


	<b>Federação Portuguesa de Natação</b>				<i>Data</i> <b>98 /06/23</b>
					<i>Nº</i> <b>18/98</b>
	<b>CIRCULAR</b>				

**DISTRIBUIÇÃO:** Associações Distritais

**ASSUNTO:** Lista de substâncias proibidas e outros (FINA)

Para conhecimento e divulgação junto dos clubes da vossa área de jurisdição, junto enviamos cópia da correspondência recebida da FINA sobre o combate ao doping, incluindo a lista de substâncias proibidas e “declaração de uso de substância proibida”.

Pela Direcção da FPN

*Custódia Corôa*

Custódia Corôa  
Secretária Permanente





FEDERATION INTERNATIONALE DE NATATION AMATEUR



FOUNDED IN 1908

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MEMORANDUM

TO: ALL FINA MEMBER FEDERATIONS
FROM: FINA, Lausanne
DATE: June 15, 1998
RE: IOC List of Prohibited Classes of Substances and Prohibited Methods 1998
IOC Accredited Laboratories for Doping Control Analyses, 1998
FINA Declaration of Drug Use Forms

BUFE-U 1996 - 2000

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HONORARY LIFE PRESIDENT
LEO JAVIER OSTOJA NIPIA
Mexico

Dear Members,

In FINA's continued efforts towards the prevention of doping in our sport, we have the pleasure to forward to you the report by the IOC Medical Commission to the International Summer Sports Federations in Sydney, on the 30th April 1998. This includes modifications to the IOC List of Prohibited Classes of Substances and Prohibited Methods 1998 and the IOC Accredited Laboratories for Doping Control Analyses, 1998.

This list contains all the updated information from the IOC Medical Commission on prohibited classes of substances, prohibited methods and classes of drugs subject to certain restrictions. It also includes a non-exhaustive list of examples of prohibited substances.

Furthermore, we would like to take this opportunity to forward to you a copy of the FINA Declaration of Drug Use Form which may be copied for repeated use. This declaration form should be filled out and returned to the FINA Office, to the attention of Dr. J. M. Cameron, Honorary Secretary, FINA Medical Committee, for all athletes who have been prescribed medication that requires prior notification, according to the IOC Medical Code and the FINA Rule DC 10.6.

We remain at your disposal for any questions you may have and we thank you for your collaboration.

Sincerely yours,

Handwritten signature of Cornel Marculescu

Cornel Marculescu
Director

RECEB. EM 9/21/98/22
M. G. DE S. TO 130 SEROC. C
R. G. DE S. TO 130 SEROC. C
SERIO N. 1



**REPORT BY THE IOC MEDICAL COMMISSION TO  
THE INTERNATIONAL SUMMER SPORTS FEDERATIONS  
Sydney, 30th April 1998**

**1. IOC LIST OF PROHIBITED CLASSES OF SUBSTANCES AND  
PROHIBITED METHODS 1998, (Annex 1)**

**MODIFICATIONS**

You will note that several modifications have been made to this list:

- (A) New substances have been added to the List:
- (i) CARPHEDON: under A. Stimulants;
  - (ii) ANDROSTENEDIONE: under C. 1. Anabolic androgenic steroids;
- (B) Related substances have been added to the List of Examples of Prohibited Substances (last page of the List of Prohibited Classes of Substances and Prohibited Methods):
- (i) under stimulants:                   BAMBUTEROL, CARPHEDON, FORMOTEROL,  
  REPROTEROL, SELEGILINE;
  - (ii) under anabolic agents:        ANDROSTENEDIONE, BAMBUTEROL,  
  FORMOTEROL, GESTRINONE, REPROTEROL ;
  - (iii) under diuretics:                MANNITOL
- (C) Two new tables have been included in the List for the sake of clarity:
- (i) one showing reporting levels above which laboratories had to report the presence of a substance and
  - (ii) one showing the drugs which required written physician notification under the IOC's rules.
- (D) Salbutamol, Salmeterol and Terbutaline are permitted by inhaler only when their use is previously certified in writing by a respiratory or team physician.
- (E) Releasing factors for peptide and glycoprotein hormones **and analogues** are prohibited as well as the substances themselves.
- (F) A new text for point "IIC. Local Anaesthetics" has been adopted regarding the notification of their use.
- (G) The definition of a positive result for ephedrines and testosterone/epitestosterone has been included in the List.

(H) Definition for "and related substances" has been incorporated in the List as it was in the past.

## 2. IOC List of Prohibited Classes of Substances, 1999 edition

### a/ MARIJUANA under "Social Drugs"

The IOC Medical Commission discussed at length in Nagano the status of marijuana on our List of Prohibited Classes of Substances. It was suggested that a new class be formed entitled "Social Drugs". A tolerated limit for passive inhalation of marijuana would be fixed at a concentration of 15 nanogrammes per millilitre. A positive test result would lead to immediate disqualification from competition with a suspension of maximum 3 months.

### b/ DIURETICS

Diuretics were banned by the IOC in 1986 and were situated under class I. D because they assisted meeting a weight restriction in a weight classified event. Since then the experience gives clear indication that diuretics are being used also as masking agents, which means that they signal recent use of anabolic agents or other prohibited drugs which are no longer detectable in the urine.

The IOC Medical Commission decided unanimously to include diuretics also under Class II, Prohibited Methods, by the addition of the words: "administration of diuretics".

### c/ INSULIN

At the meeting with team doctors on 6 February 1998 in Nagano, we learned that there was a custom of administering insulin to healthy athletes. The IOC Medical Commission members have hard evidence that insulin is increasingly used in sport particularly in body building. From the medical point of view insulin is such a dangerous drug that there are no safe methods for its use in healthy persons.

