfied with any of the equipment available for selection, this shall be recorded by the DCO on the Supplementary Report Form. A minimum of three sets of equipment shall be available for an Athlete to choose for a single Sample collection.
If the DCO does not agree with the Athlete that all equipment available for the selection are unsatisfactory, the DCO shall instruct the Athlete to proceed with the Sample collection session.

If the DCO agrees with the Athlete that all equipment available for the selection is unsatisfactory, the DCO shall contact the Doping Control Station Supervisor to determine further instructions from the Venue Doping Control Manager. The Athlete’s urine Sample collection session may be terminated with the approval of the DDG, Doping Control division and this shall be recorded by the DCO on the Supplementary Report Form.

D.4.5 The Athlete shall retain control of the collection vessel and any Sample provided until the Sample is sealed, unless assistance is required by a Para-athlete as mentioned in Annex ‘B’ – Modifications for Para-athletes. Additional assistance may be provided in exceptional circumstances to any Athlete by the Athlete’s representative or the Doping Control personnel during the Sample collection session where authorised by the Athlete and agreed to by the DCO.

D.4.6 The witness DCO shall be of the same gender as the Athlete providing the Sample.

D.4.7 The witness DCO shall, where practicable, ensure that the Athlete thoroughly washes his or her hands prior to the provision of the Sample.

D.4.8 The witness DCO and Athlete shall proceed to an area of privacy to collect a Sample.

The Athlete shall be instructed to remove only the collection vessel from the sealed cover and not remove the lid until after the Sample has been collected in the collection vessel.

D.4.9 The witness DCO shall ask the Athlete to ensure an unobstructed view of the Sample leaving the Athlete’s body and must continue to observe the Sample after provision until the Sample is securely sealed. In order to ensure a clear and unobstructed view of the passing of the Sample, the witnessing DCO shall instruct the Athlete to remove or adjust clothing which restricts the clear view of the Sample provision. Once the Sample has been provided, the witness DCO shall also ensure that no additional volume is passed by the Athlete at the
time of provision, which could have been secured in the collection vessel.

D.4.10 The DCO shall verify, in full view of the Athlete that the suitable volume of urine for standard analysis (90 ml) or for Erythropoietin analysis (100 ml), depending on the Test Distribution Plan. However, the Athlete shall be encouraged to fill the collection vessel if he has more than the minimal urine.

To protect the Sample from spillage, the Athlete shall remove the lid from the plastic cover and seal the collection vessel as soon as possible, particularly before moving from the collection area to the processing area.

If the Athlete wishes to wash his/her hands after providing the Sample, it will be ensured that the Sample is placed in a safe and secure location where both the Athlete and the witness DCO have a clear and unobstructed view of the Sample at all times.

The witness DCO shall sign the relevant documentation to verify that he/she witnessed Sample provision in accordance with the procedure.

Comment: If during the Sample collection session, a Sample is deemed by the witness DCO and/or the Athlete to be unsuitable, or if there are doubts as to the origin or authenticity of the Sample, the Athlete shall be asked to provide an additional Sample. The DCO shall refer to the second Sample procedure. Unsuitable or non-conforming Samples shall not be discarded or combined with urine that has not been compromised. All Samples that have been collected shall be sent to the WADA accredited laboratory.

D.4.11 Where the volume of urine is insufficient, the DCO shall conduct a partial Sample collection procedure as prescribed in Annex ‘F’ – Urine Samples – Insufficient Volume.

Dividing and sealing the Sample

D.4.12 The DCO shall instruct the Athlete to select a Sample collection kit containing ‘A’ and ‘B’ bottles in accordance with Clause D.4.4.

If the Athlete or DCO finds that the blue adhesive security seal on the Sample collection kit is not intact and/or numbers are not the same, the DCO shall instruct
the Athlete to choose another Sample collection kit in accordance with Clause D.4.4. The DCO shall record the matter on a Supplementary Report Form.

(If the Athlete is not satisfied with any of the Sample collection kits, and the DCO does not agree with the Athlete’s opinion that all of the available Sample collection kits are unsatisfactory, the DCO shall instruct the Athlete to proceed with the Sample collection session, and the Athlete’s views will be recorded on the Supplementary Report Form by the DCO.

If both the DCO and the Athlete agree that none of the Sample collection kits are satisfactory, the DCO shall contact the Doping Control Station Supervisor to determine further instructions from the Venue Doping Control Manager. The Sample collection session may be terminated with the approval of the DDG, Doping Control division who shall get permission from the Chairman, CGF Medical Commission. The DCO and Doping Control Station Supervisor shall record the reasons for termination of doping control session.

D.4.13 Once a Sample collection kit has been selected, the DCO and the Athlete shall check that the Sample collection kit is clean, all code numbers match, and the shrink wrap sleeve on both ‘A’ and ‘B’ bottles is intact.

The DCO shall ask the Athlete to read the Sample code numbers so they can be recorded on the Doping Control Form, and the Athlete shall also confirm that this code number is recorded accurately by the DCO.

The Athlete shall check that both bottle lids (containing a metal ring with teeth, absorbent foam and stopper) have all components in place. A plastic red ring is also included on the neck of each bottle that separates the lid from the bottle to prevent accidental closure during transport. The red ring shall be removed from the bottleneck and discarded.

D.4.14 The Athlete shall pour the minimum required volume of urine for analysis into the ‘B’ bottle (to a minimum of 30 ml), and then pour the remainder of the urine into the ‘A’ bottle (to a minimum of 60 ml). If more than the minimum required volume of urine for analysis has been provided, the DCO shall ensure that the Athlete fills the ‘A’ bottle to the capacity as per the recommendation of the equipment manufacturer. If there is still urine remaining, the DCO shall ensure that the Athlete fills the ‘B’ bottle to the capacity as per the recommendation of the
equipment manufacturer. The DCO shall instruct the Athlete to ensure that a small amount of urine is left in the collection vessel, explaining that this is to enable the DCO to test that residual urine in accordance with Clause D.4.17.

D.4.15 Urine shall only be discarded when both the ‘A’ and ‘B’ bottles have been filled to the capacity in accordance with Clause D.4.14, and after the residual urine has been tested in accordance with Clause D.4.17. The minimal required volume of urine for analysis shall be viewed as an absolute minimum.

D.4.16 The Athlete shall seal the bottles as directed by the DCO and shall check in full view of the Athlete that the bottles have been properly sealed and are not leaking.

If the Athlete’s representative or DCO assists the Athlete with the procedure involving handling the Athlete’s unsecured Sample, this shall be documented on a Supplementary Report Form.

The Athlete shall put the sealed bottles in the plastic bags which are found inside the Styrofoam box of the sample collection kit. The Athlete shall seal the top of the plastic bags (self adhesive) before placing the bottles into the Styrofoam box.

The Athlete shall keep both the ‘A’ and ‘B’ bottles in the Styrofoam box. The purpose of the Styrofoam box is to prevent the bottles from breaking and to keep ‘A’ and ‘B’ bottles together, rather than act as a security mechanism. The security is ensured by the locking mechanism on each of the Sample collection kit bottles.

Comment: The white absorbent pad shall remain inside the Styrofoam box in order to absorb any moisture in the event of leakage.

D.4.17 The DCO shall test the residual urine in the collection vessel to determine if the Sample has a suitable Specific Gravity (greater than or equal to 1.005 if using a refractometer, or 1.010 with reagent strips, or as specified by the relevant laboratory) for the analysis. Reagent strips and/or a refractometer may be used. If the DCO’s field reading indicates that the Sample does not have a suitable Specific Gravity for analysis, then the DCO shall follow Annex ‘G’ – Urine Samples that do not meet requirement for Suitable Specific Gravity for Analysis.

D.4.18 The DCO shall request the Athlete to provide information about any
medications and other substances, including vitamins, minerals, herbs and other dietary supplements, used within the last seven (7) days and record the information on the Doping Control Form. If the Athlete has no substances to declare, the DCO shall write “none.” If the Athlete wishes, he/she can provide medication information in his/her own handwriting on the Doping Control Form.

