

# Fédération Internationale de Football Association

*FIFA President:* Joseph S. Blatter  
*General Secretary:* Urs Linsi  
Hitzigweg 11  
P.O. Box 85  
8030 Zurich  
Switzerland  
Tel.: +41 (1) 384 9595  
Fax: +41 (1) 384 9696

## Sports Medical Committee

*Chairman:* D'HOOGHE Michel, Dr. (Belgium)  
*Deputy Chairman:* DIAKITE Amadou, (Mali)  
*Members:* PETERSON Lars, Prof. (Sweden)  
O'HATA Nozomu, Prof. (Japan)  
DVORAK Jiri, Prof. (Switzerland)  
GITTENS Rudy, Dr. (Canada)  
ZERGUINI A Yacine, Dr. (Algeria)  
MADERO Raúl Horacio, Dr. (Argentina)  
GRAF-BAUMANN Toni, Prof. (Germany)  
TOLEDO Lidio, Dr. (Brazil)  
YOON Young Sul, Dr. (Republic of Korea)  
KANNANGARA Siri, Dr. (Australia)  
BABWAH Terence James, Dr. (Trinidad & Tobago)  
ABD EL-RAHMAN Hosny Ahmed, Prof. (Egypt)  
SINGH Gurcharan, Dr. (Malaysia)

## Doping Control Sub-Committee:

*Chairman:* Graf-Baumann Toni, Prof. (Germany)  
*Members:* Dvorak Jiri, Prof. (Switzerland)  
Peterson Lars, Prof. (Sweden)  
Guillén Montenegro Jorge, Dr. (Spain)  
Saugy Martial, Dr. (Switzerland)

*Coordination:* Boban Helene (FIFA)  
Charles Richard (FIFA)





**FIFA**

*For the Good of the Game*

# **DOPING CONTROL REGULATIONS FOR FIFA COMPETITIONS AND OUT-OF-COMPETITION**

## **CONTENTS**

Präambel	4
I. DEFINITION	5
II. DOPING CONTROL ORGANISATION	
1. Administrative arrangements	6
2. Obligations of national associations and players	6
3. Doping test procedure for urine specimens	6
4. Doping test area	9
5. Taking specimens	9
6. Analysis of specimens and communication of results	11
7. Right to request an analysis of specimen “B”	11
8. Procedure if specimen “B” proves positive	11
9. Doping test procedure for blood samples	12
10. Information on Declaration of Agreement for Blood Tests (cf. Appendix B)	13
III. MATTERS NOT PROVIDED FOR	16

## **APPENDICES**

A. List of classes of prohibited substances and prohibited methods	17
B. Declarations of Agreement	24
C. Sample forms	26
D. List of IOC accredited laboratories	32

## Preamble

Doping has become a constant preoccupation of international sports organisations and national governments.

The fundamental aims of doping control are threefold:

- to uphold and preserve the ethics of sport;
- to safeguard the physical health and mental integrity of the player;
- to ensure that all competitors have an equal chance.

FIFA introduced doping control in 1966 to ensure that the results of the matches in its international competitions are a fair reflection of the strength of the contenders.

**The FIFA Sports Medical Committee shall have overall responsibility for implementing doping control at all FIFA competitions.**

## I. DEFINITION

Doping is any attempt by a player himself\*, or at the instigation of another person such as his manager, coach, trainer, doctor, physiotherapist or masseur, to enhance his mental and physical performance unphysiologically or to treat ailments or injury – when this is medically unjustified – for the sole purpose of taking part in a competition. This includes using (taking or injecting), administering or prescribing prohibited substances prior to or during a competition. These stipulations also apply, out of competition, to anabolic steroids and peptide hormones, as well as to substances producing similar effects.

Other prohibited methods (e.g. blood doping) or manipulation of the doping specimens shall also classify as doping.

Doping contravenes the ethics of sport and constitutes an acute or chronic health hazard for players, with possible fatal consequences.

Prohibited substances in the context of these regulations are included as Appendix A.

The substances listed in Appendix A may not be taken or used by, or administered to players, even for medical reasons, while they are preparing for or taking part in a competition. The only exception to this is local anaesthetics for combating pain (excluding cocaine).

Corticosteroids may only be used for local applications (otological, ophthalmological or dermatological), inhalations (asthma, allergic rhinitis) or for local or intra-articular injections, if the medical indications have clearly been proven and submitted to FIFA prior to the event.

**\* Reference to the male gender in respect of players in these Regulations applies to both males and females.**

## **II. DOPING CONTROL ORGANISATION**

### **1. Administrative arrangements**

- 1.1 The FIFA Doping Control Sub-Committee and the relevant competition organising committee reserve the right to arrange random doping tests during all preliminary and final competition matches of FIFA tournaments, including friendly matches during the preparatory period. The Committees shall also be responsible for deciding at which laboratory among those recognised by the International Olympic Committee (IOC) the analyses of such tests shall be carried out. In addition, unannounced doping tests can also be out-of-competition, e.g. at team training camps.
- 1.2 The FIFA Doping Control Sub-Committee and the relevant competition organising committee shall designate an accredited FIFA medical officer to carry out doping tests at the matches in question as well as unannounced out-of-competition doping tests.
- 1.3 The FIFA medical officer must be a physician. He shall be responsible for the entire doping test procedure, including the immediate dispatch of urine specimens to the relevant laboratory and copies of the forms to FIFA. FIFA shall provide him with the material required to carry out the tests. An assistant may also be appointed if necessary, e.g. at double-headers.

### **2. Obligations of national associations and players**

- 2.1 All national associations shall, by signing the “Declaration of Agreement,” undertake to comply with these doping control regulations for FIFA competitions and out of competition.
- 2.2 Every player designated to undergo a doping test, either as a result of the draw by lots or because of suspicion of doping by the FIFA commissioner or the referee of the match, shall be obliged to undergo any medical examination which the FIFA medical officer deems necessary and to cooperate with the latter in this respect.
- 2.3 Every player selected is obliged to provide a urine specimen.
- 2.4 If a player refuses to provide a specimen, he shall be subject to sanctions by the FIFA Disciplinary Committee (art. 60ff. of the Disciplinary Code).
- 2.5 Refusal to undergo a doping test or any attempt to manipulate it shall be considered the same as a positive doping test.

### **3. Doping test procedure for urine specimens**

- 3.1 A minimum of two players from each competing team shall be tested at every match at which doping tests are to be carried out. Four players from each team shall be drawn by lots. The first two players drawn from each team shall be tested and the other two shall replace them in the case of injury.
- 3.2 The FIFA medical officer shall obtain the official players’ lists for both teams from the FIFA match commissioner before the game. Form 0-1 (Appendix C) shall be completed before each match by the team doctor and handed over personally or by a

person of trust to the FIFA medical officer. The team doctor shall enter in legible handwriting on Form 0-1 any medicaments taken by all of the players or administered to them in the 72 hours preceding the match, indicating the name of the product, the diagnosis, the dose, when and for how long prescribed and the method of administration. Details of the medicaments declared on Form 0-1 shall be disclosed only if a doping test proves positive. Should a medicament indicated on Form 0-1 prove to be a prohibited substance, the FIFA medical officer shall have the right to conduct further investigations, which could lead to the player's suspension. Form 0-1 shall otherwise remain in the possession of the FIFA medical officer at all times.

- 3.3 The players to be tested shall be drawn by lots by the FIFA medical officer in the doping control room at half-time.

