

# Regulations

## Doping Control

for FIFA Competitions  
and  
Out of Competition



## Fédération Internationale de Football Association

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# **Doping Control Regulations**

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and Out of Competition**

**FÉDÉRATION INTERNATIONALE DE FOOTBALL ASSOCIATION**

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Doping has become a 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 players;
- 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 has overall responsibility for implementing doping control at all FIFA competitions.

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

Doping is defined as the occurrence of one or more of the anti-doping rule violations set forth in part II.

## II. ANTI-DOPING RULE VIOLATIONS

The following constitute anti-doping rule violations:

1. The presence of a prohibited substance or its metabolites or markers in a player's bodily sample.
  - 1.1 It is each player's personal duty to ensure that no prohibited substance enters his body. Players are responsible for any prohibited substance or its metabolites or markers found to be present in their bodily samples. Accordingly, it is not necessary that intent, fault, negligence or conscious use on the player's part be demonstrated in order to establish an anti-doping violation under part II article 1. Individual Case Management (cf. art. 9.1) is obligatory and is not affected by this regulation.
  - 1.2 Excepting those substances for which a quantitative reporting threshold is specifically identified in the prohibited list (cf. Appendix A), the detected presence of any quantity of a prohibited substance or its metabolites or markers in a player's sample shall constitute an anti-doping rule violation.
  - 1.3 As an exception to the general rule of part II article 1, the prohibited list may establish special criteria for the evaluation of prohibited substances that can also be produced endogenously.
2. Use or attempted use of a prohibited substance or a prohibited method.
  - 2.1 The success or failure of the 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.
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.

4. Violation of applicable requirements regarding player availability for out-of-competition testing including failure to provide required information on the whereabouts\* of players and missed tests which are declared based on reasonable rules.
5. Tampering or attempting to tamper with any part of a doping control test.
6. Possession of prohibited substances and methods:
  - 6.1 Possession by a player at any time or place of a substance that is prohibited in out-of-competition testing or a prohibited method unless the player establishes that the possession is pursuant to a therapeutic use exemption granted in accordance with art. 4.4 World Anti-Doping Code – WADC – (Therapeutic use exemption - TUE) or any other acceptable justification.
  - 6.2 Possession of a substance that is prohibited in out-of-competition testing or a prohibited method by player support personnel in connection with a player, competition or training, unless the player support personnel establishes that the possession is pursuant to a personal use exemption granted to a player in accordance with art. 4.4 WADC (Therapeutic use exemption - TUE) or other acceptable justification.
7. Trafficking in any prohibited substance or prohibited method.
8. Administration or attempted administration of a prohibited substance or prohibited method to any player, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an anti-doping rule violation or any attempted violation.

\* Whereabouts control and reporting obligation are the duty of the associations and such information is to be supplied to FIFA on request .

### III. PROOF OF DOPING

#### 1. Burdens and standards of proof

FIFA has the burden of establishing that an anti-doping rule violation has occurred.

#### 2. Methods of establishing facts and presumptions

Facts related to anti-doping rule violation may be established by any reliable means, including admissions. The following rules of proof shall be applicable in doping cases:

- 2.1 WADA Accredited Laboratories are presumed to have conducted sample analysis and custodial procedures in accordance with the International Standard for laboratory analysis. The player may rebut this presumption by establishing that a departure from the International Standard occurred. If the player rebuts the preceding presumption by showing that a departure from the International Standard occurred, then FIFA has the burden of establishing that such departure did not cause the adverse analytical finding.
- 2.2 Departures from the International Standard for Testing, which did not cause an adverse analytical finding or other anti-doping rule violation shall not invalidate such results. If the player establishes that departure from the International Standard occurred during testing then FIFA has the burden of establishing that such departures did not cause the adverse analytical finding or the factual basis for the anti-doping rule violation.

### IV. 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 qualifying 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 WADA 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 and/or at respective clubs of players being selected.
- 1.2 The FIFA Doping Control Sub-Committee and the relevant competition organising committee shall designate an accredited FIFA doping control officer to carry out doping tests at the matches in question as well as unannounced out-of-competition doping tests.
- 1.3 The FIFA doping control officer must be a physician\*. He shall be responsible for the entire doping test procedure, including the immediate dispatch of urine samples 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.

\* If national legislation allows professionals other than physicians to collect samples of bodily fluids (with all consequences including medical confidentiality according to medical ethics and the Hippocratic oath), an exception can be made by the FIFA Doping Control Sub-Committee.

## IV. DOPING CONTROL ORGANISATION

### 2. Obligations of associations and players

- 2.1 All 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 doping control officer, the FIFA match commissioner or the referee of the match, is obliged to undergo any medical examination which the FIFA doping control officer deems necessary and to cooperate with the latter in this respect.
- 2.3 Every player selected is obliged to provide a urine sample and, if requested, a blood sample.
- 2.4 If a player refuses to provide a sample, the case will be handed over to the FIFA Disciplinary Committee for appropriate action.
- 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 samples

- 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 doping control officer shall obtain the official players’ lists for both teams from the FIFA match commissioner before the game. Form 0-1 (Appendix D) shall be completed before each match by the team doctor and handed over personally or by a person of trust to the FIFA doping control officer. The team doctor shall enter in legible handwriting on Form 0-1 any medicaments taken by 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 doping control 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 doping control officer at all times. The team doctor shall also note down medications without medical prescription as well as food supplements taken by the players, as far as he has the information available.
- 3.3 The players to be tested shall be drawn by lots by the FIFA doping control officer in the doping control room at half-time. In addition to the FIFA doping control officer and his assistant, the following persons shall be present:
- an official representative from each of the two competing teams
  - if requested, the FIFA match commissioner or his deputy.