Comment: If the Athlete has several declarations to be recorded and there is not enough space in the column provided on the Doping Control Form, he/she can continue on a Supplementary Report Form. If a Supplementary Report Form is filled, the DCO shall record the Supplementary Report Form’s number on the Doping Control Form to link all necessary Sample collection documentation to the Athlete’s test.

DCOs shall not offer advice on substances/medications, question the purpose of any medication or enter into any discussion on the status of a medication.

D.4.19 The DCO shall complete the Doping Control Form. The DCO who processes the Athlete’s Sample(s) is responsible for ensuring that the form is complete, accurate, and legible.

Comment: The form shall be filled out as completely as possible before reviewing it with the Athlete. The only information that shall be left blank during the review is the signature boxes of the applicable persons present (e.g., Athlete, DCO, and Representative).

If any of the information on the Doping Control Form is not applicable, the DCO shall mark an ‘X’ in the concerned column.

Once the Doping Control Form is completed, the DCO shall thoroughly review the Doping Control Form with the Athlete and his/her Representative, if present. If there are any mistakes on the form, a new Doping Control Form shall be re-written and the Doping Control Form with the error shall be appended. Copies of both forms must be returned to the Doping Control Command Centre along with other Sample collection documentation.

If the DCO, Athlete, Chaperone or the Athlete Representative express an interest in making written comments specific to the Athlete’s Sample or the Testing session, they may do so on the Doping Control Form or on a Supplementary Report Form, which will then become part of the Doping Control Form.
The DCO, Athlete, Athlete Representative (if applicable), and any other person where required shall then sign and write their names on the Doping Control Form to verify the accuracy of the information.

*Comment:* **The DCO and any other applicable person other than the Athlete shall sign first. The Athlete shall be the last person to sign the Doping Control Form.**

D.4.20 The DCO shall provide the appropriate copy(s) of the Doping Control Form, and the Supplementary Report Form (if applicable) to the Athlete at the conclusion of the Sample collection session.

*Comment:* **If a Supplementary Report Form is filled, the DCO shall record the Supplementary Report Form number on the Doping Control Form to link all necessary Sample collection documentation to the Athlete’s test.**

D.4.21 However, if a Supplementary Report Form is completed after the Athlete is released from the Sample collection session, the DCO shall not make changes to the Doping Control Form, rather the Supplementary Report Form number shall be recorded on the Venue Doping Control Manager Report Form.

If an error on any of the Athlete’s Sample collection documentation is noticed after the Athlete is released from the Sample collection session, the document shall not be altered. The DCO shall complete a Supplementary Report Form explaining the error and return this to the Doping Control Command Centre.

If during the Sample collection session, a Sample is deemed by the witness DCO/DCO and/or Athlete to be unsuitable or if there are doubts pertaining to the origin or authenticity of the Sample, the Athlete shall be asked to provide an additional Sample. The DCO shall refer to the second Sample procedure. Unsuitable or non-conforming Samples shall not be discarded or combined with urine that has not been compromised. All Samples shall be sent to the WADA accredited laboratory and reported to the Doping Control Command Centre.

D.4.22 The DCO shall ensure that any residual urine that will not be sent for analysis is discarded in full view of the Athlete.
ANNEX – ‘E’
COLLECTION OF BLOOD SAMPLES

E.1 Objective

To collect an Athlete’s blood Sample in a manner that ensures:

a) The health and safety of the Athlete and Doping Control personnel are not compromised;

b) The Sample is of the quality and quantity that meets the relevant analytical guidelines;

c) The Sample has not been manipulated, substituted, contaminated or otherwise tampered with in any way;

d) The Sample is clearly and accurately identified; and

e) The Sample is securely sealed.

E.2 Scope

The collection of a blood Sample begins with ensuring that the Athlete is informed of the Sample collection requirements and ends with properly storing the Sample prior to dispatch for analysis at the WADA accredited laboratory or as otherwise approved by WADA.

E.3 Responsibility

E.3.1 The DCO has the responsibility for ensuring that:

• Each Sample is properly collected, identified and sealed;

• All Samples have been properly stored and dispatched in accordance with the relevant analytical guidelines;

• A DCO may also perform the duties of a Blood Collection Officer, if qualified to do so;

• Oversee the post sample collection process;

• Co-ordinate collection of the urine Sample, if required;
• Complete, or arrange completion and verification of the relevant documentation;
• Verify the chain of custody; and
• Organise courier services, if necessary, or on-site screening of blood.

E.3.2 The Blood Collection Officer (BCO) has the responsibility for collecting the blood Sample, answering related questions during the provision of the Sample, proper disposal of used blood sampling equipment not required for completing the Sample collection session, carry out first aid on the Athlete if required, and verify the collection procedure and sign the relevant documentation.

Assess the facilities

The blood collection facility shall ideally meet the following criteria:

• Maintain Athlete privacy and confidentiality
• Provide a high standard of cleanliness
• Be well-lit and well-ventilated
• Be accessible only to authorised personnel
• Be secure enough to store Sample collection equipment
• Contain a table and chairs for administration and completion of paperwork
• Contain a comfortable chair or bed for Sample provision
• Contain a refrigerator or cool-box
• Be large enough to accommodate the Athletes, his/her Representative and the Sample collection personnel
• Be suitably located in relation to the field of play or other location where Athletes will be notified.

The minimum requirements to be met to enable use of a facility as a blood collection facility are privacy and cleanliness. The requirements are necessarily more stringent than for a Doping Control Station for the purpose of urine Sample collection.

Prepare the necessary equipment

The DCO should ensure that equipment supplies are adequate for the Testing session. The type of equipment may vary and will include, but is not limited to:

• Sterile needles
• Butterfly needles
• Disposable plastic syringes
• Vacutainer collection tubes to draw a predetermined volume of blood (these may include serum separator tubes or and/or EDTA (anti-coagulant) tubes, as required)
• Sterile disinfectant pads
• Gloves providing barrier protection
• Tourniquets
• A disposal container for bio-hazardous waste
• A bio-hazard spill kit
• Adhesive bandage and gauze
• A cold-box
• Secure transport containers
• Secure transport bags and seals
• Transport temperature monitoring device
• All doping control documentation, including the Doping Control Forms, Athlete Notification Forms, Supplementary Report Forms, Chain of Custody Forms, etc.

Any Sample collection equipment systems used shall meet the following minimum criteria:

• Have a unique numbering system incorporated into all containers in which the Athlete’s Sample is sealed;
• Have a sealing system that is tamper evident;
• Ensure that the identity of the Athlete is not evident from the equipment itself; and
• Ensure that all equipment is clean and sealed prior to use.

E.4 Requirements

E.4.1 Procedures involving blood shall be consistent with the local standards and regulatory requirements regarding precautions in health care settings.

Venipuncture

Comment: The type of equipment used for blood collection and the post-collection process will differ depending on the type of analysis required.
Analysis of whole blood for prohibited substances and methods (e.g., detection of blood transfusion and HBOCs):

- Number of Samples: 2 (A Sample and B Sample)
- Volume required: 2 x 3 ml (or as specified by the relevant laboratory)
- (BD Vacutainer K2EDTA (K2) CE cat no 368856/ref US 367856)
- The tube used contains an anti-coagulant, such as EDTA. The contents shall be homogenised as soon as possible after collection. E.g., tubes can be gently inverted ten (10) times. The contents shall then be sent to the laboratory with no further action.

Analysis of serum for prohibited substances and methods (e.g., detection of hGH and HBOCs):

- Number of Samples: 2 (A Sample and B Sample)
- Volume required: 2 x 5 ml (or as specified by the relevant laboratory)
- Blood is drawn into a tube that has an inert polymeric serum separator gel and a clotting activation factor (BD Vacutainer® SST II, EU ref 367955)
- The contents shall be homogenised as soon as possible after collection. E.g., tubes can be gently inverted up-side down five (5) times. The contents shall then be sent to the laboratory with no further action.