In addition to the FIFA medical officer, the following persons must be present:

- an official representative from each of the two competing teams
- if requested, the FIFA match commissioner or his deputy.

- 3.4 The FIFA medical officer shall conduct the draw as follows:

- referring to the official players' lists, he shall check the names and shirt numbers of the players;
- he shall then spread out on a table the Plexiglas tags containing the numbers of all the players eligible and able to play as well as the injured players sitting on the bench in each of the two teams;
- he shall make sure that none of the numbers is missing before placing them into two different coloured dark fabric bags, one for each team;
- he shall then draw four numbers from each bag and, without looking at them, place each of them in separate envelopes marked 1 to 4 for each team. The fabric bags shall be set aside in two separate, sealed envelopes.
- finally, he shall seal all eight envelopes, sign them, have them countersigned by the team representatives and store them in a safe place.

The two players from each team whose numbers have been placed in envelope 1 and 2 shall undergo a doping test. However, if either of these two players is injured before the match is over, the one whose number is in envelope 1 shall be replaced for the doping test by the one in envelope 3 and the one whose number is in envelope 2 shall be replaced for the doping test by the one in envelope 4. The FIFA medical officer shall decide whether or not the injury is severe enough to prevent the player from undergoing a doping test.

- 3.5 If there is suspicion of doping, the FIFA commissioner and/or the referee of the match in question are entitled to summon additional players to be tested. Furthermore, if a player is shown a red card and sent off during the match because his behaviour is unusually aggressive or irrational, he may also be ordered to undergo a doping test at the end of the match in addition to the players who have already been drawn by lots.
- 3.6 Fifteen minutes before the end of the game (90 minutes) the FIFA medical officer shall open envelopes 1 and 2 for each team in the doping control room in the presence of a representative of each team (preferably from the bench – otherwise the FIFA Medical Officer will take form 0-2 to the bench) and, if requested, the FIFA match commissioner.

- 3.7 The FIFA medical officer shall then indicate on Form 0-2, "Summons to Doping Test", the name and number of the player drawn and hand the relevant copies of the form to the representative of each team and the FIFA match commissioner.
- 3.8 If a player is shown the red card at any time of the match, a member of the delegation concerned, an escort or the FIFA medical officer shall stay with the player in the doping test area until the names of the players drawn for the doping test are known and ensure that he is available to undergo the test after the match, if necessary.
- 3.9 Each national association and/or team concerned shall be responsible for ensuring that players drawn to undergo a doping test are taken by a designated authorised person (escort) to the doping test area straight from the pitch as soon as the match is over.
- 3.10 Should FIFA decide to conduct out of competition doping tests, the FIFA medical officer shall identify himself to the head or deputy head of delegation of the relevant team by presenting his accreditation and discuss the procedure for doping control with him, the team doctor and, if applicable, the coach.
- 3.11 The head of delegation of the relevant team shall give the FIFA medical officer an up-to-date list of the players at the training camp, including any who are absent at the time the doping test is undertaken. The reasons for any such absences shall be given to the FIFA medical officer, as well as the scheduled time of arrival at or return to the training camp for these players. The FIFA medical officer shall decide whether these players are to be included in the draw procedure for players having to undergo a doping test.
- 3.12 The FIFA medical officer shall hand the team doctor a copy of Form 0-1, on which the team doctor shall enter all the drugs administered and prescribed to all of the players involved in the training camp, if necessary, after consultation with the players. The arrangements set forth herein in par. 3.2 shall also apply with respect to the particulars to be entered on Form 0-1 and the procedure for using this form.
- 3.13 The FIFA medical officer shall draw the names of the players who are required to undergo a doping test. In addition to the FIFA medical officer and, if applicable, his assistant, two official representatives of the team concerned shall be in attendance.
- 3.14 The medical officer shall conduct the draw as follows:
- referring to the official players' list, he shall check the names and shirt numbers of the players;
  - he shall then spread out on a table the Plexiglas tags containing the numbers of all the players registered in accordance with par. 3.11;
  - he shall make sure that none of the numbers is missing before placing them into a dark fabric bag;
  - he shall then draw four numbers from this bag.

The two players drawn first shall undergo a doping test. The other two players drawn can also be called for testing.

If one or more of the players drawn are injured or ill, the FIFA medical officer shall decide whether they will still need to undergo a doping test or whether they can be replaced by other players already or yet to be drawn.

## **4. Doping control room**

- 4.1 In the case of competition doping tests, only the following people shall be allowed into the doping test area:
- the players who have been drawn by lots
  - an official delegate from the two participating teams, preferably the team doctor
  - the FIFA medical officer
  - the accredited assistant(s) of the FIFA medical officer
  - a local official, if requested
  - the FIFA match commissioner, if requested
  - an interpreter approved by FIFA, if requested
- 4.2 In the case of out of competition doping tests only the following people shall be allowed into the doping test area:
- the players who have been drawn by lots
  - the FIFA medical officer
  - the accredited assistant(s) of the FIFA medical officer
  - the team doctor, if requested
  - an interpreter approved by FIFA, if requested
- 4.3 The players drawn to undergo a doping test shall remain in the waiting room of the doping test area until they are called in to give specimens. Non-alcoholic drinks that are free of doping substances shall be made available to the players in the form of unopened and sealed bottles or cans placed in a refrigerator in the doping control room. If a player wishes to take his own food and non-alcoholic drinks to the doping test, it is entirely at his own risk.
- 4.4 The local security bodies shall take the necessary measures to ensure that no persons other than those authorised in par. 4.1 enter the doping test area. The entrance door must be constantly guarded by a member of the local security authorities.
- Responsibility for security during out of competition tests shall be borne by the relevant team delegations. The FIFA medical officer is entitled to refuse unauthorised persons access to the doping control room.

## **5. Taking specimens**

- 5.1 The FIFA medical officer is responsible for the doping test procedure. He shall check the player's identity against the player's accreditation and Form 0-2.
- 5.2 First, the player himself shall pick the utensils required for the procedure:
- a sealed and sterilised beaker
  - a polystyrene box containing two transparent glass bottles, one marked specimen "A" and the other specimen "B", each packed and sealed in a transparent

plastic bag. A code number is laser-engraved on the bottles and bottle caps and also marked on the polystyrene box.

- 5.3 The player shall urinate into the sterilised beaker under the supervision of the FIFA medical officer or his assistant. The urine volume shall be at least 75 ml (“A” 50 ml, “B” 25 ml), unless unexpected problems arise, in which case 50 ml (“A” 35 ml, “B” 15 ml) shall suffice. The decision shall rest with the FIFA medical officer.
- 5.4 The player shall decide whether he or the medical officer shall pour the urine into bottles “A” and “B”. The decision taken shall be documented in writing on Form 0-3. If the player decides to do it himself, the FIFA medical officer shall explain the procedure to him.
- 5.5 The FIFA medical officer shall ascertain the pH value and the specific weight, using the last remaining drops of urine in the beaker.
- 5.6 After the urine sample has been poured into bottles “A” and “B”, either the player himself or the FIFA medical officer (cf. par. 5.4.) shall close them tight, both of them first having checked that the bottles are in good and proper condition. The player shall ensure that no urine can leak out and compare the code numbers on both bottles, the bottle caps and the particulars on Form 0-3 once again. Form 0-3 shall then be signed by the player, the person accompanying him and the FIFA medical officer.
- 5.7 The FIFA medical officer shall then complete Form 0-4, containing the following information: date, match, venue, match number, code number of the “A” and “B” specimens, pH value and specific weight of the urine specimens.