#### IV. DOPING CONTROL ORGANISATION

- 3.4 The FIFA doping control officer shall conduct the draw as follows:
- referring to the official players' lists, he shall check the names (accreditation) 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 doping control 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 doping control officer, the FIFA match 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 doping control officer shall open envelopes 1 and 2 for each team in the doping control room in the presence of a representative of each team.  
The green copies of form 0-2 shall be handed over to the FIFA general coordinator who is sitting at the touchline so that he is informed by the FIFA doping control officer of the names of the players who shall undergo doping control.

- 3.7 The FIFA doping control 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.

- 3.8 If a player is shown the red card at any time of the match, he shall stay with an escort in the doping control room or in his team locker room until the names of the players drawn for the doping test are known so that he is available to undergo the test immediately after the match, if necessary.

- 3.9 Each association and/or team concerned shall ensure that players drawn to undergo a doping test are taken by a designated authorised person (escort) to the doping control room straight from the pitch as soon as the match is over.

- 3.10 If FIFA decides to conduct out-of-competition doping tests, the FIFA doping control officer shall identify himself to the head or deputy head of delegation of the relevant team or club by presenting his accreditation and discuss the procedure for doping control with him, the team doctor and, if applicable, the coach.

\* In the case of futsal matches, the FIFA doping control officer shall open envelopes 1 and 2 for each team in the doping control room in the presence of a representative from each team ten minutes after the start of the second half.  
In case of beach soccer, the FIFA doping control officer shall open the envelopes during the second interval prior to the final period.

#### IV. DOPING CONTROL ORGANISATION

- 3.11 The head of delegation of the relevant team or club shall give the FIFA doping control 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 doping control officer, as well as the scheduled time of arrival at or return to the training camp for these players. The FIFA doping control 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 doping control officer shall hand the team doctor a copy of Form 0-1, on which the team doctor shall enter all the medications 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 art. 3.2 shall also apply with respect to the particulars to be entered on Form 0-1 and the procedure for using this form. The FIFA doping control officer shall draw the names of the players who are required to undergo a doping test. In addition to the FIFA doping control officer and, if applicable, his assistant, two official representatives of the team concerned shall be in attendance.
- 3.13 The FIFA doping control 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 art. 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 doping control 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.

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#### 4. Doping control room

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- 4.1 In the case of competition doping tests, only the following people are allowed into the doping control room:
- the players who have been drawn by lots
  - an official delegate from the two participating teams, preferably the team doctor
  - the FIFA doping control officer
  - the accredited assistant(s) of the FIFA doping control 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 are allowed into the doping control room:
- the players who have been drawn by lots
  - the FIFA doping control officer
  - the accredited assistant(s) of the FIFA doping control 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 samples. 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, some of which are 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 responsibility.
- 4.4 The local security bodies shall take the necessary measures to ensure that no persons other than those authorised in art. 4.1 enter the doping test area. The entrance to the doping test area shall be constantly guarded by a member of the local security forces. Responsibility for security during out-of-competition tests shall be borne by the relevant team delegations. The FIFA doping control officer is entitled to refuse unauthorised persons access to the doping control room.

**5. Taking samples**

- 5.1 The FIFA doping control 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 sample "A" and the other sample "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 doping control 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 60 ml ("A" 40 ml, "B" 20 ml) shall suffice. The decision shall rest with the FIFA doping control officer.
- 5.4 The player shall decide whether he or the FIFA doping control 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 doping control officer shall explain the procedure to him.
- 5.5 The FIFA doping control 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 doping control officer (cf. art. 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 doping control officer.

- 5.7 The FIFA doping control officer shall then complete Form 0-4, containing the following information: date, match, venue, match number, code number of the "A" and "B" samples, pH value and specific weight of the urine samples.  
The "A" and "B" samples of all the players tested and the yellow copy of Form 0-4 shall be delivered to the laboratory by the FIFA doping control officer or by courier.

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

- 5.8 The player shall select a polystyrene box as in art. 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 doping control officer (cf. art. 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. The box shall remain under the control of the FIFA doping control officer. As soon as the player is able to give a further urine sample, he shall select a new, sealed and sterilised beaker, into which he shall then urinate under the supervision of the FIFA doping control officer or his assistant.  
The FIFA doping control officer or the player (cf. art. 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 art. 5.4. to art. 5.7.

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### 6. Analysis of samples and communication of results

- 6.1 Analysis of the samples shall be carried out in a laboratory accredited by WADA (cf. art. 1.1).
- 6.2 The laboratory shall proceed with the analysis of sample "A", keeping sample "B" at the laboratory.
- 6.3 The head of the laboratory shall send the test results immediately by fax or e-mail to the FIFA chief doping control officer responsible.
- 6.4 If the analysis of sample "A" proves negative, FIFA shall inform the head of delegation of both teams and the relevant FIFA committees. The "B" sample 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 sample "A" proves positive, the FIFA doping control officer responsible shall immediately inform the FIFA General Secretary of the communication from the laboratory and, if applicable, the relevant particulars on Form 0-1.

