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DOPING CONTROL OFFICER REPORT FORM

TEST AUTHORISED BY

AUTHORISED COLLECTION AGENCY

1. DESCRIPTION OF SESSION

OUT OF COMPETITION ☐ IN COMPETITION ☐ EVENT / LOCATION _____ SPORT FEDERATION _____

COMPETITION VENUE ☐ TRAINING VENUE ☐ ATHLETE'S HOME ☐ OTHER (SPECIFY) _____ DATE OF SESSION ☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY) NO. OF TESTS COMPLETED ☐☐ URINE ☐☐ BLOOD

2. PERSONNEL

SAMPLE COLLECTION PERSONNEL

NAME _____ POSITION _____ NAME _____ POSITION _____

NAME _____ POSITION _____ NAME _____ POSITION _____

SPORT FEDERATION REPRESENTATIVES

NAME _____ POSITION _____ NAME _____ POSITION _____

3. ATHLETE SELECTION

WERE ALL TESTS ON SAMPLE COLLECTION ORDER COMPLETED? YES ☐ NO (EXPLAIN) _____

WERE ATHLETES SELECTED IN ACCORDANCE WITH COLLECTION ORDER? YES ☐ NO (EXPLAIN) _____

4.NOTIFICATION

WERE ALL TESTS NO ADVANCE NOTICE? YES ☐ NO (INDICATE TIME AND EXPLAIN) UNDER 1 HR ☐ 1-6 HRS ☐ 6-24 HRS ☐ OVER 24 HRS ☐

EXPLAIN _____

WERE ALL ATHLETES SHOWN THE LETTERS OF AUTHORITY? YES ☐ NO (EXPLAIN) _____

5. FACILITIES

WHERE DID SAMPLE COLLECTION TAKE PLACE? _____

WERE THE FACILITIES ADEQUATE? YES ☐ NO (EXPLAIN) _____

6.SAMPLE COLLECTION

WERE ALL SAMPLES COLLECTED ACCORDING TO PROCEDURES? YES ☐ NO (EXPLAIN) _____

7. SAMPLE STORAGE

WERE ALL SAMPLES STORED ACCORDING TO PROCEDURES? YES ☐ NO (EXPLAIN) _____

8. GENERAL COMMENTS AND SUGGESTIONS *(COMPLETE SEPARATE SUPPLEMENTARY REPORT FORM IF SPACE IS INSUFFICIENT)*

9. CONFIRMATION

SUPPLEMENTARY REPORT FORM? N/A ☐ NUMBER ☐☐☐☐☐☐ DATE ☐☐ DD ☐☐ MM ☐☐☐☐ YYYY TEST MISSION CODE ☐☐☐☐☐☐☐☐☐

DCO NAME _____ DCO SIGNATURE _____

FOR INTERNAL USE ONLY CHECKED BY: _____ DATE: ___/___/___ FOLLOW-UP: _____

ORIGINAL - ADO - WHITE COPY 1 - AUTHORIZED COLLECTION AGENCY - GREEN VERSION 2: 04-2004 (WADA / AMA)