The “A” and “B” specimens of all the players tested and the yellow copy of Form 0-4 shall be delivered to the laboratory by courier or by the FIFA medical officer.

### **Procedure if the stipulated urine volume of 75 ml is not obtained:**

- 5.8 The player shall select a polystyrene box as in par. 5.2. Without removing the red security ring he shall open bottle “A” only and select an interim sealing set (interim sealing device and numbered security tape). The player or the FIFA medical officer (cf. par. 5.4.) shall pour the urine into bottle “A” and seal it, using the interim sealing device before replacing the cap on the bottle. Next, he shall place bottle “A” back in the polystyrene box, which also contains bottle “B”, and seal it with the security tape, the number of which is registered on Form 0-3. The player shall then return to the waiting room, keeping the polystyrene box containing his partial urine specimen in his possession.

As soon as the player is able to give a further urine specimen, he shall select a new, sealed and sterilised beaker, into which he shall then urinate under the supervision of the medical officer or his assistant.

The FIFA medical officer or the player (cf. par. 5.4) shall then pour the urine from bottle “A” into the beaker containing the freshly produced urine. If the urine volume is still below 75 ml, the process shall be repeated.

Once the urine volume of 75 ml has been obtained, the procedure shall be continued as from par. 5.4. to par. 5.8.

## **6. Analysis of specimens and communication of results**

- 6.1 Analysis of the specimens shall be carried out in a laboratory recognised by the IOC (cf. par. 1.1).
- 6.2 The laboratory shall proceed with the analysis of specimen “A”, keeping specimen “B” in a refrigerator at the laboratory.
- 6.3 The head of the laboratory shall send the test results by fax or e-mail to the FIFA chief medical officer responsible, within 24 hours of receiving the specimen.
- 6.4 If the analysis of specimen “A” proves negative, FIFA shall inform the head of delegation of both teams and the relevant FIFA committees. The “B” specimen shall be disposed of 30 days after the announcement of the analysis result, so that it can no longer be used for additional testing.
- 6.5 If the analysis of specimen “A” proves positive, the FIFA chief medical officer responsible shall immediately inform the FIFA General Secretary of the communication from the laboratory and, if applicable, the relevant particulars on Form O-1.

## **7. Right to request an analysis of specimen “B”**

- 7.1 If the analysis of specimen “A” is confirmed as positive by the FIFA Doping Control Sub-Committee’s medical report, the FIFA General Secretary shall at once confidentially notify the chairmen of the Disciplinary Committee and the Sports Medical Committee and the national association of the player concerned, which shall have the right to request a second analysis using specimen “B”, within 24 hours of being notified.
- 7.2 If a second analysis is requested, FIFA shall communicate this request immediately to the head of the laboratory where the “B” specimen is being kept. An analysis of specimen “B” shall be carried out as soon as possible, but not later than within 48 hours of FIFA’s request, by personnel who were not directly involved with the analysis of specimen “A”.
- 7.3 A FIFA representative may be present when the bottle containing specimen “B” is opened. The association concerned shall have the right to have a representative present, in addition to the player concerned.
- 7.4 The results of the analysis of specimen “B” shall be sent immediately to the FIFA chief medical officer responsible, by fax or by e-mail.
- 7.5 If no request for a second test is made, the laboratory shall dispose of specimen “B” after 30 days have elapsed.

## **8. Procedure if the analysis of specimen “B” proves positive**

- 8.1 If the analysis of specimen “B” proves positive, the case shall be submitted to the Disciplinary Committee, which based on the FIFA Doping Control Sub-Committee’s medical report, shall determine the degree of responsibility of the player and/or persons belonging to his national association. The Disciplinary Committee shall decide appropriate sanctions
- 8.2 FIFA shall have the exclusive right to publish the test results and the consequences thereof.

## 9. Doping test procedure for blood samples

Blood tests were first carried out by FIFA medical officers at the FIFA World Cup Korea/ Japan 2002™ and are now an integral part of the FIFA Doping Control Regulations. The Doping Control Sub-Committee shall decide whether blood and urine tests or only urine tests shall be carried out .

- 9.1 With reference to the Information on the Declaration of Agreement for Blood Tests, the team doctors agree to support the FIFA medical officer in explaining the blood sampling procedure to their players so that they understand the reasons for it and the need to comply.
- 9.2 With reference to par. 3.1 - 3.14, par. 4.1 - 4.4 and par. 5.1. - 5.7 of the FIFA Doping Control Regulations, FIFA shall carry out blood tests in addition to urine tests.
- 9.3 The FIFA Medical Officer is responsible for the blood sampling. He/she may not delegate the sampling procedure to his/her assistant unless they are physicians.
- 9.4 With reference to par. 3.4 of the FIFA Doping Control Regulations, blood samples shall be taken from those players who have been drawn to undergo urine tests for doping control.
- 9.5 The collection of blood samples from the players shall, in general, be carried out before the players produce a urine specimen.
- 9.6 A part of the doping control room shall be partitioned off to carry out the blood sampling procedure.
- 9.7 No less than 3 ml of blood shall be drawn from the player's vein, preferably from the inner part of the lower arm, whilst the player is sitting on a chair and resting his arm on a suitable support.
- 9.8 Blood sampling shall be carried out by applying a proficient (lege artis) intravenous injection which excludes any health risk, except the possible risk of local haematomas.
- 9.9 With reference to par. 5.2 of the FIFA Doping Control Regulations, the player shall select two polystyrene boxes with the same code numbers, one labelled in black for the urine samples and the second labelled in red for the blood sample.
- 9.10 At the beginning of the doping control procedure, the FIFA Medical Officer shall explain the urine and blood sampling procedures to the selected players with the help of the team doctors.

Declarations are required for

- medications that may affect the venepuncture procedure (particularly those that affect clotting) e.g. aspirin, warfarin, non-steroidal anti-inflammatory agents
- any bleeding disorder which may have an effect on clotting time

Prior to the blood samples being taken, the players shall be asked if they

- have understood the procedure and purpose of sampling
- if players have taken medication which could affect clotting time, extra care shall taken concerning haemostasis for these players.

9.11 FIFA Medical Officers are responsible for

- Hygiene and a sterile technique
- Handling of blood sampling equipment
- Handling of blood samples e.g. mixing anti-coagulants
- After-care for the players

The FIFA Medical Officer or the assistant shall wear sterile gloves during the procedure and only they and the players are allowed to handle the samples.

9.12 Players shall be given a choice of Bereg Kits containing blood sample tubes, Vacutainer sleeve and needle. Players shall decide whether they or the FIFA Medical Officer shall seal the blood sample into the specially designed red labelled Bereg Kit bottle, once the FIFA Medical Officer or his/her assistant has completed the procedure for taking blood. The FIFA Medical Officer shall then place the coded, sealed glass bottle containing the player's blood sample into the transport cooling bag.

9.13 All players shall be accompanied by an official team representative at all times, preferably the team doctor.

9.14 Blood samples shall be taken using Butterfly needles (Vacutainer Systems Blood Collection Set), following the usual clinical procedure for blood sampling.

No less than 3 ml venepuncture tubes with a 2 (3) ml vacuum draw shall be used for collecting blood.

9.15 Disposal of partial blood samples:

This issue may arise when a player's vein collapses after a small amount of blood has been collected. The procedure shall be repeated on the other arm to obtain a sufficient volume of blood before packing it in the Bereg Kit.