E.4.2 After the required rest period, and the DCO/BCO’s explanation of the procedure, the DCO shall direct the Athlete to choose the appropriate number of blood Sample collection kits. There shall be at least three blood Sample collection kits to choose from.

Comment: The kit will typically include the sterile needle, syringe and the relevant vacutainer tubes packaged together in a sealed bag. If kits contain only one vacutainer, and an ‘A’ and ‘B’ Sample are required, the Athlete shall choose two blood Sample collection kits.

E.4.3 The Athlete and DCO shall check that the equipment is clean and intact. If either the Athlete or the DCO is not satisfied with the equipment, the Athlete shall make another selection.

If the Athlete is not satisfied with any of the equipment, and the DCO does not agree with the Athlete’s opinion that all available equipment is unsatisfactory, the
DCO shall instruct the Athlete to proceed with the Sample collection session and the Athlete’s views will be recorded on the doping control documentation by the DCO.

If both the DCO and the Athlete agree that none of the equipment is satisfactory, the DCO shall contact the Doping Control Station Supervisor for determining further directions to be followed from the Venue Doping Control Manager. The blood Sample collection session may be terminated by the Venue Doping Control Manager with the approval of the DDG Doping Control Division, who shall get permission from the Chairman, CGF Medical Commission. The Venue Doping Control Manager shall record the reasons for termination of the doping control session.

E.4.4 When the blood Sample collection kit has been selected, the Athlete and the DCO shall proceed with the selection of the secure transport kit.

E.4.5 If the secure transport kit includes pre-printed bar code labels, the Athlete shall remove these labels from the secure transport kit, and shall verify with the DCO that the code numbers match the transport kit numbers.

If the Athlete or DCO find that the numbers are not the same, the DCO shall instruct the Athlete to choose another secure transport kit, and shall document the occurrence.

E.4.6 The Athlete shall place one label longitudinally on each of the vacutainer tubes. The label shall be placed towards the top of the tube(s), near the cap. The Athlete may authorise the DCO, or the Athlete Representative to place the labels on the tubes.

The DCO shall record the numbers, and the Athlete and DCO shall check the documentation to ensure that DCO has accurately recorded the information.

E.4.7 The Athlete shall give the BCO the blood Sample collection equipment, including the vacutainer(s). The BCO shall assemble the equipment in front of the Athlete.

E.4.8 The BCO shall assess the most suitable arm for Venipuncture. This will always be the non-dominant arm, unless the BCO assesses the other arm to be more
suitable or the Athlete requests a specific arm.

E.4.9 If the BCO believes that a butterfly needle is required for Venipuncture, the Athlete shall be asked to select a butterfly needle from a selection of sealed needles. The procedure then continues as customary.

If necessary, the BCO shall apply a tourniquet to the Athlete’s upper arm. If the Athlete has a skin problem, the tourniquet shall be applied over thin clothing or a paper tissue so that the skin is not pinched. The skin at the puncture site shall be cleaned with a sterile disinfectant wipe or swab.

The needle shall be inspected visually before insertion. After the BCO has inserted the needle into the antecubital vein, the tourniquet shall be removed.

The BCO shall collect the amount of blood advised by the relevant laboratory for the type of Sample analysis to be conducted. The collection vessel (s) shall always be kept in full view of the Athlete.

E.4.10 In the event that the BCO is unable to draw sufficient blood from the first attempt, up to three attempts in total shall be made before the DCO, in consultation with the BCO, Venue Doping Control Manager and DDG, Doping Control division, decides to terminate the blood collection attempt. No more than three attempts to insert a needle into the Athlete’s body shall be made. The Venue Doping Control Manager shall record the reasons for terminating the blood collection attempt.

E.4.11 The blood shall be collected into one or more vessels, depending on the requirements of the laboratory.

E.4.12 Blood collection equipment must be disposed in accordance with the required standards for handling blood and the BCO’s protocol.

E.4.13 The recommended temperature recording device used to monitor the transport conditions should be turned on to ensure temperature reaches 2-8 degrees Celsius before Samples are placed inside the cool-box.
Aftercare procedure

E.4.14 After withdrawing the needle from the Athlete’s arm, the BCO shall place a pad over the puncture site and instruct the Athlete to firmly press the pad. The BCO may also choose to apply pressure to the wound.

If necessary, pressure shall be applied for two to three minutes prior to undertaking the Sample sealing procedure. The BCO shall assess the wound and indicate to the Athlete and the DCO when the Athlete is ready.

The BCO or the DCO shall advise the Athlete not to undertake any strenuous exercise using the arm for at least 30 minutes. This minimises any potential bruising.

The BCO shall be prepared to conduct first-aid if necessary.

Post collection processing for the purpose of:

E.4.15 Analysis of whole blood

For the analysis of whole blood, the 2 x 3 ml blood Samples, comprising of an ‘A’ and ‘B’ Sample will be inverted gently ten (10) times to mix the blood with the anticoagulant contained in the tube to avoid clot formation.

This step shall be taken as soon as possible. The blood Samples should then be sealed and made ready for transportation.

E.4.16 Analysis of Serum

Both 2 x 5 ml blood Samples shall be inverted gently five (5) times to initiate clotting and remain at room temperature for the time recommended by the tube manufacturer (15 minutes for BD Vacutainer® SST II advance tubes) before being sealed and made ready for transportation.

E.4.17 Sealing of the Blood Samples

The Athlete shall take the secure transport kit already selected, or, if not yet selected, shall choose a transport kit from a selection of kits.
The DCO shall instruct the Athlete to place one blood Sample into each of the ‘A’ and ‘B’ tamper evident Sample transport kits. The Athlete may request the DCO or the Athlete Representative to complete this process on his/her behalf.

Both the DCO and the Athlete shall check that the kits are securely sealed. Care must also be taken to ensure that at all times the Samples are stored upright.

The DCO and Athlete should ensure that the equipment code numbers are accurately recorded on the Doping Control Form. The Athlete and DCO should initial or sign the documentation to show their satisfaction/that they are satisfied with the procedure.

The DCO shall ensure the blood Sample is stored in a secure, preferably cool (2-8 degrees Celsius), location (i.e., transport bag) until ready to proceed to transport of Samples.

E.4.18 Paperwork

The DCO shall instruct the BCO to sign the form to confirm that he/she collected a blood Sample from the Athlete in accordance with the procedures. The Athlete shall be provided an opportunity to document any blood transfusions over the last six months, and to indicate any medications, including those which may affect the ability of the blood to clot, taken over the past seven days.

The DCO shall check all information on the form and sign to confirm that blood Sample collection was conducted in accordance with the procedures.

The Athlete and his/her Representative, if present, shall be invited to check that all information on the form accurately reflects the details of the Sample collection session. The Athlete shall be invited to complete the comments section of the form if he/she has any concerns or comments regarding the procedure. If there is insufficient space on the form, the Athlete shall be invited to use a Supplementary Report Form.

Blood-only Doping Control Form:

The DCO, the Athlete Representative, if present, and the Athlete shall then sign the Doping Control Form.
Combined urine/blood Doping Control Form:

If the urine Sample has already been collected, the DCO, the Athlete Representative, if present, and the Athlete shall sign the Doping Control Form.

If the urine Sample has not yet been collected, the Athlete shall proceed to provide a urine Sample before the DCO, the Athlete Representative, if present, and the Athlete shall sign the Doping Control Form.

The DCO must give a full copy of the form to the Athlete. The Athlete shall then proceed to provide a urine Sample if required, or is free to leave the blood collection facility.

E.4.19 Sample Storage

The DCOs and the Doping Control Station Supervisors are responsible for ensuring that all blood Samples are stored in a manner that protects their identity, integrity and security whilst in the blood collection facility.

Samples must not be left unattended, unless they are locked away, in a refrigerator or cupboard, for example. Access shall be restricted only to authorised personnel.

The blood Samples must be stored in a cool location, preferably in a refrigerator or a cool box. The optimum temperature for the storage of blood Samples is 4 degrees Celsius. Variations in temperature should not exceed beyond 2-8 degrees Celsius.