### 7. Procedure if sample "A" proves positive.

- 7.1 Reference is made to the FIFA Disciplinary Code (section 7. Doping)

### 8. Right to request an analysis of sample "B"

- 8.1 If the analysis of sample "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 association of the player concerned. The player then has the right to request a second analysis using sample "B", within 12 (in competition)/48 (out-of-competition) hours of being notified.
- 8.2 If analysis of sample B is requested, FIFA shall communicate this request immediately to the head of the laboratory where the "B" sample is being kept. An analysis of sample "B" shall be carried out within 48 hours of FIFA's request or as soon as possible if there are problems with the delivery service, by personnel who were not directly involved with the analysis of sample "A". If the player does not request a sample "B" analysis, he accepts the sample "A" test results. FIFA may nonetheless elect to proceed with the analysis of sample "B".
- 8.3 A FIFA representative may be present when the bottle containing sample "B" is opened. The association concerned shall have the right to have a representative present, in addition to the player concerned.
- 8.4 The results of the analysis of sample "B" shall be sent immediately by fax or e-mail to the FIFA chief doping control officer responsible.
- 8.5 If no request for a second test is made, the laboratory shall dispose of sample "B" as provided for in the International Laboratory Standards.

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##### 9. Procedure if sample "B" proves positive or sample "A" has been accepted as positive

- 9.1 If the analysis of sample "B" proves positive or sample "A" has been accepted as 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 association. After Individual Case Management following FIFA's checklist for positive doping tests by the FIFA Doping Control Sub-Committee, a written statement shall be given to the Disciplinary Committee responsible. After hearing the player and/or his representative, if requested, the Disciplinary Committee will decide appropriate sanctions. If necessary, the national anti-doping agency may be informed of any positive findings.
- 9.2 FIFA has the exclusive right to publish the test results and the consequences thereof.

##### 10. Doping test procedure for blood samples (if required)

- The Doping Control Sub-Committee shall decide whether blood and urine tests or only urine tests shall be carried out.
- 10.1 With reference to the Information on the Declaration of Agreement for Blood Tests, the team doctors agree to support the FIFA doping control officer in explaining the blood sampling procedure to their players so that they understand the reasons for it and the need to comply.
- 10.2 With reference to art. 3.1 – 3.13 (II), art. 4.1 – 4.4 (II) and art. 5.1. – 5.2 (II) of the FIFA Doping Control Regulations, FIFA may carry out blood tests in addition to urine tests.
- 10.3 The FIFA doping control officer is responsible for the blood sampling. He may not delegate the sampling procedure to his assistant unless they are physicians\*.
- 10.4 With reference to art. 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.
- 10.5 The collection of blood samples from the players shall, in general, be carried out before the players produce a urine sample.
- 10.6 A part of the doping control room shall be partitioned off to carry out the blood sampling procedure.
- 10.7 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.
- 10.8 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.

\* If national legislation allows professionals other than physicians to collect samples of bodily fluids (with all consequences, including medical confidentiality according to medical ethics and the Hippocratic oath), an exception can be made by the FIFA Doping Control Sub-Committee.

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- 10.9 With reference to art. 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.
- 10.10 At the beginning of the doping control procedure, the FIFA doping control 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 be taken concerning haemostasis for these players.
- 10.11 FIFA doping control 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 doping control officer or the assistant shall wear sterile gloves during the procedure and only they and the players are allowed to handle the samples.
- 10.12 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 doping control officer shall seal the blood sample into the specially designed red labelled Bereg Kit bottle, once the FIFA doping control officer or his assistant has completed the procedure for taking blood. The FIFA doping control officer shall then place the coded, sealed glass bottle containing the player's blood sample into the transport cooling bag.
- 10.13 All players shall be accompanied by an official team representative at all times, preferably the team doctor.
- 10.14 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.
- 10.15 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.
- 10.16 The blood samples shall be screened for blood doping such as EPO abuse using two parameters (haematocrit and reticulocyte %).
- 10.17 WADA accredited laboratories are able to detect blood doping substances like EPO and Darbepoetin 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.
- 10.18 In accordance with art. 6 of the FIFA Doping Control Regulations, the analyses for blood tests shall be carried out in WADA accredited laboratories. The information on the results is similar to the handling of urine test results.

1. Matters not provided for in these regulations shall be settled by the final decision of the relevant FIFA 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 Doping Control Regulations for FIFA Competitions and out of Competition shall be implemented and construed according to Swiss law and the FIFA Disciplinary Code.
4. Any dispute arising from or related to these regulations will be settled in accordance with FIFA jurisdiction and the FIFA Disciplinary Code. These regulations were adopted by the FIFA Executive Committee on 10 May 2004 and came into force immediately.

Zurich, January 2006

FÉDÉRATION INTERNATIONALE DE FOOTBALL ASSOCIATION

President:  
Joseph S. Blatter

General Secretary:  
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**List of classes of prohibited substances and prohibited methods**

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(taken from the 2006 Prohibited List International Standard which came into effect on 1 January 2006)  
The prohibited list is adapted according to the revised versions in the World Anti-Doping Code.

**In-Competition Doping Control**

Such doping control is performed during all national and international football competitions, including qualifying matches for confederations, FIFA championships and the FIFA World Cup™.

**Out-of-Competition Doping Control**

Such doping control is performed during preparatory and/or seasonal training camps. If a player is unable to train or compete due to injury, he is still subject for doping control. During out-of-competition doping control, specified substances are tested for monitoring purposes.

## Substances and methods prohibited at all times (In- and out-of-competition)

Prohibited substances

### S1. Anabolic agents

Anabolic agents are prohibited.