9.16 The blood samples shall be screened for blood doping such as EPO abuse using two parameters (haematocrit and reticulocyte %).

9.17 IOC accredited laboratories are able to detect blood doping substances like EPO and Darbeopetin in urine.

If this analytical method shows suspicious results in urine and blood, the case shall be declared positive.

If the results of the blood analysis are suspicious, further blood samples may be collected for further analysis.

9.18 In accordance with par. 6 of FIFA's Doping Control Regulations, the analyses for blood tests shall be carried out in IOC accredited laboratories.

The information on the results is similar to the handling of urine test results.

## **10. Information on the Declaration of Agreement for Blood Tests – cf. Appendix B**

*“Strict doping control – including blood testing – does not seem to violate the physical and mental integrity of the individual player. On the contrary, it can be seen as a neces-*

*sary strategy to preserve football/soccer – sport in general – as an arena in which we can explore our possibilities and limitations as human beings.”*

(Sigmund Loland, 1993)

During the Olympic Games in Sydney and Salt Lake City and the 2002 FIFA World Cup Korea/Japan™, over 1000 pre-competition blood samples were taken from athletes to detect erythropoietin (EPO) and darbepoetin (Aranesp) abuse.

Urine specimens were also taken at the same time in accordance with the relevant Doping Control Regulations.

Blood tests are now widely accepted as a technique to limit the use of performance-enhancing drugs, all of which may have serious physical and mental side-effects and contra-indications for athletes.

A well publicised and administered programme adds to the credibility of FIFA's competitions, gains support and acceptance from football/soccer players and eliminates doubts about the use of endogenous hormones such as EPO.

FIFA therefore informed all team doctors accordingly at the Workshop in Tokyo on 28 February 2002. All team physicians unanimously agreed to support any requisite blood tests during the 2002 FIFA World Cup Korea/Japan™ to identify the substances in question for the sake of the players' health, fair play and drug-free football.

Consequently, all players agreed to undergo blood tests.

Nevertheless, over the years there has been much discussion about the use of “invasive techniques” to take blood samples from athletes.

FIFA has always respected the principle of the players' physical and mental integrity.

However, the world of sport and different societies in all corners of the earth – regardless of cultural and religious backgrounds – have come to realise the risks of high-potential doping substances and methods. A consistent fight against doping therefore calls for consistent methods.

The so-called method-goal relation between respect for the athletes' integrity and the need to take blood samples for doping control through invasive methods has evolved in favour of a consistent fight against doping.

During the last Olympic Games and the FIFA World Cup Korea/Japan™, blood sampling was generally well received by athletes and their coaches, managers and team doctors.

Blood samples were taken from athletes from 55 countries and no-one objected on either cultural or religious grounds. The blood sample procedure was modelled on the urine specimen procedure and on medical blood sampling. Most athletes were familiar with both methods and were aware that blood sampling carried out by proficient (*lege artis*) intravenous collection does not incur any health risk except perhaps local haematomas.

FIFA still adheres to the policy of engaging only specially trained doping control physicians for doping tests.

All players are required to sign the Declaration of Agreement for Blood Sampling (Appendix B), which FIFA must receive prior to the tournament.

Team doctors are encouraged to accompany their players, as they are usually interested in the procedure, are able to reassure the players and are regarded as the ideal people to provide accurate feed-back to the rest of the team.

Zurich/Karlsruhe, 17 December 2002

FEDERATION INTERNATIONALE  
DE FOOTBALL ASSOCIATION



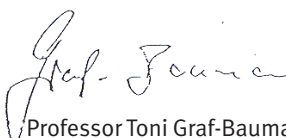
Urs Linsi  
*General Secretary*



Michel D'Hooghe, MD  
*Chairman Sports Medical Committee*



Professor Jiri Dvorak, MD  
*FIFA Chief Medical Officer*



Professor Toni Graf-Baumann, MD  
*Chairman FIFA Doping Control Subcommittee*



Professor Günter Hirsch, BLitt  
*President, German Federal Supreme Court*

Acknowledgement: We wish to thank Dr. Peter John Symons (BVSc, BA) from Australia for his valuable support.

### III. MATTERS NOT PROVIDED FOR

1. Matters not provided for in these regulations shall be settled by final decision of the relevant organising committee.
2. If there is any discrepancy in the interpretation of the English, French, Spanish or German versions of these regulations, the English text shall be authoritative.
3. The regulations for doping tests at FIFA competitions and out of competition shall be implemented and construed according to Swiss law and the rules of the football-specific chamber of the Cours of Arbitration for Sport (CAS).
4. **Any dispute arising from or related to the present regulations will be settled in accordance with FIFA jurisdiction and, if necessary, by the football-specific chamber of CAS in Lausanne, Switzerland, in accordance with its regulations.**

**These regulations were adopted by the FIFA Executive Committee at its meeting on 7 December 1996 and amended at the Executive Committee meeting held in Madrid on 17 December 2002.**

Zurich, February 2003

## APPENDIX A

### LIST OF CLASSES OF PROHIBITED SUBSTANCES AND PROHIBITED METHODS

(published by the Olympic Movement and subject to adaptation, if necessary)

#### I. CLASSES OF PROHIBITED SUBSTANCES

##### A. STIMULANTS

###### a.

Prohibited substances in class **A.a** include the following examples with both their L- and D-isomers

**amiphenazole, amphetamines, bromantan, caffeine\*, carphedon, cocaine, ephedrine\*\*, fencamfamin, mesocarb, pentetrazol, pipradrol, ... and related substances.**

\* For caffeine the definition of a positive is a concentration in urine greater than 12 micrograms per millilitre.

\*\* For ephedrine and methylephedrine, the definition of a positive is a concentration in urine greater than 10 micrograms per millilitre. For cathine, the definition of a positive is a concentration in urine greater than 5 micrograms per millilitre. For phenylpropanolamine and pseudoephedrine, the definition of a positive is a concentration in urine greater than 25 micrograms per millilitre.

NOTE: All imidazole preparations are acceptable for topical use. Vasoconstrictors may be administered with local anaesthetic agents. Topical preparations (e.g. nasal, ophthalmological, rectal) of adrenaline are permitted. Bupropion, synephrine and phenylephrine are permitted

###### b.

Prohibited substances in class **A.b** include the following examples with both their L- and D-isomers

**formoterol\*\*\*, salbutamol\*\*\*, salmeterol\*\*\* and terbutaline\*\*\* ... and related substances**

\*\*\* permitted by inhaler only to prevent and/or treat asthma and exercise-induced asthma. Written notification by a respiratory or team physician that the athlete has asthma and/or exercise-induced asthma is necessary to the relevant medical authority prior to competition.

At the Olympics Games, athletes who request permission to inhale a permitted beta-2 agonist, will be assessed by an independent medical panel.

##### B. NARCOTICS

Prohibited substances in class **B** include the following examples:

**buprenorphine, dextromoramide, diamorphine (heroin), methadone, morphine, pentazocine, pethidine, ... and related substances.**

NOTE: codeine, dextromethorphan, dextropropoxyphene, dihydrocodeine, diphenoxylate, ethylmorphine, pholcodine, propoxyphene and tramadol are permitted.

Furthermore, morphine at a concentration greater than 1 microgram per millilitre is a doping offence unless it may have been caused as a result of the administration of a permitted substance such as codeine. Laboratories should consider the presence of other substances that would provide evidence of the administration of codeine and related substances.