If the conditions of storage did not meet the temperature requirements, the DCO shall document this, and shall also contact the Doping Control Station Supervisor immediately to inform them of the variation in temperature, and the length of time the Samples were affected.

If the variations in temperature were substantial and occurred for a period of time likely to affect the composition of a blood Sample, the CGF Medical Commission and laboratory shall determine whether or not analysis should proceed on the Sample.

The Doping Control Station Supervisor/Venue Doping Control Manager shall accurately complete appropriate documentation for each transport bag/container
to ensure that the laboratory can verify the contents of the bag/container.

The DDG, Doping Control division shall ensure that instructions for the type of analysis to be conducted are provided to the laboratory.

The Doping Control Station Supervisor/Venue Doping Control Manager shall complete the laboratory advice form/Chain of Custody form. The laboratory copy of this form and the laboratory copy of the Doping Control Form shall be placed in the transport bag with the Samples, and sealed, preferably in the presence of a witness. Documentation identifying the Athlete shall not be included with the Samples.

If relevant, the Venue Doping Control Manager shall record the number of times the transport bag is opened and resealed, on the laboratory advice form or Chain of Custody form.

The Doping Control Station Supervisor shall keep the Samples under his/her control until they are passed to the Doping Control Command Centre. Blood Samples should be dispatched as soon as possible after collection to arrive at the Doping Control Command Centre ideally on the same day, and preferably within 24 hours of collection.

All documentation relevant to the Testing session shall be forwarded to the CGF Medical Commission by the Doping Control Command Centre as soon as possible after the Sample collection.

E.4.20 Transport/handover of Samples

The blood Samples shall be transported to the laboratory in a refrigerated state. No Sample should be allowed to freeze, and should ideally be kept at a temperature of approximately four degrees Celsius. Variations in temperature shall not exceed beyond 2-8 degrees Celsius. A temperature recording device shall be included with the transported Samples to ensure that the appropriate temperature has been maintained.

Samples should remain in an upright position during transportation, whenever possible.
Samples shall be handed over to a courier company for transportation. The courier company shall document the chain of custody of the Samples. Doping Control Command Centre shall keep the waybill record.

Due to more stringent temperature and analysis requirements for blood, blood and urine Samples may be transported separately. However, the relevant paperwork linking the two Samples shall be included with each shipment.

Transportation of blood Sample(s) from the site of collection to the Doping Control Command Centre up to the laboratory shall be made in less than 48 hours.

The laboratory shall document the receipt and the subsequent chain of custody of Samples. Samples will be reviewed for evidence of tampering or damage, and stored in appropriate conditions until analysis is done in accordance with the International Standard for Laboratories.
ANNEX - ‘F’
URINE SAMPLES - INSUFFICIENT VOLUME (PARTIAL SAMPLE/S)

F.1 Objective

To ensure that where a suitable volume of urine for analysis is not provided, appropriate procedures are followed.

F.2 Scope

The procedure begins with informing the Athlete that the Sample does not meet the prescribed volume of urine for analysis and ends with the provision of a Sample of sufficient volume.

F.3 Responsibility

The DCO has the responsibility for declaring the Sample volume insufficient and for collecting the additional Sample/s to obtain a combined Sample of sufficient volume.

F.4 Requirements

F.4.1 If the Sample collected is of insufficient volume, the DCO shall inform the Athlete that an additional Sample shall be collected to meet the suitable volume of urine for analysis requirements. The Athlete shall retain control of the collection vessel filled with insufficient volume of the urine Sample. The collection vessel must be in clear view of the DCO and Athlete at all times. The DCO shall record the volume of urine provided on the Doping Control Form.

F.4.2 The DCO shall instruct the Athlete to select the partial Sample kit and the Sample collection kit in accordance with Clause D.4.4. The DCO and Athlete shall check the partial Sample kit to make sure it has not been tampered with. If in doubt, the Athlete may be asked to select another partial sample kit. The Sample code numbers of any defective kits shall be reported to the Doping Control Station Supervisor:

If the Athlete is satisfied with the partial Sample kit as well as the Sample collection kit, the DCO shall ask the Athlete to open the partial Sample kit and retrieve its contents (a blue self adhesive tape with a unique code and white plastic stopper).
The DCO shall instruct the Athlete to open the Styrofoam box by removing the blue self adhesive seal and lifting the white tape “tab” on the side of the box to open the lid and remove the ‘A’ and ‘B’ bottles from the box.

After opening the Sample collection kit, the Athlete shall be encouraged to verify that the Sample code numbers on the ‘A’ and ‘B’ bottles, lids, and the Styrofoam box are identical. The Athlete shall ensure that the shrink-wrap sleeve on each bottle is intact. If in doubt, the Athlete may be asked to select another Sample collection kit.

The DCO shall instruct the Athlete to place the ‘B’ bottle back into the Styrofoam box. The Athlete shall remove the shrink-wrap sleeve from the ‘A’ bottle to remove the lid but should not discard the red plastic ring.

F.4.3 The Athlete shall then pour the insufficient Sample into the ‘A’ bottle and seal it with the plastic stopper, as directed by the DCO. The Athlete shall place the lid on the ‘A’ bottle, without removing the red plastic ring; otherwise the bottle will be permanently sealed. The Athlete shall place the ‘A’ bottle, now sealed with the white plastic stopper, into the Styrofoam box of the Sample collection kit.

The Athlete will then seal the Styrofoam box with the partial Sample security seal (blue self adhesive). The DCO shall check, in full view of the Athlete, that the Styrofoam box has been properly sealed.

F.4.4 The DCO and the Athlete shall check that the equipment code number, volume and identity of the insufficient Sample are recorded accurately by the DCO. The DCO shall retain control of the sealed partial Sample.

The DCO, witness DCO and Athlete shall record their initials in the partial Sample section of the Doping Control Form.

F.4.5 While waiting to provide an additional Sample, the Athlete shall remain under continuous observation and be given the opportunity to hydrate.

F.4.6 When the Athlete is able to provide an additional Sample, the procedures for collection of the Sample shall be repeated (as prescribed in Annex ‘D’ – Collection
of Urine Samples) until a sufficient volume of urine is provided by combining the initial and additional Sample/s.

F.4.7 When the DCO is satisfied that the requirements for the prescribed volume of urine for analysis have been met, the DCO and Athlete shall check the integrity of the seal(s) on the partial Sample container(s) containing the previously provided insufficient Sample(s). Any irregularity with the integrity of the seal/s will be recorded by the DCO and investigated according to Annex ‘A’ – Investigating a Possible Failure to Comply.

F.4.8 The DCO shall then direct the Athlete to remove the seal/s and combine the Samples, ensuring that additional Samples are added sequentially to the first entire Sample collected until, as a minimum, the requirement for the prescribed volume of urine for analysis is met.

F.4.9 The DCO shall aim to ensure that the same witness DCO completes the partial Samples and second Samples (where appropriate) for an Athlete to maintain consistency and total chain of custody with the Athlete.

If the same person who witnessed the initial partial Sample provision did not witness the additional urine provision(s), the last witness DCO shall sign the Doping Control Form, in the “Witness Signature” box but the previous witness DCO shall complete a Supplementary Report Form to record the witnessing of the previous Sample provision. The DCO shall also provide details as to why the same person did not witness all provisions.

F.4.10 The DCO shall check the residual urine to ensure that it meets the requirement for suitable Specific Gravity for analysis.

F.4.11 Urine shall only be discarded when both the A and B bottles have been filled to the capacity in accordance with Clause D.4.1.4. The prescribed volume of urine for analysis shall be viewed as an absolute minimum.
ANNEX – ‘G’
URINE SAMPLES THAT DO NOT MEET THE REQUIREMENT FOR SUITABLE SPECIFIC GRAVITY FOR ANALYSIS

G.1 Objective

To ensure that when the urine Sample does not meet the requirement for suitable Specific Gravity for analysis, appropriate procedures are followed.

G.2 Scope

The procedure begins with the DCO informing the Athlete that an additional sample is required and ends with the collection of a Sample that meets the requirements for suitable Specific Gravity for Analysis, or appropriate follow-up action by the CGF Medical Commission if required.