#### 1. Anabolic Androgenic Steroids (AAS)

a. Exogenous\* AAS, including:

1-androstendiol (5 $\alpha$ -androst-1-ene-3 $\beta$ , 17 $\beta$ -diol); 1-androstenedione (5 $\alpha$ -androst-1-ene-3, 17-dione), bolandiol (19-norandrostenediol); bolasterone; boldenone; boldione (androsta-1,4-diene-3, 17-dione); calusterone; clostebol; danazol (17 $\alpha$ -ethynyl-17 $\beta$ -hydroxyandrost-4-eno[2,3-d]isoxazole); dehydrochloromethyl-testosterone (4-chloro-17 $\beta$ -hydroxy-17 $\alpha$ -methylandrosta-1,4-dien-3-one); desoxymethyl-testosterone (17 $\alpha$ -methyl-5 $\alpha$ -androst-2-en-17 $\beta$ -ol); drostanolone; ethylestrenol (19-nor-17 $\alpha$ -pregn-4-en-17-ol); fluoxymesterone; formebolone; furazabol (17 $\beta$ -hydroxy-17 $\alpha$ -methyl-5 $\alpha$ -androstan-2-en-3-one); gestrinone; 4-hydroxytestosterone (4,17 $\beta$ -dihydroxyandrost-4-en-3-one); mestanolone; mesterolone; metenolone; methandienone (17 $\beta$ -hydroxy-17 $\alpha$ -methylandrosta-1,4-dien-3-one); methandriol; methasterone (2 $\alpha$ , 17 $\alpha$ -dimethyl-5 $\alpha$ -androstane-3-one-17 $\beta$ -ol); methylidienolone (17 $\beta$ -hydroxy-17 $\alpha$ -methylestra-4,9-dien-3-one); methyl-1-testosterone (17 $\beta$ -hydroxy-17 $\alpha$ -methyl-5 $\alpha$ -androst-1-en-3-one); methylnortestosterone (17 $\beta$ -hydroxy-17 $\alpha$ -methylestr-4-en-3-one); methyltrienolone (17 $\beta$ -hydroxy-17 $\alpha$ -methylestra-4,9,11-trien-3-one); methyltestosterone; mibolerone; nandrolone; 19-norandrostenedione (estr-4-ene-3,17-dione); norboletone; norclostebol; norethandrolone; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanazol (3,2-c]pyrazole-5 $\alpha$ -etioallocholane-17 $\beta$ -tetrahydropyranol); quinbolone; stanozolol; stenbolone; 1-testosterone (17 $\beta$ -hydroxy-5 $\alpha$ -androst-1-en-3-one); tetrahydrogestrinone (18 $\alpha$ -homo-pregna-4,9,11-trien-17 $\beta$ -ol-3-one); trenbolone and other substances with a similar chemical structure or similar biological effect(s).

b. Endogenous\*\* AAS:

androstenediol (androst-5-ene-3 $\beta$ ,17 $\beta$ -diol); androstenedione (androst-4-ene-3,17-dione); dihydrotestosterone (17 $\beta$ -hydroxy-5 $\alpha$ -androstan-3-one); prasterone (dehydroepiandrosterone (DHEA)); testosterone and the following metabolites and isomers:

5 $\alpha$ -androstane-3 $\alpha$ ,17 $\alpha$ -diol; 5 $\alpha$ -androstane-3 $\alpha$ ,17 $\beta$ -diol; 5 $\alpha$ -androstane-3 $\beta$ ,17 $\alpha$ -diol; 5 $\alpha$ -androstane-3 $\beta$ ,17 $\beta$ -diol; androst-4-ene-3 $\alpha$ , 17 $\alpha$ -diol; androst-4-ene-3 $\alpha$ , 17 $\beta$ -diol; androst-4-ene-3 $\beta$ , 17 $\alpha$ -diol; androst-5-ene-3 $\alpha$ , 17 $\alpha$ -diol; androst-5-ene-3 $\alpha$ , 17 $\beta$ -diol; androst-5-ene-3 $\beta$ , 17 $\alpha$ -diol; 4-androstenediol (androst-4-ene-3 $\beta$ , 17 $\beta$ -diol); 5-androstenedione (androst-5-ene-3,17-dione); epi-dihydrotestosterone; 3 $\alpha$ -hydroxy-5 $\alpha$ -androstan-17-one; 3 $\beta$ -hydroxy-5 $\alpha$ -androstan-17-one; 19-norandrosterone; 19-noretiocholanolone.

Where an anabolic androgenic steroid is capable of being produced endogenously, a sample will be deemed to contain such prohibited substance where the concentration of such prohibited substance or its metabolites or markers and/or any other relevant ratio(s) in the player's sample so deviates from the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production. A sample shall not be deemed to contain a prohibited substance in any such case where a player proves that the concentration of the prohibited substance or its metabolites or markers and/or the relevant ratio(s) in the player's sample is attributable to a physiological or pathological condition.

In all cases, and at any concentration, the player's sample will be deemed to contain a prohibited substance and the laboratory will report an adverse analytical finding if, based on any reliable analytical method (e.g. IRMS), the laboratory can show that the prohibited substance is of exogenous origin. In such case, no further investigation is necessary.

If a value in the range of levels normally found in humans is reported and the reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, but if there are serious indications, such as a comparison to reference steroid profiles, of a possible use of a prohibited substance, further investigation shall be conducted by the relevant Anti-Doping Organisation by reviewing the results of any previous test(s) or by conducting subsequent test(s), in order to determine whether the result is due to a physiological or pathological condition, or has occurred as a consequence of the exogenous origin of a prohibited substance.