## **C. ANABOLIC AGENTS**

Prohibited substances in class **C** include the following examples:

### ***1. Anabolic androgenic steroids***

**a.**

**clostebol, fluoxymesterone, metandienone, metenolone, nandrolone, 19-norandrostenediol, 19-norandrostenedione, oxandrolone, stanozolol, . . . and related substances.**

**b.**

**androstenediol, androstenedione, dehydroepiandrosterone (DHEA), dihydrotestosterone, testosterone\*, . . . and related substances.**

Evidence obtained from metabolic profiles and/or isotopic ratio measurements may be used to draw definitive conclusions.

- \* The presence of a testosterone (T) to epitestosterone (E) ratio greater than six (6) to one (1) in the urine of a competitor constitutes an offence unless there is evidence that this ratio is due to a physiological or pathological condition, e.g. low epitestosterone excretion, androgen producing tumour, enzyme deficiencies.

In the case of T/E greater than 6, it is mandatory that the relevant medical authority conducts an investigation before the sample is declared positive. A full report will be written and will include a review of previous tests, subsequent tests and any results of endocrine investigations. In the event that previous tests are not available, the athlete should be tested unannounced at least once per month for three months. The results of these investigations should be included in the report. Failure to co-operate in the investigations will result in declaring the sample positive.

### ***2. Other anabolic agents***

**clenbuterol, salbutamol \***

- \* For salbutamol, a concentration in urine greater than 1000 nanograms per millilitre of non-sulphated salbutamol constitutes a doping violation.

## **D. DIURETICS**

Prohibited substances in class **D** include the following examples:

**acetazolamide, bumetanide, chlortalidone, etacrynic acid, furosemide, hydrochlorothiazide, mannitol\*, mersalyl, spironolactone, triamterene, . . . and related substances.**

- \* Prohibited by intravenous injection.

## **E. PEPTIDE HORMONES, MIMETICS AND ANALOGUES**

Prohibited substances in class **E** include the following examples and their analogues and mimetics:

1. **Chorionic Gonadotrophin** (hCG) prohibited in males only;
2. **Pituitary and synthetic gonadotrophins** (LH) prohibited in males only;
3. **Corticotrophins** (ACTH, tetracosactide);
4. **Growth hormone** (hGH);
5. **Insulin-like Growth Factor** (IGF-1); and all the respective releasing factors and their analogues;
6. **Erythropoietin** (EPO);
7. **Insulin\***

\* permitted only to treat athletes with certified insulin-dependent diabetes.

The term 'insulin-dependent' is used here to describe people with diabetes in whom insulin treatment is required, in the judgement of a suitably qualified physician. It will always be the case in Type 1 and sometimes in Type 2 diabetes mellitus. Written certification of insulin-dependent diabetes must be obtained from an endocrinologist or team physician.

The presence of an abnormal concentration of an endogenous hormone in class **E** or its diagnostic marker(s) in the urine of a competitor constitutes an offence unless it has been proven to be due to a physiological or pathological condition.

## **F. AGENTS WITH ANTI-OESTROGENIC ACTIVITY**

**Aromatase inhibitors, clomiphene, cyclofenil, tamoxifen are prohibited only in males.**

## **G. MASKING AGENTS**

Prohibited substances in class **G** include the following examples:

**diuretics, epitestosterone\*, probenecid, plasma expanders (e.g. hydroxyethyl starch)**

Masking agents are prohibited. They are products that have the potential to impair the excretion of prohibited substances or to conceal their presence in urine or other samples used in doping control.

\* The presence of a urinary concentration of epitestosterone greater than 200 ng/mL constitutes an anti-doping violation unless there is evidence that it is due to a physiological condition. Isotopic ratio mass spectrometry (IRMS) may be used to draw definitive conclusions. If the results of the IRMS are inconclusive, the relevant medical authority shall conduct an investigation before the sample is declared positive.

## **II. PROHIBITED METHODS**

The following procedures are prohibited:

### **A. Enhancement of Oxygen Transfer**

- a. Blood doping. Blood doping is the administration of autologous, homologous or heterologous blood or red blood cell products of any origin, other than for legitimate medical treatment.

- b. The administration of products that enhance the uptake, transport or delivery of oxygen, e.g. modified haemoglobin products including but not limited to bovine and cross-linked haemoglobins, microencapsulated haemoglobin products, per-fluorochemicals, and RSR13.

## **B. PHARMACOLOGICAL, CHEMICAL AND PHYSICAL MANIPULATION**

Pharmacological, chemical and physical manipulation is the use of substances and methods, including masking agents (cf. G), which alter, attempt to alter or may reasonably be expected to alter the integrity and validity of specimens collected in doping controls. These include, without limitation, catheterisation, urine substitution and/or tampering, inhibition of renal excretion and alterations of testosterone and epitestosterone (cf. G) measurements.

## **C. GENE DOPING**

Gene or cell doping is defined as the non-therapeutic use of genes, genetic elements and/or cells that have the capacity to enhance athletic performance.

# **III. CLASSES OF PROHIBITED SUBSTANCES IN CERTAIN SPORTS**

## **A. ALCOHOL**

Where the rules of the governing body so provide, tests will be conducted for ethanol.

## **B. CANNABINOIDS**

Where the rules of the governing body so provide, tests will be conducted for cannabinoids (e.g. marijuana, hashish). A concentration in urine of 11-nor-delta 9-tetrahydrocannabinol-9-carboxylic acid (carboxy-THC) greater than 15 nanograms per millilitre constitutes doping.

## **C. LOCAL ANAESTHETICS**

Injectable local anaesthetics are permitted under the following conditions:

- a. bupivacaine, lidocaine, mepivacaine, procaine, and related substances, can be used but not cocaine. Vasoconstrictor agents may be used in conjunction with local anaesthetics;
- b. only local or intra-articular injections may be administered;
- c. only when medically justified.

Where the rules of the governing body so provide, notification of administration may be necessary.

## **D. GLUCOCORTICOSTEROIDS**

The systemic use of glucocorticosteroids is prohibited when administered orally, rectally, or by intravenous or intramuscular injection. When medically necessary, local and intra-articular injections of glucocorticosteroids are permitted.

Where the rules of the governing body so provide, notification of administration may be necessary.

## **E. BETA-BLOCKERS**

Prohibited substances in class **E** include the following examples:

**acebutolol, alprenolol, atenolol, labetalol, metoprolol, nadolol, oxprenolol, propranolol, sotalol, . . . and related substances.**

Where the rules of the governing body so provide, tests will be conducted for beta-blockers.

## **IV. SUMMARY OF URINARY CONCENTRATIONS ABOVE WHICH A DOPING VIOLATION HAS OCCURRED**

caffeine	> 12 micrograms/millilitre
carboxy-THC	> 15 nanograms/millilitre
cathine	> 5 micrograms / millilitre
ephedrine	> 10 micrograms / millilitre
epitestosterone*	> 200 nanograms / millilitre
methylephedrine	> 10 micrograms / millilitre
morphine	> 1 microgram / millilitre
19-norandrosterone	> 2 nanograms /millilitre in males
19-norandrosterone	> 5 nanograms/millilitre in females
phenylpropanolamine	> 25 micrograms / millilitre
pseudoephedrine	> 25 micrograms / millilitre
salbutamol (as anabolic agent)	> 1000 nanograms/millilitre
T/E ratio*	> 6

\* cf. I.C.b. and I.G.