G.3 Responsibility

The Doping Control division is responsible for establishing procedures to ensure that a suitable Sample is collected. If the original Sample collected does not meet the requirement for suitable Specific Gravity for analysis, the DCO is responsible for collecting additional Samples until a suitable Sample is obtained.

G.4 Requirements

G.4.1 The DCO shall determine that the requirements for suitable Specific Gravity for analysis have not been met.

G.4.2 The DCO shall inform the Athlete that he/she is required to provide an additional Sample.

G.4.3 While waiting to provide additional Samples, the Athlete shall remain under continuous observation.

G.4.4 The Athlete shall be encouraged not to hydrate excessively, since this may delay the production of a suitable Sample.
G.4.5 When the Athlete is able to provide an additional Sample, the DCO shall repeat the procedures for collection of the Sample as prescribed in Annex ‘D’ – Collection of Urine Samples.

G.4.6 The DCO shall continue to collect additional Samples until the requirement for prescribed Specific Gravity for analysis is met, or until the DCO determines that there are exceptional circumstances which mean that for logistical reasons it is impossible to continue with the Sample collection session. Such exceptional circumstances shall be documented by the DCO.

Comment: It is the responsibility of the Athlete to provide a Sample with the suitable Specific Gravity for analysis. If his/her first Sample is too diluted, he/she shall not need further hydration and therefore, shall avoid drinking any fluid as far as possible until a Sample with a prescribed Specific Gravity for analysis is provided. The DCO shall wait as long as necessary to collect such a Sample.

G.4.7 The DCO shall record that the Samples collected belong to a single Athlete and the order in which the Samples were provided.

G.4.8 The DCO shall then continue with the Sample collection session in accordance with Clause D.4.16.

G.4.9 If it is determined that none of the Athlete’s Samples meets the requirement for suitable Specific Gravity for analysis and the Doping Control Station Supervisor determines that for logistical reasons it is impossible to continue with the Sample collection session, the Doping Control Station Supervisor, with the approval of the DDG, Doping Control division who will get permission from the Chairman, CGF Medical Commission, may end the Sample collection session. In such circumstances, if appropriate the CGF Medical Commission may investigate a possible Anti-Doping Rule Violation.

G.4.10 The Doping Control Command Centre shall send all Samples which were collected, irrespective of whether or not they meet the requirement for suitable Specific Gravity, to the laboratory for analysis.

G.4.11 The laboratory shall, in conjunction with the DDG, Doping Control and the CGF Honorary Medical Advisor, determine as to which samples shall be analysed.
ANNEX - ‘H’
TERMS, DEFINITIONS AND INTERPRETATION

**ADAMS:** The Anti-Doping Administration and Management System is a Web-based database management tool for data entry, storage, sharing, and reporting designed to assist stakeholders and WADA in their anti-doping operations in conjunction with data protection legislation.

**Adverse Analytical Finding:** A report from a laboratory or other WADA-approved Testing entity that, consistent with the International Standard for Laboratories and related Technical Documents, identifies in a Sample the presence of a Prohibited Substance or its Metabolites or Markers (including elevated quantities of endogenous substances) or evidence of the Use of a Prohibited Method.

**Anti-Doping Organisation (ADO):** A Signatory that is responsible for adopting rules for initiating, implementing or enforcing any part of the Doping Control process. This includes, for example, the International Olympic Committee, the International Paralympic Committee, and other Major Event Organisations that conduct Testing at their Events, WADA, International Federations, and National Anti-Doping Organisations.

**Athlete:** Any Person who participates in sport at the international level (as defined by each International Federation), the national level (as defined by each National Anti-Doping Organisation, including but not limited to those Persons in its Registered Testing Pool), and any other competitor in sport who is otherwise subject to the jurisdiction of any Signatory or other sports organisation accepting the Code. All provisions of the Code, including, for example, Testing and Therapeutic Use Exemptions, must be applied to international-level and national-level competitors. Some National Anti-Doping Organisations may elect to test and apply anti-doping rules to recreational-level or master competitors who are not current or potential national calibre competitors. National Anti-Doping Organisations are not required, however, to apply all aspects of the Code to such Persons. Specific national rules may be established for Doping Control for non-international-level or non-national-level competitors without being in conflict with the Code. Thus, a country could elect to test recreational-level competitors but not require Therapeutic Use Exemptions or whereabouts information. In the same manner, a Major Event Organisation holding an Event only for masters-
level competitors could elect to test the competitors but not require advance Therapeutic Use Exemptions or whereabouts information. For purposes of Article 2.8 (Administration or Attempted Administration) and for purposes of anti-doping information and education, any Person who participates in sport under the authority of any Signatory, government, or other sports organisation accepting the Code is an Athlete.

Comment: This definition makes it clear that all International-And National-Calibre Athletes are subject to the Anti-Doping Rules of the Code, with the precise definitions of International- and National-Level Sport to be set forth in the anti-doping rules of the International Federations and National Anti-Doping Organisations, respectively. At the national level, anti-doping rules adopted pursuant to the Code shall apply, at a minimum, to all persons on national teams and all persons qualified to compete in any national championship in any sport. That does not mean, however, that all such Athletes must be included in a National Anti-Doping Organisation’s Registered Testing Pool. The definition also allows each National Anti-Doping Organisation, if it chooses to do so, to expand its anti-doping program beyond national-calibre Athletes to competitors at lower levels of competition. Competitors at all levels of competition shall receive the benefit of anti-doping information and education.

Atypical Finding: A report from a laboratory or other WADA-approved entity which requires further investigation as provided by the International Standard for Laboratories or related Technical Documents prior to the determination of an Adverse Analytical Finding.


Competition: A single race, match, game or singular athletic contest. For example, a basketball game or the finals of the Olympic 100-meter dash. For stage races and other athletic contests where prizes are awarded on a daily or other interim basis. The distinction between a Competition and an Event will be as provided in the rules of the applicable International Federation.

Consequences of Anti-Doping Rule Violations: An Athlete’s or other Person’s violation of an anti-doping rule may result in one or more of the following: (a) Disqualification means the Athlete’s results in a particular Competition or Event are invalidated, with all resulting Consequences including forfeiture of any medals, points and prizes; (b) Ineligibility means the Athlete or other Person is barred for a
specified period of time from participating in any Competition or other activity or funding as provided in Article 10.9; and (c) Provisional Suspension means the Athlete or other Person is barred temporarily from participating in any Competition prior to the final decision at a hearing conducted under Article 8 (Right to a Fair Hearing).

**Doping Control:** All steps and processes from test distribution planning through to ultimate disposition of any appeal including all steps and processes in between such as provision of whereabouts information, Sample collection and handling, laboratory analysis, Therapeutic Use Exemptions, results management and hearings.

**Event:** A series of individual Competitions conducted together under one ruling body (e.g., the Olympic Games of the Olympiad and the Winter Games, FINA World Championships, or Pan American Games).

**In-Competition:** Unless provided otherwise in the rules of an International Federation or other relevant Anti-Doping Organisation, “In-Competition” means the period commencing twelve hours before a Competition in which the Athlete is scheduled to participate through the end of such Competition and the Sample collection process related to such Competition.

**Independent Observer Programme:** A team of observers, under the supervision of WADA, who observe and may provide guidance on the Doping Control process at certain Events and report on their observations.

**Ineligibility:** See Consequences of Anti-Doping Rule Violations above.

**International Event:** An Event where the International Olympic Committee, the International Paralympic Committee, an International Federation, a Major Event Organisation, or another International Sport Organisation is the ruling body for the Event or appoints the technical officials for the Event.

**International-Level Athlete:** Athletes designated by one or more International Federations as being within the Registered Testing Pool for an International Federation.

**International Standard:** A standard adopted by WADA in support of the Code. Compliance with an International Standard (as opposed to another alternative standard, practice or procedure) shall be sufficient to conclude that the procedures
addressed by the International Standard were performed properly. International Standards shall include any Technical Documents issued pursuant to the International Standard.