When a laboratory has reported a T/E ratio greater than four (4) to one (1) and any reliable analytical method (e.g. IRMS) applied has not determined the exogenous origin of the substance, further investigation may be conducted by a review of previous tests or by conducting subsequent test(s), in order to determine whether the result is

due to a physiological or pathological condition, or has occurred as a consequence of the exogenous origin of a prohibited substance. If a laboratory reports, using an additional reliable analytical method (e.g. IRMS), that the prohibited substance is of exogenous origin, no further investigation is necessary and the sample will be deemed to contain such prohibited substance.

When an additional reliable analytical method (e.g. IRMS) has not been applied and a minimum of three previous test results are not available, the relevant Anti-Doping Organisation shall test the player with no advance notice at least three times within a three-month period. If the longitudinal profile of the player that is subject to the subsequent tests is not physiologically normal, the result shall be reported as an adverse analytical finding.

In extremely rare individual cases, boldenone of endogenous origin can be consistently found at very low nanograms per milliliter (ng/mL) levels in urine. When such a very low concentration of boldenone is reported by a laboratory and any reliable analytical method (e.g. IRMS) applied has not determined the exogenous origin of the substance, further investigation may be conducted by a review of previous tests or by conducting subsequent test(s). When an additional reliable analytical method (e.g. IRMS) has not been applied, a minimum of three no advance notice tests in a period of three months shall be conducted by the relevant Anti-Doping Organisation. If the longitudinal profile of the player who is subject to the subsequent tests is not physiologically normal, the result shall be reported as an adverse analytical finding.

For 19-norandrosterone, an adverse analytical finding reported by a laboratory is considered to be scientific and valid proof of exogenous origin of the prohibited substance. In such case, no further investigation is necessary.

Should a player fail to cooperate in the investigations, the player's sample shall be deemed to contain a prohibited substance.

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. Other Anabolic Agents, including but not limited to:

Clenbuterol, tibolone, zeranol, zilpaterol.

### S2. Hormones and related substances

The following substances, including other substances with a similar chemical structure or similar biological effect(s), and their releasing factors, are prohibited:

1. Erythropoietin (EPO);
2. Growth Hormone (hGH), Insulin-like Growth Factor (IGF-1), Mechano Growth Factors (MGFs);
3. Gonadotrophins (LH, hCG);
4. Insulin;
5. Corticotrophins.

Unless the player can demonstrate that the concentration was due to a physiological or pathological condition, a sample will be deemed to contain a prohibited substance (as listed above) where the concentration of the prohibited substance or its metabolites and/or relevant ratios or markers in the player's sample so exceeds the range of values normally found in humans so that it is unlikely to be consistent with normal endogenous production.

If a laboratory reports, using a reliable analytical method, that the prohibited substance is of exogenous origin, the sample will be deemed to contain a prohibited substance and shall be reported as an adverse analytical finding.

The presence of other substances with a similar chemical structure or similar biological effect(s), diagnostic marker(s) or releasing factors of a hormone listed above or of any other finding which indicate(s) that the substance detected is of exogenous origin, will be deemed to reflect the use of a prohibited substance and shall be reported as an adverse analytical finding.

### S3. Beta-2 agonists

All beta-2 agonists including their D- and L-isomers are prohibited.

As an exception, formoterol, salbutamol, salmeterol and terbutaline, when administered by inhalation require an abbreviated Therapeutic Use Exemption.

Despite the granting of a Therapeutic Use Exemption, a concentration of salbutamol (free plus glucuronide) greater than 1000 ng/mL, will be considered as an adverse analytical finding unless the player proves that the abnormal result was the consequence of the therapeutic use of inhaled salbutamol.

#### **S4. Agents with anti-estrogenic activity**

The following classes of anti-estrogenic substances are prohibited:

1. Aromatase inhibitors including, but not limited to, anastrozole, letrozole, aminoglutethimide, exemestane, formestane, 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.

#### **S5. Diuretics and other masking agents**

Masking agents include but are not limited to:

Diuretics\*, epitestosterone, probenecid, alpha-reductase inhibitors (e.g. finasteride, dutasteride), plasma expanders (e.g. albumin, dextran, hydroxyethyl starch).

Diuretics include:

acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone, etacrynic acid, furosemide, indapamide, metolazone, spironolactone, thiazides (e.g. bendroflumethiazide, chlorothiazide, hydrochlorothiazide), triamterene, and other substances with a similar chemical structure or similar biological effect(s) (except for drospironone, which is not prohibited).

\* A Therapeutic Use Exemption is not valid if a player's urine contains a diuretic in association with threshold or sub-threshold levels of a Prohibited Substance(s).

## **Prohibited Methods**

### **M1. Enhancement of oxygen transfer**

The following are prohibited:

- a. Blood doping, including the use of autologous, homologous or heterologous blood or red blood cell products of any origin
- b. 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).

### **M2. Chemical and physical manipulation**

- a. Tampering, or attempting to tamper, in order to alter the integrity and validity of samples collected during doping control is prohibited. These include but are not limited to catheterisation, urine substitution and/or alteration.
- b. Intravenous infusions are prohibited, except as a legitimate acute medical treatment.

### **M3. Gene doping**

The non-therapeutic use of cells, genes, genetic elements, or of the modulation of gene expression, having the capacity to enhance athletic performance, is prohibited.

