

PROCÈS - VERBAL DE CONTROLE ANTIDOPAGE / DOPING CONTROL FORM

1. RENSEIGNEMENTS SUR L'ATHLETE / ATHLETE INFORMATION

NOM / NAME : PRENOM / GIVEN NAME :

ADRESSE - TEL / ADRESS - PHONE : DISCIPLINE / EVENT :

IDENTITE DE L'ATHLETE FOURNIE / ATHLETE ID PROVIDED : NATIONALITE / NATIONALITY :

LIEU DU TEST / TESTING LOCATION

CONTROLE EN COMPETITION / IN COMPETITION CONTROL

..... COMPETITION :

2. INFORMATION POUR L'ANALYSE / INFORMATION FOR ANALYSIS :

FEDERATION SPORTIVE / SPORT FEDERATION DISCIPLINE / EVENT

SEXE / GENDER M F DATE DU CONTROLE / DATE OF THE TEST JJ / DD MM YYYY / AAAA

URINE A/B NUMERO DE CODE D'ECHANTILLON D'URINE / URINE SAMPLE CODE NUMBER HH MM HEURE / TIME

EPO VOL (ml) pH DENSITE / SPECIFIC GRAVITY

HORS COMPETITION / OUT OF COMPETITION EN COMPETITION / IN COMPETITION

HEURE D'ARRIVEE AU CONTROLE / ARRIVAL TIME AT DOPING CONTROL STATION

ÉCHANTILLON PARTIEL / PARTIAL SAMPLE

NUMERO D'ECHANTILLON PARTIEL / PARTIAL SAMPLE NUMBER VOL (ml) SCELLE A (HEURE) / TIME SCALED

NUMERO D'ECHANTILLON PARTIEL / PARTIAL SAMPLE NUMBER VOL (ml) SCELLE A (HEURE) / TIME SCALED

SANG / BLOOD 1 tube 2 tube NUMERO DE CODE D'ECHANTILLON DE SANG / BLOOD SAMPLE CODE NUMBER HH MM HEURE / TIME

DECLARATION DE TRANSFUSIONS SANGUINES AU COURS DES 6 DERNIERS MOIS / DECLARATION OF BLOOD TRANSFUSIONS OVER THE LAST 6 MONTHS

DECLARATION DE MEDICATION / COMPLEMENTES ALIMENTAIRES (VITAMINES OU MINERAUX) PRIS AU COURS DES 3 DERNIERS JOURS (POSOLOGIE SI POSSIBLE) / DECLARATION OF MEDICATION - SUPPLEMENTS (VITAMINS AND MINERALS) TAKEN OVER THE PAST 3 DAYS (DOSAGE IF POSSIBLE) :

3. CONFIRMATION DE LA PROCEDURE DU CONTROLE / INFORMATION FOR ANALYSIS :

J'ATTESTE QUE LE PRELEVEMENT D'ECHANTILLON(S) S'EST DEROULE EN CONFORMITE AVEC LES PROCEDURES APPLICABLES // CERTIFY THAT SAMPLE COLLECTION WAS CONDUCTED IN ACCORDANCE WITH THE RELEVANT PROCEDURES

ACCOMPAGNEUR DE L'ATHLETE / ATHLETE GUIDE

NOM / NAME : SIGNATURE

REPRESENTANT DE L'ATHLETE / ATHLETE REPRESENTATIVE

NOM / NAME : SIGNATURE

AGENT DE CONTROLE ANTIDOPAGE / DOPING CONTROL OFFICER

NOM / NAME : SIGNATURE

COMMENTAIRES / COMMENTS :

OFFICIER DE PRELEVEMENT SANGUIN / BLOOD COLLECTION OFFICER

NOM / NAME : SIGNATURE

DATE DD/JJ MM YYYY / AAAA

I declare that the information provided in this document is correct. I declare, subject to comments, that the sample collection was conducted in accordance with the relevant procedures and I do not contest any aspect of the sample collection. I accept that all information related to this doping control, including but not limited to laboratory results and any eventual sanction may be shared with relevant bodies in accordance with the world anti-doping code. I accept that all disputes however arising from this doping control shall be resolved in accordance with the doping control rules of the organisation authorising the test.

SIGNATURE DU SPORTIF / ATHLETE'S SIGNATURE