**Minor**: A natural Person who has not reached the age of majority as established by the applicable laws of his or her country of residence.

**National Anti-Doping Organisation (NADO)**: The entity(ies) designated by each country as possessing the primary authority and responsibility to adopt and implement anti-doping rules, direct the collection of Samples, the management of test results, and the conduct of hearings, all at the national level. This includes an entity which may be designated by multiple countries to serve as regional Anti-Doping Organisation for such countries. If this designation has not been made by the competent public authority(ies), the entity shall be the country’s National Olympic Committee or its designee.

**National Olympic Committee (NOC)**: The organisation recognised by the International Olympic Committee. The term National Olympic Committee shall also include the National Sport Confederation in those countries where the National Sport Confederation assumes typical National Olympic Committee responsibilities in the anti-doping area.

**No Advance Notice**: A Doping Control Test which takes place with no advance warning to the Athlete and where the Athlete is continuously Chaperoned from the moment of Notification through Sample provision.

**Out-of-Competition**: Any Doping Control Test which is not In-Competition.

**Prohibited List**: The List identifying the Prohibited Substances and Prohibited Methods.

**Provisional Suspension**: See Consequences above.

**Registered Testing Pool**: The pool of top level Athletes established separately by each International Federation and National Anti-Doping Organisation who are subject to both In-Competition and Out-of-Competition Doping Control Testing as part of that International Federation’s or Organisation’s Test Distribution Plan. Each International Federation shall publish a list which identifies those Athletes included
in its Registered Testing Pool either by name or by clearly defined, specific criteria.

**Sample or Specimen:** Any biological material collected for the purposes of Doping Control Tests.

**Comment:** It has sometimes been claimed that the collection of blood Samples violates the tenets of certain religious or cultural groups. It has been determined that there is no basis for any such claim.

**Signatories:** Those entities signing the Code and agreeing to comply with the Code, including the International Olympic Committee, International Federations, International Paralympic Committee, National Olympic Committees, National Paralympic Committees, Major Event Organisations, National Anti-Doping Organisations, and WADA.

**Tampering:** Altering for an improper purpose or in an improper way; bringing improper influence to bear; interfering improperly; obstructing, misleading or engaging in any fraudulent conduct to alter results or prevent normal procedures from occurring; or providing fraudulent information to an Anti-Doping Organisation.

**Target Testing:** Selection of Athletes for Testing where specific Athletes or groups of Athletes are selected on a non-random/selective basis for Testing at a specified time.

**Team Sport:** A sport in which the substitution of players is permitted during a Competition.

**Testing:** The parts of the Doping Control process involving test distribution planning, Sample collection, Sample handling, and Sample transport to the laboratory.

**WADA:** The World Anti-Doping Agency.

**DEFINED TERMS**

**Blood Collection Officer (BCO):** An official who is qualified to and has been authorised by the Anti-Doping Organisation to collect a blood Sample from an Athlete.
Chain of Custody: The sequence of individuals or organisations who have the responsibility for a Sample from the provision of the Sample until the Sample has been received for analysis.

Chaperone: An official who is trained and authorised by the Anti-Doping Organisation to carry out specific duties including one or more of the following: Notification of the Athlete selected for Sample collection; accompanying and observing the Athlete until arrival at the Doping Control Station; and/or witnessing and verifying the provision of the Sample where the training qualifies him/her to do so.

Doping Control Officer (DCO): An official who has been trained and authorised by the Anti-Doping Organisation with delegated responsibility for the on-site management of a Sample Collection Session.

Doping Control Station: The location where the Sample Collection Session will be conducted.

Failure to Comply: A term used to describe Anti-Doping Rule Violations under Code Articles 2.3, 2.5 and 2.8.

Filing Failure: A failure by the Athlete (or by a third party to whom the Athlete has delegated this task, in accordance with Clause 11.3.6 or Clause 11.5.4) to make an accurate and complete Whereabouts Filing in accordance with Clause 11.3 or Clause 11.5.6.

International Federation (IF): An International Non-Governmental organisation administering one or more sports at world level.

Missed Test: A failure by the Athlete to be available for Testing at the location and time specified in the 60-minute time slot identified in his/her Whereabouts Filing for the day in question, in accordance with Clause 11.4 or Clause 11.5.6.

National Federation: A National Non-Governmental organisation administering one or more sports at a national level.

Random Selection: Selection of Athletes for Testing which is not Target Testing.
Random Selection may be: completely random (where no pre-determined criteria are considered, and Athletes are chosen arbitrarily from a list or pool of Athlete names); or weighted (where Athletes are ranked using pre-determined criteria in order to increase or decrease the chances of selection).

**Responsible Anti-Doping Organisation**: The Anti-Doping Organisation with responsibility for a particular whereabouts matter, as specified in Clause 11.5.

**Sample Collection Equipment**: Containers or apparatus used to directly collect or hold the Sample at any time during the Sample collection process. Sample Collection Equipment shall, as a minimum, consist of:

For urine Sample collection:

- Collection vessels for collecting the Sample as it leaves the Athlete's body;
- Sealable and tamper-evident bottles and lids for securing the Sample;
- Partial Sample kit.

For blood Sample collection:

- Needles for collecting the Sample;
- Blood tubes with sealable and tamper-evident devices for holding the Sample.

**Sample Collection Personnel**: A collective term for qualified officials authorised by the Anti-Doping organisation which may carry out or assist with duties during the Sample Collection Session.

**Sample Collection Session**: All the sequential activities that directly involve the Athlete from Notification until the Athlete leaves the Doping Control Station after having provided his/her Sample/s.

**Suitable Specific Gravity for Analysis**: Specific gravity measured at 1.005 or higher with a refractometer, or 1.010 or higher with reagent strips/lab sticks.
Suitable Volume of Urine for Analysis: A minimum of 90 mL for full or part menu analysis.

Team Activity: As defined in Clause 11.5.3.

Test Distribution Plan: As defined in Clause 4.2.1.

Unsuccessful Attempt Report: A detailed report of an unsuccessful Testing attempt, as more fully described in Clause 11.6.3(a).

Whereabouts Failure: A Filing Failure or a Missed Test.

Whereabouts Filing: Information provided by or on behalf of an Athlete in a Registered Testing Pool that sets out the Athlete's whereabouts during the following quarter before the competition, in accordance with Clause 11.3 (or optionally, in the case of a Team Sport, in accordance with Clause 11.5).
ANNEX ‘I’:
THERAPEUTIC USE EXEMPTION APPLICATION FORM

<table>
<thead>
<tr>
<th>Surname: __________________________</th>
<th>Given Names: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female  ☐  Male  ☐  Date of Birth (d/m/y) __________________________</td>
<td></td>
</tr>
<tr>
<td>Address: __________________________</td>
<td></td>
</tr>
<tr>
<td>City: _______________  Country: _______________  Postcode: __________</td>
<td></td>
</tr>
<tr>
<td>Tel.: ___________________________  E-mail: ___________________________  (with international code)</td>
<td></td>
</tr>
<tr>
<td>Sport: ___________________________  Discipline/Position: ___________________________</td>
<td></td>
</tr>
<tr>
<td>International or National Sport Organisation: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Please mark the appropriate box:</td>
<td></td>
</tr>
<tr>
<td>☐ I am part of an International Federation Registered Testing Pool</td>
<td></td>
</tr>
<tr>
<td>☐ I am part of a National Anti-Doping Organisation Testing Pool</td>
<td></td>
</tr>
<tr>
<td>☐ I am participating in an International Federation event for which a TUE granted pursuant to the International Federation’s rules is required1 - Name of the competition:</td>
<td></td>
</tr>
<tr>
<td>☐ None of the above</td>
<td></td>
</tr>
<tr>
<td>If athlete with disability, indicate disability: ___________________________</td>
<td></td>
</tr>
</tbody>
</table>

1 Refer to your International Federation for the list of designated events
2. Medical information

Diagnosis with sufficient medical information (see note 1):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication

________________________________________________________________________
________________________________________________________________________

3. Medication details

<table>
<thead>
<tr>
<th>Prohibited substance(s):</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic name</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Intended duration of treatment:**
(Please tick appropriate box)

- once only □
- emergency □
- or duration (week/month): __________

Have you submitted any previous TUE application:  yes □  no □

For which substance?