## Substances and methods prohibited in competition

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

The following stimulants are prohibited, including both their optical (D- and L-) isomers where relevant:

Adrafinil, adrenaline\*, amfepramone, amiphenazole, amphetamine, amphetaminil, benzphetamine, bromantan, carphedon, cathine\*\*, clobenzorex, cocaine, cropropamide, crotetamide, cyclazodone, dimethylamphetamine, ephedrine\*\*\*, etamivan, etilamphetamine, etilefrine, famprofazone, fenbutrazate, fencamfamin, fencamine, fenetylline, fenfluramine, fenproporex, furfenorex, heptaminol, isometheptene, levmethamphetamine, meclofenoxate, mefenorex, mephentermine, mesocarb, methamphetamine (D-), methylenedioxyamphetamine, methylenedioxyamphetamine, p-methylamphetamine, methylephedrine\*\*\*, methylphenidate, modafinil, nikethamide, norfenefrine, norfenfluramine, octopamine, ortetamine, oxilofrine, parahydroxyamphetamine, pemoline, pentetrazol, phendimetrazine, phenmetrazine, phenpromethamine, phentermine, prolintane, propylhexedrine, selegiline, sibutramine, strychnine, and other substances with a similar chemical structure or similar biological effect(s)\*\*\*\*.

\* 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.

\*\*\*\* The following substances included in the 2006 Monitoring Programme (bupropion, caffeine, phenylephrine, phenylpropranolamine, pipradol, pseudoephedrine, synephrine) are not considered as prohibited substances.

#### S7. Narcotics

The following narcotics are prohibited: buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.

#### S8. Cannabinoids

Cannabinoids (e.g. hashish, marijuana) are prohibited.

#### S9. Glucocorticosteroids

All glucocorticosteroids are prohibited when administered orally, rectally, intravenously or intramuscularly. Their use requires a Therapeutic Use Exemption approval.

Except as indicated below, other routes of administration require an abbreviated Therapeutic Use Exemption.

Topical preparations when used for dermatological, aural/otic, nasal, buccal cavity and ophthalmologic disorders are not prohibited and do not require any form of Therapeutic Use Exemption.

#### SPECIFIED SUBSTANCES\*

"Specified Substances"\* are listed below:

All inhaled Beta-2 Agonists, except clenbuterol;

Probenecid;

Cathine, cropropamide, crotetamide, ephedrine, etamivan, famprofazone, heptaminol, isometheptene, levmethamphetamine, meclofenoxate, p-methylamphetamine, methylephedrine, nikethamide, norfenefrine, octopamine, ortetamine, oxilofrine, phenpromethamine, propylhexedrine, selegiline, sibutramine;

Cannabinoids;

All Glucocorticosteroids;

Alcohol

All Beta Blockers.

\* "The prohibited list may identify specified substances which are particularly susceptible to unintentional anti-doping rule violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents." A doping violation involving such substances may result in a reduced sanction provided that the "...player can establish that the use of such a specified substance was not intended to enhance sport performance..."

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**Warning**


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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 player 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.

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**Therapeutic Use Exemption**


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Therapeutic Use Exemption (TUE) may be granted to a player permitting the use of a prohibited substance or method contained in the prohibited list. An application for a TUE will be reviewed by the FIFA Sports Medical Committee represented by the Doping Control Subcommittee (granting body).

An exemption will be granted only in strict accordance with the following criteria:

- B1 The player shall submit an application for a TUE no less than 21 days before participating in an event.
- B2 The player would experience a significant impairment to health if the prohibited substance or method were to be withheld in the course of treating an acute or chronic medical condition.
- B3 The therapeutic use of the prohibited substance or 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 method to increase "low-normal" levels of any endogenous hormone is not considered an acceptable therapeutic intervention.
- B4 There is no reasonable therapeutic alternative to the use of the otherwise prohibited substance or method.
- B5 The necessity for the use of the otherwise prohibited substance or method cannot be a consequence, wholly or in part, of prior non-therapeutic use of any substance from the prohibited list.

- B6 The TUE will be cancelled by the granting body, if
- a. The player does not promptly comply with any requirements or conditions imposed by the FIFA Doping Control Sub-Committee granting the exemption.
  - b. The term for which the TUE was granted has expired.
  - c. The player is advised that the TUE has been withdrawn by the FIFA Doping Control Sub-Committee.
- B7 An application for a TUE will not be considered for retroactive approval except in cases where:
- a. Emergency treatment or treatment of an acute medical condition was necessary, or
  - b. Due to exceptional circumstances, there was insufficient time or opportunity for an applicant to submit, or the granting body to consider, an application prior to doping control.

- B8 Confidentiality of information:  
The applicant shall provide written consent for the transmission of all information pertaining to the application to members of the FIFA granting body and, as required, other independent medical or relevant scientific experts.  
If the assistance of external, independent experts is required, all details of the application will be circulated without identifying the player involved in the doctor's care. The applicant shall also give written consent to the decisions of the FIFA granting body to be distributed to the involved medical personnel of other relevant anti-doping organisations under the provisions of the FIFA Doping Control Regulations.  
The members of the granting body involved will conduct all of their activities in strict confidence according to the Hippocratic Oath and the medico-legal and ethical rules of confidentiality.  
FIFA proposes using the standard application forms for TUE applications which are listed in the WADC under "International Standard for TUE" Appendix 1 or similar forms.  
WADA and/or NADAs (National Anti-Doping Agencies) will only be informed directly to their physicians responsible (name of player, association, medical indication, medication and duration of medication).