In this paragraph, only the concentration > 1000 ng/ml for salbutamol remains considered as anabolic. Thus, below 1000 ng/ml a therapeutic justification and/or an examination by a medical panel is necessary; while above 1000 ng/ml is considered as having an anabolic effect.

## **V. SUBSTANCES AND METHODS PROHIBITED OUT OF COMPETITION**

- I.C.** Anabolic agents
- I.D.** Diuretics
- I.E.** Peptide hormones, mimetics and analogues
- I.F.** Agents with anti-Oestrogenic activity
- I.G.** Masking agents
- II.** Prohibited methods

## **LIST OF EXAMPLES OF PROHIBITED SUBSTANCES AND PROHIBITED METHODS**

**CAUTION:** This is not an exhaustive list of prohibited substances. Many substances that do not appear on this list are considered prohibited under the term “and related substances”.

Athletes must ensure that any medicine, supplement, over-the-counter preparation or any other substance they use does not contain any prohibited substance.

### **STIMULANTS:**

amfepramone, amiphenazole, amphetamine, bambuterol, bromantan, caffeine, carphedon, cathine, clobenzorex, cocaine, cropropamide, crotethamide, ephedrine, etamivan, etilamphetamine, etilefrine, fencamfamin, fenetylline, fenfluramine, fenproporex, formoterol, heptaminol, mefenorex, mephentermine, mesocarb, methamphetamine, methoxyphenamine, methylenedioxyamphetamine, methylenedioxymethamphetamine, methylephedrine, methylphenidate, nikethamide, norfenfluramine, parahydroxyamphetamine, pemoline, pentetrazol, phendimetrazine, phentermine, phenmetrazine, phenylpropanolamine, pholedrine, pipradrol, prolintane, propylhexedrine, pseudoephedrine, reproterol, salbutamol, salmeterol, selegiline, strychnine, terbutaline.

### **NARCOTICS:**

buprenorphine, dextromoramide, diamorphine (heroin), hydrocodone, methadone, morphine, pentazocine, pethidine.

### **ANABOLIC AGENTS:**

androstenediol, androstenedione, bambuterol, bolasterone, boldenone, clenbuterol, clostebol, danazol, dehydrochlormethyltestosterone, dehydroepiandrosterone (DHEA), dihydrotestosterone, drostanolone, fenoterol, fluoxymesterone, formebolone, formoterol, gestrinone, mesterolone, metandienone, metenolone, methandriol, methyltestosterone, mibolerone, nandrolone, 19-norandrostenediol, 19-norandrostenedione, norbolethone, norethandrolone, oxandrolone, oxymesterone, oxymetholone, reproterol, salbutamol, salmeterol, stanozolol, terbutaline, testosterone, trenbolone.

### **DIURETICS**

amiloride, acetazolamide, bendroflumethiazide, bumetanide, canrenone, chlortalidone, ethacrynic acid, furosemide, hydrochlorothiazide, indapamide, mannitol (by intravenous injection), mersalyl, spironolactone, triamterene.

### **MASKING AGENTS**

diuretics (see above), epitestosterone, probenecid, hydroxy ethyl starch.

### **PEPTIDE HORMONES, MIMETICS AND ANALOGUES**

ACTH, erythropoietin (EPO), hCG\*, hGH, insulin, LH\*, IGF-1.

## **SUBSTANCES WITH ANTIOESTROGENIC ACTIVITY**

**clomiphene\*, cyclofenil\*, tamoxifen\*.**

\* prohibited in males only

## **BETA BLOCKERS**

**acebutolol, alprenolol, atenolol, betaxolol, bisoprolol, bunolol, carteolol, carvedilol, celiprolol, esmolol, labetalol, levobunolol, metipranolol, metoprolol, nadolol, oxprenolol, pindolol, propranolol, sotalol, timolol.**

### **NB :**

Prohibited substances prescribed for medical reasons

If there is any doubt regarding the appropriate therapeutic treatment of a player who has a medically confirmed pathological condition, drugs containing prohibited or partially prohibited substances could be permitted in exceptional cases if

- the player’s health would be impaired if the prohibited drug were withheld;
- no performance enhancement could result from the prohibited substance being administered as medically prescribed;
- no permitted or practical alternative drug is available instead of the prohibited substance.

In such situations a player and his doctor must submit a formal application to the FIFA Doping Control Sub-Committee requesting exemption, no later than 3 days prior to the relevant match or tournament. Strict confidentiality is guaranteed.

### **Warning!**

**The results of studies recently carried out on so-called food supplements for athletes have shown that these products, which are principally manufactured and distributed by companies in the USA, are contaminated with anabolic-androgenic steroids or so-called pro-hormones, in other words, with prohibited substances. It cannot be ruled out that such food supplements are also being produced and distributed by other firms on behalf of these US companies. This contamination is not detectable from the indications given on the packaging or on the enclosed information leaflet! Every athlete who uses such food supplements is responsible for ascertaining whether they are contaminated with prohibited substances, for, in the case of a positive doping test, an athlete is liable to the relevant sanctions.**



## APPENDIX B

FIFA Competition: \_\_\_\_\_

National Association: \_\_\_\_\_

# Declaration of Agreement for National Associations

The undersigned

\_\_\_\_\_  
(NAME OF THE PRESIDENT – IN BLOCK LETTERS)

\_\_\_\_\_  
(NAME OF THE NATIONAL ASSOCIATION – IN BLOCK LETTERS)

herewith confirm that they have read and understood the anti-Doping Control Regulations for FIFA Competitions and Other Competitions, including procedures for blood sampling, as revised by the FIFA Executive Committee on 17 December 2003 (as amended), by signing below, a knowledgeable and fully binding upon the team, the team delegation and any persons to bring out of the player.

This applies to the Doping Control Regulations for FIFA Competitions and Other Competitions and their implementations.

The Doping Control Regulations for FIFA Competitions and Other Competitions are subject to Swiss law and the rules of the Football-specific chamber of the Swiss Court of Arbitration for Sport (CAS).

\_\_\_\_\_, the \_\_\_\_\_

Signature:

\_\_\_\_\_  
(President)

\_\_\_\_\_  
(Stamp of the national association)

\_\_\_\_\_  
(Contracted stamp)

Publication Information: Football Federation Switzerland  
Haugweg 10 • 8002 Zürich • Switzerland • Tel: +41 (0) 44 2626 100 • Fax: +41 (0) 44 2626 1000 • [info@ffswiss.com](mailto:info@ffswiss.com)

**Declaration of Agreement for Blood Sampling for the \_\_\_\_\_ players  
in the \_\_\_\_\_**

The undersigned players have understood the information on blood sampling and hereby declare their individual agreement to the collection of a blood sample.

Team \_\_\_\_\_ Date \_\_\_\_\_

Team doctor \_\_\_\_\_ Signature \_\_\_\_\_

**Last name and first name of all players**

**Signatures of all players**

(in block letters)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_
- 21. \_\_\_\_\_
- 22. \_\_\_\_\_
- 23. \_\_\_\_\_





FIFA Competition: \_\_\_\_\_

Form D-2

## SUMMONS TO DOPING TEST

The player named below has been selected to undergo a doping test and is requested to report **immediately after the match** to the doping test room. He may be accompanied by a third person (doctor, coach or team official).

The team doctor, coach or a team official is responsible for informing the selected player accordingly.