To whom? ___________________________ When? ___________________________

Decision: Approved □  Not approved □
4. Medical practitioner’s declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name: ____________________________
Medical specialty: ____________________________

Address: ____________________________
Tel.: ____________________________
Fax: ____________________________
E-mail: ____________________________
Signature of Medical Practitioner: _____________ Date: _____________
5. Athlete’s declaration

I, _______________________________, certify that the information under "Section 1" is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorise the release of personal medical information to the Commonwealth Games Federation (CGF) as well as to WADA authorised staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorised staff that may have a right to this information under the provisions of the Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint to WADA or CAS.

Athlete’s signature: ___________________________ Date: ____________
Parent’s/Guardian’s signature: ___________________________ Date: ____________

(if the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)
6. Note:

<table>
<thead>
<tr>
<th>Note 1</th>
<th><strong>Diagnosis</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.</td>
</tr>
</tbody>
</table>

**Incomplete Applications will be returned and will need to be resubmitted.**

Please submit the completed form to the Commonwealth Games Federation TUE Committee on or before 24th August 2010 at the following address and keep a copy for your records:

**Dr. Munish Chander**
Deputy Director General
Doping Control Division

New Delhi City Centre (NDCC) – Tower II
Connaught Place, Jai Singh Road
New Delhi -110001 (India)

TUE applications or Notifications may be sent by facsimile/email with all appropriate documents to be attached as scanned copies to:

F: +91-11-24500455
E: doping.control@cwgdelhi2010.org
ANNEX J:
LIST OF PROHIBITED SUBSTANCES AND METHODS 2010

The World Anti-Doping Code

THE 2010 PROHIBITED LIST

INTERNATIONAL STANDARD

The official text of the Prohibited List shall be maintained by WADA and shall be published in English and French. In the event of any conflict between the English and French versions, the English version shall prevail.

This List has come into effect from 1 January 2010

THE 2010 PROHIBITED LIST
WORLD ANTI-DOPING CODE

Valid 1 January 2010

All Prohibited Substances shall be considered as “Specified Substances” except Substances in classes S1, S2.1 to S2.5, S.4.4 and S6.a, and Prohibited Methods M1, M2 and M3.

SUBSTANCES AND METHODS PROHIBITED AT ALL TIMES (IN- AND OUT-OF-COMPETITION)
PROHIBITED SUBSTANCES

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

I. Anabolic Androgenic Steroids (AAS)

a. Exogenous* AAS, including:

- **I-androstendiol** (5α-androst-1-ene-3β,17β-diol);
- **I-androstendione** (5α-androst-1-ene-3,17-dione);
- **Bolandiol** (19-norandrostenediol);
- **Bolasterone**;
- **Boldenone**;
- **Boldione** (androsta-1,4-diene-3,17-dione);
- **Calusterone**;
- **Clostebol**;
- **Danazol** (17α-ethynyl-17β-hydroxyandrost-4-eno[2,3-d]isoxazole);
- **Dehydrochlormethyltestosterone** (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one);
- **Desoxymethyltestosterone** (17α-methyl-5α-androst-2-en-17β-ol);
- **Drostanolone**;
- **Ethylestrenol** (19-nor-17α-pregn-4-en-17-ol);
- **Fluoxymesterone**;
- **Formebolone**;
- **Furazabol** (17β-hydroxy-17α-methyl-5α-androstano[2,3-c]-furan);
- **Gestrinone**;
- **4-Hydroxytestosterone** (4,17β-dihydroxyandrost-4-en-3-one);
- **Mestanolone**;
- **Mesterolone**;
- **Metenolone**;
- **Methandienone** (17β-hydroxy-17α-methylandrosta-1,4-dien-3-one);
- **Methandriol**;
- **Methasterone** (2α, 17α-dimethyl-5α-androstane-3-one-17β-ol);
- **Methyldienolone** (17β-hydroxy-17α-methyl-5α-androstane-4,9-dien-3-one);
- **Methyl-1-troiestosterone** (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one);
- **Methyltestosterone**;
- **Metribolone** (methyltrienolone, 17β-hydroxy-17α-methylestra-4,9,11-trien-3-one);
- **Mibolerone**;
- **Nandrolone**;
- **19-norandrostenedione** (estr-4-ene-3,17-dione);
- **Norboleton**;
- **Norclostebol**;
- **Norethandrolone**;
- **oxabolone**;
- **oxandrolone**;
- **Oxymesterone**;
- **Oxymetholone**;
- **Prostanozol** (17β-hydroxy-5α-androstano[3,2-c]pyrazole);
- **Quinbolone**;
- **Stanozolol**;
- **Stenbolone**;
- **1-Testosterone** (17β-hydroxy-5α-androst-1-en-3-one);
- **Tetrahydrogestrinone** (18α-homo-pregna-4,9,11-trien-17β-ol-3-one);
- **Trenbolone**

b. Endogenous** AAS when administered exogenously:
androstenediol (androst-5-ene-3β,17β-diol); androstenedione (androst-4-ene-3,17-dione); dihydrotestosterone (17β-hydroxy-5α-androstan-3-one); prasterone (dehydroepiandrosterone, DHEA); testosterone and the following metabolites and isomers:

5α-androstane-3α,17α-diol; 5α-androstane-3α,17β-diol; 5α-androstane-3β,17α-diol; 5α-androstane-3β,17β-diol; androst-4-ene-3α,17β-diol; androst-4-ene-3β,17α-diol; androst-4-ene-3β,17β-diol; androst-5-ene-3α,17α-diol; androst-5-ene-3α,17β-diol; androst-5-ene-3β,17α-diol; androst-5-ene-3β,17β-diol; 4-androstenediol (androst-4-ene-3β,17β-diol); 5-androstenedione (androst-5-ene-3,17-dione); epi-dihydrotestosterone; epitestosterone; 3α-hydroxy-5α-androstan-17-one; 3β-hydroxy-5α-androstan-17-one; 19-norandrosterone; 19-noretiocholanolone.

2. Other Anabolic Agents, including but not limited to:

Clenbuterol, selective androgen receptor modulators (SARMs), tibolone, zeranol, zilpaterol.

S2. PEPTIDE HORMONES, GROWTH FACTORS AND RELATED SUBSTANCES

The following substances and their releasing factors are prohibited:

1. Erythropoiesis-Stimulating Agents [e.g. erythropoietin (EPO), darbepoetin (dEPO), methoxy polyethylene glycol-epoetin beta (CERA), hematide];

For purposes of this section:
* “exogenous” refers to a substance which is not ordinarily capable of being produced by the body naturally.
** “endogenous” refers to a substance which is capable of being produced by the body naturally.
2. Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) in males;

3. Insulins;

4. Corticotrophins;

5. Growth Hormone (GH), Insulin-like Growth Factor-1 (IGF-1), Mechano Growth Factors (MGFs), Platelet-Derived Growth Factor (PDGF), Fibroblast Growth Factors (FGFs), Vascular-Endothelial Growth Factor (VEGF) and Hepatocyte Growth Factor (HGF) as well as any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilisation, regenerative capacity or fibre type switching;

6. Platelet-derived preparations (e.g. Platelet Rich Plasma, “blood spinning”) administered by intramuscular route. Other routes of administration require a declaration of Use in accordance with the International Standard for Therapeutic Use Exemptions.

and other substances with similar chemical structure or similar biological effect(s).

S3. BETA-2 AGONISTS

All beta-2 agonists (including both optical isomers where relevant) are prohibited except salbutamol (maximum 1600 micrograms over 24 hours) and salmeterol by inhalation which require a declaration of Use in accordance with the International Standard for Therapeutic Use Exemptions.