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

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

## Declaration of Agreement for Associations

The undersigned

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

\_\_\_\_\_  
(NAME OF THE GENERAL SECRETARY – IN BLOCK LETTERS)

herewith confirm that they have read and understood the entire Doping Control Regulations for FIFA Competitions and Out of Competition, including procedures for blood sampling, (as revised by the FIFA Executive Committee on 17 December 2002) and, by signing below, acknowledge them as fully binding upon the team, the team delegation and any persons taking care of the players.

This applies to the Doping Control Regulations for FIFA Competitions and Out of Competition and their implementation.

**The Doping Control Regulations for FIFA competitions and out of competition shall be implemented and construed according to Swiss law and the FIFA Disciplinary Code.**

\_\_\_\_\_  
(PLACE)

\_\_\_\_\_  
(DATE)

Signatures:

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

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

\_\_\_\_\_  
(General Secretary)

Fédération Internationale de Football Association  
FIFA-Strasse 20 Postfach CH-8044 Zurich Switzerland Tel: +41-(0)43-222 7777 Fax: +41-(0)43-222 7878 www.FIFA.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.  | _____ | _____ |
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| 17. | _____ | _____ |
| 18. | _____ | _____ |
| 19. | _____ | _____ |
| 20. | _____ | _____ |

For all TUE Requests for the treatment of asthma a functional lung test according to the actual medical standards is obligatory. The relevant documents shall be added to the TUE Request.





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

Form 0-3

**REGISTRATION OF URINE SAMPLE**

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

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 Doping Control Officer will handle the urine sample.

1) The player produced a partial urine sample at \_\_\_\_\_ hours \_\_\_\_ minutes after the match which was sealed with

tamper-evident tape no: \_\_\_\_\_

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

2) The player produced a full urine sample at \_\_\_\_\_ hours \_\_\_\_ minutes after the match.

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

PH value: \_\_\_\_\_

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

The player refused to give a urine sample: YES  NO

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

Signatures:

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

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

FIFA Doping Control Officer: \_\_\_\_\_

- 1) FIFA General Secretary (original)
- 2) FIFA Doping Control Officer (blue)
- 3) Player (pink)

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FIFA-Strasse 20 Postfach CH-8044 Zurich Switzerland Tel: +41-(0)43-222 7777 Fax: +41-(0)43-222 7878 www.FIFA.com



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

Form 0-3 B

**REGISTRATION OF BLOOD SAMPLE**

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

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

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

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

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

**The blood sample was placed into a 10ml Vacutainer which was marked with code number:**

\_\_\_\_\_

**This Vacutainer containing the player's blood sample was then placed and sealed in a bottle marked 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 0-3 B

Signatures:

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

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

FIFA Doping Control Officer: \_\_\_\_\_

- 1) FIFA General Secretary (original)
- 2) FIFA Doping Control Officer (blue)
- 3) Player (pink)

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## List of World Anti-Doping Agency (WADA) Accredited Laboratories