The player shall take this Form with him when reporting for the doping test.

**It is of the utmost importance that every player selected must have the necessary requirements as a player in the doping match.**

Date: \_\_\_\_\_ Match No: \_\_\_\_\_

Match: \_\_\_\_\_ Venue: \_\_\_\_\_

National Association: \_\_\_\_\_

Name of Player: \_\_\_\_\_ Player's No: \_\_\_\_\_

Signature:  
FIFA Medical Officer: \_\_\_\_\_

- ① Player (original)
- ② FIFA General Secretariat (final)
- ③ Medical Centre (final)
- ④ FIFA General Secretariat (copy)



FIFA Competition: \_\_\_\_\_

Form 0-3

## REGISTRATION OF URINE SPECIMEN

Match: \_\_\_\_\_ Match No: \_\_\_\_\_ Date: \_\_\_\_\_

National Association: \_\_\_\_\_ Venue: \_\_\_\_\_

Player's Name: \_\_\_\_\_ No: \_\_\_\_\_

Accompanied by: \_\_\_\_\_

- the player will handle the urine sample himself. He has been informed on the procedure.
- on request of the player the FIFA Medical Officer will handle the urine sample.

1) The player produced a partial urine specimen at \_\_\_\_\_ hours which was sealed with

two per-ident caps on: \_\_\_\_\_

Player's signature: \_\_\_\_\_

2) The player produced a full urine specimen at \_\_\_\_\_ hours.

The urine specimen was divided into two bottles marked "A" and "B" and marked with code numbers: \_\_\_\_\_

RA value: \_\_\_\_\_

Specific weight: \_\_\_\_\_

The player refused to give a urine specimen: YES  NO

In conclusion, the player again verified that the code numbers bottles "A" and "B" were posted and checked the bottle-caps and the information on this form (0-3)

Signature: \_\_\_\_\_

Player: \_\_\_\_\_

Accompanying Person: \_\_\_\_\_

FIFA Medical Officer: \_\_\_\_\_

- 0) FIFA General Secretary (Original)
- 1) FIFA Medical Officer (JMS)
- 2) Player (JMS)

Indicaciones de cumplimento de Medical Officer (0-3)

Hedbergstr. 11, 8002 Zürich, Switzerland. Tel: +41 (0)44 6000 Fax: +41 (0)44 6000 [med@fifa.com](mailto:med@fifa.com)



IFF Competition: \_\_\_\_\_

Form (F-3) B

## REGISTRATION OF BLOOD SPECIMEN

Match: \_\_\_\_\_ Match No.: \_\_\_\_\_ Date: \_\_\_\_\_

National Association: \_\_\_\_\_ Venue: \_\_\_\_\_

Player's Name: \_\_\_\_\_ No.: \_\_\_\_\_

Accompanied by: \_\_\_\_\_

The player is invited to give a blood sample at \_\_\_\_\_ hours.

This blood sample was placed into a thin Vacutainer which has a marked with code number:

\_\_\_\_\_

This container containing the type blood sample was then placed into a bottle with code number:

\_\_\_\_\_

In conclusion, the player verified the code number on the bottle containing the corresponding blood sample and checked the bottle-cap with the information on this Form (F-3) B.

Signature:

Player: \_\_\_\_\_

Accompanying Person: \_\_\_\_\_

IFF Medical Officer: \_\_\_\_\_

- 1. IFF General Secretary (English)
- 2. IFF Medical Director (Swi)
- 3. Player (Swi)

Publication: [www.iff.com](http://www.iff.com)

Copyright © 2008 IFF. All rights reserved. Telephone: +41 79 310 1111 Fax: +41 79 310 1111





## APPENDIX D

### LIST OF IOC ACCREDITED LABORATORIES

<i>Location</i>	<i>Addresses</i>		
<b>ATHENS</b> Greece	<b>OLYMPIC ATHLETIC CENTER OF ATHENS “Spiros Louis”,</b>  Doping Control Laboratory of Athens 37, Kifissias Ave., 15123 MAROUSSI/Athens Grèce  Tel: (30.10) 686 85 49 Fax: (30.10) 683 40 21 E-mail: oaka@compulink.gr	<b>BLOEM-FONTEIN</b> South Africa	<b>DEPARTMENT OF PHARMACOLGY UNIVERSITY OF THE ORANGE FREE STATE</b>  P.O.Box 339 (G6) 9300 BLOEMFONTEIN South Africa  Tel: (27.51) 401 31 82 Fax: (27.51) 444 15 23 E-mail: gnfmpvdm@med.uovs.ac.za
<b>BOGOTA</b>	<b>to be announced</b>	<b>COLOGNE</b> Germany	<b>GERMAN SPORTS UNIVERSITY</b>  Institute of Biochemistry Carl-Diem-Weg 6, 50933 KÖLN, Allemagne  Tel: (49.221) 4982 492 Fax: (49.221) 497 32 36 E-mail: schaenzer@biochem.dshs-koeln.de Website: www.dopinginfo.de
<b>BANGKOK</b> Thailand	<b>NATIONAL DOPING CONTROL CENTRE</b>  Mahidol University New Biology Building 6th Floor, Rama 6 Road, BANGKOK 10400 Thailand  Tel: (662) 245 6701/(662) 928 4565 Fax: (662) 245 6704 E-mail: sctan@mahidol.ac.th	<b>GAND GHENT</b> Belgium	<b>VAKGROEP FARMACOLOGIE &amp; TOXICOLOGIE</b>  Doping Control Unit Ghent University Salisburylaan 133 B-9820 MERELBEKE, Belgium  Tel: (32.9) 264 73 47 Fax: (32.9) 264 74 97 E-mail: frans.delbeke@rug.ac.be
<b>BARCELONA</b> Spain	<b>INSTITUT MUNICIPAL D'INVESTIGACIÓ MÈDICA, (IMIM)</b>  Unitat de Recerca en Farmacologia c/ Doctor Aiguader, 80 08003 BARCELONA Espagne  Tel: (34.93) 221 10 09 Fax: (34.93) 221 32 37 Mobile JS: +34659957349 E-mail: jsegura@imim.es	<b>HELSINKI</b> Finland	<b>UNITED LABORATORIES Ltd.</b>  Doping Control Laboratory Höyläämötie 14 FIN-00380 HELSINKI, Finland  Tel: (358.9) 50 60 51 Fax: (358.9) 50 60 54 20 E-mail: kimmo.kuoppasalmi@yhtyneetlaboratoriot.fi E-mail: kimmo.kuoppasalmi@ktl.fi
<b>BEIJING</b> Republic of China	<b>CHINA DOPING CONTROL CENTER</b>  National Research Institute of Sports Medicine 1 An Ding Road BEIJING 100029 Chine  Tel: (86.10) 64 98 05 25 Fax: (86.10) 64 91 21 36 E-mail: moutianw@public.bta.net.ch	<b>KREISCHA</b> Germany	<b>INSTITUT FÜR DOPING ANALYTIK UND SPORTBIOCHEMIE</b>  Dresdner Strasse 12 D-01731 KREISCHA b. Dresden Allemagne

Tel: (49.352) 06 20 60  
Fax: (49.352) 062 06 20  
(49.341) 971 51 09  
E-mail: dopinganalytik.kreischa@t-online.de