The presence of salbutamol in urine in excess of 1000 ng/mL is presumed not to be an intended therapeutic use of the substance and will be considered as an Adverse Analytical Finding unless the Athlete proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of a therapeutic dose (maximum 1600 micrograms over 24 hours) of inhaled salbutamol.

S4. HORMONE ANTAGONISTS AND MODULATORS

The following classes are prohibited:
1. Aromatase inhibitors
   including, but not limited to:
   aminoglutethimide, anastrozole, androstane-1,4,6-tri-ene-3,17-
   dione (androstatrienedione), 4-androstene-3,6,17 trione
   (6-oxo), exemestane, formestane, letrozole, testolactone.

2. Selective estrogen receptor
   modulators (SERMs) including, but
   not limited to: raloxifene, tamoxifen, toremifene.

3. Other anti-estrogenic substances
   including, but not limited to:
   clomiphene, cyclofenil, fulvestrant.

4. Agents modifying myostatin
   function(s) including but not limited
   to: myostatin inhibitors.

5. DIURETICS AND OTHER MASKING AGENTS

   Masking agents are prohibited. They include:

   Diuretics, probenecid, plasma expanders (e.g. glycerol; intravenous
   administration of albumin, dextran, hydroxyethyl starch and mannitol) and
   other substances with similar biological effect(s).

   Diuretics include:
   Acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone,
   etacrynic acid, furosemide, indapamide, metolazine, spironolactone,
   thiazides (e.g. bendroflumethiazide, chlorothiazide, hydrochlorothiazide),
   triamterene, and other substances with a similar chemical structure or similar
   biological effect(s) (except drosperinone, pamabrom and topical dorzolamide and
brinzolamide, which are not prohibited).

**SUBSTANCES AND METHODS PROHIBITED IN-COMPETITION**

A Therapeutic Use Exemption for diuretics and masking agents is not valid if an Athlete’s urine contains such substance(s) in association with threshold or sub-threshold levels of an exogenous Prohibited Substance(s).

**PROHIBITED METHODS**

**M1. ENHANCEMENT OF OXYGEN TRANSFER**

The following are prohibited:

1. Blood doping, including the use of autologous, homologous or heterologous blood or red blood cell products of any origin.

2. Artificially enhancing the uptake, transport or delivery of oxygen, including but not limited to perfluorochemicals, efaproxiral (RSR13) and modified haemoglobin products (e.g. haemoglobin-based blood substitutes, microencapsulated haemoglobin products), excluding supplemental oxygen.

**M2. CHEMICAL AND PHYSICAL MANIPULATION**

1. Tampering, or attempting to tamper, in order to alter the integrity and validity of Samples collected during Doping Controls is prohibited. These include but are not limited to catheterisation, urine substitution and/or adulteration (e.g. proteases).

2. Intravenous infusions are prohibited except for those legitimately received in the course of hospital admissions or clinical investigations.

**M3. GENE DOPING**

The following, with the potential to enhance athletic performance, are prohibited:
1- The transfer of cells or genetic elements (e.g. DNA, RNA);

2- The use of pharmacological or biological agents that alter gene expression.

Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists (e.g. GW 1516) and PPAR δ-AMP-activated protein kinase (AMPK) axis agonists (e.g. AICAR) are prohibited.

In addition to the categories S1 to S5 and M1 to M3 defined above, the following categories are prohibited in competition:

PROHIBITED SUBSTANCES

S6. STIMULANTS

All stimulants (including both optical isomers where relevant) are prohibited, except imidazole derivatives for topical use and those stimulants included in the 2010 Monitoring Program*.

Stimulants include:

a: Non-Specified Stimulants:

Adrafinil; amfepramone; amiphenazole; amphetamine; amphetaminil; benfluorex; benzphetamine; benzylpiperazine; bromantan; clobenzorex; cocaine; cropropamide; crotetamide; dimethylamphetamine; etilamphetamine; famprofazone; fencamine; fenetylline; fenfluramine; fenproporex; furfenorex; mefenorex; mephentermine; mesocarb; methamphetamine(d-); p-methylamphetamine; methylenedioxyamphetamine; methylenedioxyxymetha-mphetamine; methylhexaneamine (dimethylpentylamine); modafinil; norfenfluramine; phendimetrazine; phenmetrazine; phentermine; 4-phenylpiracetam (carphedon); prenylamine; prolintane.
A stimulant not expressly listed in this section is a Specified Substance.

b: Specified Stimulants (examples):

- Adrenaline**; cathine***; ephedrine****; etamivan; etilefrine; fenbutrazate; fencamfamin; heptaminol; isometheptene; levmetamphetamine; meclofenoxate; methylephedrine****; methylphenidate; nikethamide; norfenefrine; octopamine; oxilofrine; parahydroxyamphetamine; pemoline; pentetrazol; phenpromethamine; propylhexedrine; pseudoephedrine*****; selegiline; sibutramine; strychnine; tuaminoheptane and other substances with a similar chemical structure or similar biological effect(s).

* The following substances included in the 2010 Monitoring Program (bupropion, caffeine, phenylephrine, phenylpropanolamine, pipradol, synephrine) are not considered as Prohibited Substances.

** Adrenaline associated with local anaesthetic agents or by local administration (e.g. nasal, ophthalmologic) is not prohibited.

*** Cathine is prohibited when its concentration in urine is greater than 5 micrograms per milliliter.

**** Each of ephedrine and methylephedrine is prohibited when its concentration in urine is greater than 10 micrograms per milliliter.

***** Pseudoephedrine is prohibited when its concentration in urine is greater than 150 micrograms per milliliter.

S7. NARCOTICS

The following narcotics are prohibited:

- Buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.

S8. CANNABINOIDS

Natural or synthetic △9-tetrahydrocannabinol (THC) and THC-like cannabinoids (e.g. hashish, marijuana, HU-210) are prohibited.
S9. GLUCOCORTICOSTEROIDS

All glucocorticosteroids are prohibited when administered by oral, intravenous, intramuscular or rectal routes.

In accordance with the International Standard for Therapeutic Use Exemptions, a declaration of Use must be completed by the Athlete for glucocorticosteroids administered by intraarticular, periarticular, peritendinous, epidural, intradermal and inhalation routes, except as noted below.

Topical preparations when used for auricular, buccal, dermatological (including iontophoresis phonophoresis), gingival, nasal, ophthalmic and perianal disorders are not prohibited and require neither a Therapeutic Use Exemption nor a declaration of Use.

P1. ALCOHOL

Alcohol (ethanol) is prohibited In-Competition only, in the following sports. Detection will be conducted by analysis of breath and/or blood. The doping violation threshold (haematological values) is 0.10 g/L.

• Aeronautic (FAI)
• Archery (FITA)
• Automobile (FIA)
• Karate (WKF)
• Modern Pentathlon (UIPM) for disciplines involving shooting
• Motorcycling (FIM)
• Ninepin and Tenpin Bowling (FIQ)
• Powerboating (UIM)

P2. BETA-BLOCKERS

Unless otherwise specified, beta-blockers are prohibited In-Competition only, in the following sports.

• Aeronautic (FAI)
• Archery (FITA) (also prohibited Out-of-Competition)
• Automobile (FIA)
• Billiards and Snooker (WCBS)
• Bobsleigh (FIBT)
• Boules (CMSB)
• Bridge (FMB)
• Curling (WCF)
• Golf (IGF)
• Gymnastics (FIG)
• Motorcycling (FIM)
• Modern Pentathlon (UIPM) for disciplines involving shooting
• Ninepin and Tenpin Bowling (FIQ)
• Powerboating (UIM)
• Sailing (ISAF) for match race helms only
• Shooting (ISSF, IPC) (also prohibited Out-of-Competition)
• Skiing/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air
• Wrestling (FILA)

Beta-blockers include, but are not limited to, the following:

Acebutolol, alprenolol, atenolol, betaxolol, bisoprolol, bunolol, carteolol, carvedilol, celiprolol, esmolol, labetalol, levobunolol, metipranolol, metoprolol, nadolol, oxprenolol, pindolol, propranolol, sotalol, timolol.