Location	Addresses				
<b>ANKARA</b> Turkey	<b>Turkish Doping Control Center</b> Hacettepe University 06100 Ankara Tel: (90.312) 310 67 76/ (90.312) 305 21 56 Fax: (90.312) 305 20 62 E-mail: aytekint@hacettepe.edu.tr tdkmmaster@hacettepe.edu.tr	<b>BEIJING</b> Republic of China	<b>China Doping Control Centre</b> National Research Institute of Sports Medicine 1 An Ding Road Beijing 100029 Tel: (86.10) 64 98 05 25 Fax: (86.10) 64 91 21 36 E-mail: moutianw@public.bta.net.cn	<b>HAVANA</b> Cuba	<b>Antidoping Laboratory Sports Medicine Institute</b> Calle 100 esquina a Aldabo. Boyeros Ciudad de la Habana Cuba CP 10800 Tel: (537) 54 76 83 Fax: (537) 54 77 76 E-mail: antidop@inder.co.cu
<b>ATHENS</b> Greece	<b>Doping Control Laboratory of Athens</b> OAKA, Kifissias 37, 15123 Maroussi/Athens Tel: (30.210) 683 45 67 Fax: (30.210) 683 40 21 E-mail: oaka@ath.forthnet.gr	<b>BLOEMFONTEIN</b> South Africa	<b>South African Doping Control Laboratory</b> University of the Free State P.O.Box 339 (G6) 9300 Bloemfontein Tel: (27.51) 401 31 82 Fax: (27.51) 444 15 23 E-mail: gnfmprvdm.md@mail.uovs.ac.za	<b>HELSINKI</b> Finland	<b>United Laboratories Ltd.</b> Doping Control Laboratory Höyläämötie 14 FIN-00380 Helsinki Tel: (358.9) 50 60 54 42 Fax: (358.9) 50 60 54 20 E-mail: antti.leinonen@yhtyneetlaboratoriot.fi
<b>BOGOTA</b> Colombia	<b>Laboratorio de Control al Dopaje</b> Coldeportes Nacional Bogota Calle 63 No. 47-06 7652 Bogota D.C. Tel: (57.1) 608 33 16 Fax: (57.1) 250 42 02 E-mail: ggallo@coldeportes.go.co gigal2003@yahoo.es	<b>CAMBRIDGE</b> Great Britain	<b>Drug Surveillance Group HFL Ltd</b> Newmarket Road Cambridge CB7 5WW Tel: (44) 1638 720500 Fax: (44) 1638 724200 E-mail: smaynard@hfl.co.uk	<b>KREISCHA</b> Germany	<b>Institut für Doping Analytik und Sportbiochemie</b> Dresdner Strasse 12 D-01731 Kreischa b. Dresden Tel: (49.352) 06 20 60 Fax: (49.352) 062 06 20 (49.341) 971 51 09 E-mail: rkmuller.leipzig@t-online.de rkm@idas-kreischa.de
<b>BANGKOK</b> Thailand	<b>National Doping Centre</b> Mahidol University New Biology Building 6th Floor Rachathewe District Rama 6 Road Bangkok 10400 Tel: (662) 354 7147 (662) 354 7148 Fax: (662) 354 7150 E-mail: sctan@mahidol.ac.th	<b>COLOGNE</b> Germany	<b>German Sports University</b> Institute of Biochemistry Carl-Diem-Weg 6 50933 Cologne Tel: (49.221) 498 24 920 Fax: (49.221) 497 32 36 E-mail: schaezner@biochem.dshs-koeln.de	<b>LAUSANNE</b> Switzerland	<b>Laboratoire d'Analyse du Dopage</b> Institut Universitaire de Médecine légale Rue du Bugnon 21 1005 Lausanne Tel: (41.21) 314 73 30 Fax: (41.21) 314 73 33 / 70 95 E-mail: lad.central@hospsvd.ch Martial.saugy@chuv.ch
<b>BARCELONA</b> Spain	<b>Institut Municipal d'Investigació Mèdica (IMIM)</b> Unitat de Farmacologia c/ Doctor Aiguader, 80 08003 Barcelona Tel: (34.93) 221 10 09 Fax: (34.93) 221 32 37 E-mail: jsegura@imim.es	<b>GHENT</b> Belgium	<b>Doping Control Laboratory</b> Ghent University Technologiepark 30 B-9820 Zwijnaarde Tel: (32.9) 331 32 90 Fax: (32.9) 331 32 99 E-mail: frans.delbeke@UGent.be	<b>LISBON</b> Portugal	<b>Laboratório de Análises e Dopagem</b> Av. Professor Egas Moniz (Estádio Universitário) 1600-190 Lisboa Tel: (351.21) 796 90 73 Fax: (351.21) 797 75 29 E-mail: lad@idesporto.pt
				<b>LONDON</b> United Kingdom	<b>Drug Control Centre</b> King's College London The Franklin-Wilkins Building 150 Stamford Street LONDON SE1 9NH Tel: (44.20) 7848 48 48 Fax: (44.20) 7848 49 80 E-mail: david.cowan@kcl.ac.uk
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				<b>MADRID</b> Spain	<b>Laboratorio de Control del Dopaje Consejo Superior de Deportes</b> c/ El Greco, s/n 28040 Madrid Tel: (34.91) 589 68 90 / 88 Fax: (34.91) 543 72 90 E-mail: agustinf.rodriquez@csd.mec.es
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<b>PARIS</b> France	<b>Laboratoire National de Dépistage du Dopage CREPS</b> 143, Avenue Roger Salengro 92290 Châtenay-Malabry  Tel: (33.1) 46 60 28 69 Fax: (33.1) 46 60 30 17 E-mail: Direction@lndd.com	<b>SEOUL</b> Korea	<b>Doping Control Center</b> Korea Institute of Science and Technology (KIST) P.O. Box 131 Cheongryang 130-650 Seoul  Tel: (82.2) 958 50 55 Fax: (82.2) 958 50 59 E-mail: dhkim@kist.re.kr				
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<b>PRAGUE</b> Czech Rep.	<b>General Faculty Hospital</b> Department of Doping Control Nehvizdska 8 198 00 Prague 9  Tel./Fax: (420.2) 818 62 332 (420.2) 818 61 733 E-mail: odkusm@mbox.vol.cz	<b>SYDNEY</b> Australia	<b>Australian Sports Drugs Testing Laboratory (ASDTL)</b> National Measurement Institute 1 Suakin Street Sydney, NSW 2073  Tel: (61.2) 94 49 01 11 Fax: (61.2) 94 49 80 80 E-mail: ray.kazlauskas@ measurement.gov.au				
<b>RIO DE JANEIRO</b> Brazil	<b>LABDOP-LADETEC/IQ-UFRJ</b> Centro de Tecnologia-Bloco A – Sala 607 Ilha do Fundão-Cidade Universitária RJ-21949-900 Rio de Janeiro  Tel.: (55.21)2562 7130 – 2562 7134 Fax: (55.21) 2260 3967 – 2562 7489 E-mail: ladetec@iq.ufrj.br	<b>TOKYO</b> Japan	<b>Mitsubishi Kagaku Bio-Clinical Laboratories, Inc.</b> Anti-Doping Center 3-30-1 Shimura, Itabashi-ku Tokyo 174 - 8555  Tel: (81.3) 5994 2351 Fax: (81.3) 5994 2990 E-mail: wd3m-uek@ asahi-net.or.jp	<b>PHASE I:</b>	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 WADA Accredited Laboratory. The corresponding "B" sample will also be analysed in the WADA Accredited Laboratory which has provided confirmation of the "A" sample.	<b>PHASE II:</b>	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 WADA Accredited Laboratory.
<b>ROME</b> Italy	<b>Laboratorio Antidoping FMSI</b> Largo Giulio Onesti 1 00197 Roma RM  Tel: (39.06) 808 30 11 Fax: (39.06) 807 89 71 E-mail: francesco.botre@uniroma1.it						