**LAUSANNE LABORATOIRE SUISSE D'ANALYSE DU DOPAGE**  
Switzerland

Institut Universitaire de  
Médecine légale  
Rue du Bugnon 21  
1005 LAUSANNE  
Suisse  
Tel: (41.21) 314 73 30  
Fax: (41.21) 314 73 33 / 70 95  
E-mail: lad.central@hospvd.ch  
Martial.saugy@inst.hospvd.ch

**LISBON LAVORATORIO DE ANALISES DE DOPAGE E BIOQUIMICA**  
Portugal

Direcção de Serviços de Medicina  
Desportiva,  
Av. Professor Egas Moniz,  
(Estádio Universitário)  
1600-190 LISBOA  
Portugal  
Tel: (351.21) 795 40 00  
Fax: (351.21) 797 75 29  
E-mail: cmd.lisboa@mail.telepac.pt

**LONDON DRUG CONTROL CENTRE**

Great Britain  
King's College London  
The Franklin-Wilkins Building  
150 Stamford Street  
LONDON SE1 9NN  
Angleterre  
Tel: (44.20) 7848 4848  
Fax: (44.20) 7848 4980  
E-mail: david.cowan@kcl.ac.uk

**LOS ANGELES UCLA OLYMPIC ANALYTICAL LABORATORY,**

USA  
Department of Pharmacology  
UCLA School of Medicine,  
2122 Granville Avenue,  
LOS ANGELES, CA 90025  
Etats-Unis d'Amérique  
Tel: (1.310) 825 26 35  
Fax: (1.310) 206 90 77  
E-mail: dcatlin@ucla.edu

**MADRID Laboratorio de Control del Dopaje**  
Spain **CONSEJO SUPERIOR DE DEPORTES**

c/ El Greco, s/n,  
28040 MADRID  
Espanne  
Tel: (34.91) 589 68 89 / 88  
Fax: (34.91) 543 72 90  
E-mail: cecilia.rodriguez@csd.mec.es

**MONTREAL Laboratoire de contrôle du dopage INRS - Institut Armand-Frappier-Santé**  
Canada

245, boul. Hymus,  
POINTE-CLAIRE,  
Québec H9R 1G6  
Canada  
Tel: (1.514) 630 88 06  
Fax: (1.514) 630 88 50 / 8999  
E-mails: cayotte@total.net;  
christiane.ayotte@inrs-iaf.quevec.ca

**MOSCOW ANTIDOPING CENTRE**

Russian Federation  
Moscow Dope Control Laboratory  
Elizavetinskii proezd, 10  
107005 MOSCOW  
Fédération de Russie  
Tel: (70.95) 261 92 22  
Fax: (70.95) 267 73 20  
E-mail: antidope@rol.ru

**OSLO HORMONE LABORATORY,**  
Norway Section for Doping Analysis

Aker Hospital  
Trondheimsveien 235  
N-0514 OSLO  
Norway  
Tel: (47.22) 89 43 68 / 89 40 07  
Fax: (47.22) 89 41 51  
E-mail: Peter.Hemmersbach@ioks.uio.no

**PARIS LABORATOIRE NATIONAL DE DEPISTAGE DU DOPAGE CREPS**  
France

143 Avenue Roger Salengro,  
92290 CHÂTENAY-MALABRY  
France  
Tel: (33.1) 46 60 28 69  
Fax: (33.1) 46 60 30 17  
E-mail: Direction@lndd.com

**PENANG DOPING CONTROL CENTRE**  
Malaysia Universiti Sains Malaysia  
11800 Minden, Penang  
Malaysia  
Tel: (60.4) 659 56 05  
Fax: (60.4) 656 98 69  
E-mail: aishah@dcc.usm.my

**PRAGUE GENERAL FACULTY HOSPITAL**  
Czech Rep. Department of Doping Control  
Nehvizdska 8  
198 00 PRAGUE 9  
Czech Republic  
tel./fax: (420.2) 81862332  
(420.2) 81861733  
E-mail: odkusm@mbox.vol.cz

**RIO DE JANEIRO LABDOP-LADETEC/IQ-UFRJ**  
Centro de Tecnologia-Bloco A –  
Sala 607  
Brazil Ilha do Fundão-Cidade Universitária  
RJ-21949-900 Rio de Janeiro  
Brazil  
Tel.: (55.21)2562 7130 – 2562 7134  
Fax: (55.21) 2260 3967 – 2562 7489  
E-mail: ladetec@iq.ufrj.br

**ROME FEDERAZIONE MEDICO SPORTIVA ITALIANA**  
Italy Laboratorio Antidoping FMSI  
Largo Giulio Onesti 1  
00197 ROMA RM  
Italie  
Tel: (39.06) 808 30 11  
Fax: (39.06) 807 89 71  
E-mail: antidoping.lab@flashnet.it

**SEIBERS-DORF Austrian Research Centers Seibersdorf GmbH**  
Austria Doping Control Laboratory  
Austria - 2444 Seibersdorf  
Tel.: (43) 50550 3539  
Fax, :(43) 50550 3590  
E-mail: guenter.gmeiner@arcs.ac.at

**SEOUL DOPING CONTROL CENTER**  
Korea Korea Institute of Science  
and Technology (KIST)  
P.O. Box 131,  
Cheongryang

130-650 SEOUL  
Corée

**Phase I**  
Tel: (82.2) 958 50 65  
Fax: (82.2) 958 50 59  
E-mail: msk3380@kist.re.kr

**STOCKHOLM HUDDINGE UNIVERSITY HOSPITAL**  
Sweden Doping Control Laboratory, C2-78  
Department of Clinical Pharmacology  
S-141 86 STOCKHOLM  
Sweden  
Tel: (46.8) 58 58 10 75  
Fax: (46.8) 58 5810 76  
E-mail: mats.garle@pharmlab.hs.sll.se  
dopinglab@pharmlab.hs.sll.se

**SYDNEY AUSTRALIAN SPORTS DRUG TESTING LABORATORY (ASDTL)**  
Australia Australiann Government Analytical  
Laboratories  
1 Suakin Street,  
Sydney, NSW 2073,  
Australie  
Tel: (61.2) 94 49 01 11  
Fax: (61.2) 94 49 80 80  
e-mail: ray.kazlauskas@agal.gov.au

**TOKYO MITSUBISHI KAGAKU BIO-CLINICAL LABORATORIES, Inc.**  
Japan Dope control laboratory  
3-30-1 Shimura, Itabashi-ku  
TOKYO 174  
Japan  
Tel: (81.3) 5994 2351  
Fax: (81.3) 5994 2990  
e-mail: wd3m-uek@asahi-net.or.jp

**TUNIS LABORATOIRE NATIONAL DE CONTROLE DES MEDICAMENTS**  
Tunisia 11, bis rue Jebel Lakhdar  
1006 Bab Saadoun  
TUNIS  
Tunisie  
Tel: (216.71) 570 117  
577 643  
Mobile: 216 98 314 917  
Fax: (216.71) 571 015  
E-mail: Kamel.bouzouita@rns.tn

- \* **PHASE I:** The laboratory is temporarily suspended from international testing.

At the national level (samples originating from the country in which the laboratory is located), the laboratory may perform screening procedures but analytically positive A-samples must be confirmed by another IOC accredited laboratory. The corresponding B-sample will also be analysed in the IOC accredited laboratory which has provided confirmation of the A-sample.

- \* **PHASE II:** The laboratory is temporarily suspended from confirmation of analytically positive A samples and analysing B samples. Confirmation of the A sample and analysis of the B sample will be performed in another IOC accredited laboratory.