After our meeting with team doctors in Nagano we issued the IOC official stand on insulin indicating that the use of insulin in non-diabetic athletes was forbidden (Annex 2).

On this occasion the IOC Medical Commission members unanimously decided to clearly state insulin on the IOC list of prohibited classes of substances, under class I E, Peptide and glycoprotein hormones and analogues.

### d/ A and B samples in doping control analysis

The IOC Medical Commission discussed at length in Nagano the possibility of suppressing the B sample in the procedure of the doping control analysis. Most members were in favour and we are at present analysing juridical aspects of such an important step forward.

3. **IOC ACCREDITED LABORATORIES FOR DOPING CONTROL ANALYSES 1998 ( Annex 3 )**

Two laboratories did not meet the highest standards and have therefore been downgraded to Phase II: the laboratories in Gent and in Seoul.

The laboratory in Lisbon has been downgraded to Phase I following key staff changes and the consequent postponement of the reaccreditation test.

In these instances, we are currently in the process of implementing the necessary corrective procedures and trust that these laboratories will soon be fully accredited again.

The laboratory in Moscow has successfully passed the test and is now upgraded and fully accredited.

I have pleasure in informing you that out of 25 IOC Accredited Laboratories, 22 have successfully passed the test and are fully accredited: Athens, Barcelona, Beijing, Bloemfontein, Cologne, Copenhagen, Helsinki, Huddinge, Indianapolis, Kreischau, Lausanne, London, Los Angeles, Madrid, Montreal, Moscow, Oslo, Paris, Prague, Rome, Sydney and Tokyo.

The laboratory in Tokyo has successfully transferred its equipment to Nagano. The laboratory analysed 618 samples at the XVIII Olympic Winter Games. It used 2 High Resolution Mass Spectrometers and a technique known as "isotopic ratio mass spectrometry".

4. **Laboratories seeking IOC accreditation**

**Malaysia, Penang (1998 Commonwealth Games)**

This laboratory successfully carried out its third pre-accreditation tests. The results are excellent and it should be accredited by the IOC before Commonwealth Games.

**Thailand, Bangkok (1998 Asian Games)**

This laboratory successfully carried out all pre-accreditation tests and should be accredited by the IOC in 1998.

5. **5th IOC World Congress on Sport Sciences, Sydney, 1-6 November 1999**  
**Theme: "The Sciences of Skilled Performance: Optimisation, Injury Prevention and Rehabilitation"**

The Fifth IOC World Congress on Sport Sciences will take place in Sydney. The SOCOG Chief Medical Officer, Dr Danny Stiel and Prof Bruce Elliott will be in charge of the organization of this Congress with the help and collaboration of the Programme Committee.

**6. IOC Medical Commission Publications**

At present we are preparing several volumes of the Encyclopaedia and the Handbook series which should be ready in 1998.

a/ Encyclopaedia of Sports Medicine series:

WOMEN IN SPORT  
NUTRITION IN SPORT

b/ Handbook of Sports Medicine and Science series:

RUNNING  
CROSS COUNTRY SKIING  
STRENGTH TRAINING OF ATHLETES  
DOPING  
ROAD CYCLING  
TENNIS

c/ White Book on Doping





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## INTERNATIONAL OLYMPIC COMMITTEE

TO: IOC Accredited Laboratories  
IOC Medical Commission  
IOC Members  
IOC Honorary Members  
National Olympic Committees  
NOC Medical Liaison Officers  
International Olympic Federations  
Recognized International Federations  
Olympic Games Organizing  
Committees  
Recognized Organizations

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Lausanne, 31st January 1998

Ref.N°

LAB/ME/M/MH/C/ML/F/FR/CO/OR/11/98/tea

Re: IOC Accredited Laboratories for Doping Control Analyses, 1998  
IOC List of Classes of Prohibited Substances and Methods of Doping, 1998

Dear Colleague and Friend,  
Dear Sir / Madam,

On behalf of the International Olympic Committee and its Medical Commission I have pleasure to announce the 1998 list of IOC accredited laboratories for doping control analyses as well as the 1998 list of classes of prohibited substances and methods of doping.

1. IOC Accredited Laboratories for Doping Control Analyses

The annual reaccreditation test for IOC Accredited Laboratories was carried out in October 1997. The IOC Medical Commission's sub-commission "Doping and Biochemistry of Sport" met twice in order to analyse the reaccreditation test results of the laboratories. The IOC Medical Commission is conscious of the responsibility it bears with respect to dope controls, and you will note that the activity of certain laboratories has been temporarily restricted at an international level. Three laboratories did not meet the necessary standards and have been downgraded:

- the IOC accredited laboratory in Gent is downgraded to Phase II
- the IOC accredited laboratory in Lisbon is downgraded to Phase I
- the IOC accredited laboratory in Seoul is downgraded to Phase II

In these instances, we are currently in the process of implementing the necessary corrective procedures and trust that these laboratories will soon be fully accredited again

I have pleasure in informing you that the laboratory in Moscow has successfully passed the test and is now upgraded and fully accredited.

I have pleasure in informing you that all IOC Accredited Laboratories have successfully passed the test and are fully accredited: Athens, Barcelona, Beijing, Bloemfontein, Cologne, Copenhagen, Helsinki, Huddinge, Indianapolis, Kreischau, Lausanne, London, Los Angeles, Madrid, Montreal, Moscow, Oslo, Paris, Prague, Rome, Sydney and Tokyo.

2. IOC list of classes of prohibited substances and methods of doping  
31 January 1998

You will note that several modifications have been made to this list:

- (A) New substances to be added to the List:  
(i) CARPHEDON: to be added to the List under A. Stimulants;  
(ii) ANDROSTENEDIONE: to be added on the List under C. 1. Anabolic androgenic steroids;
- (B) Related substances to be added to the List of Examples of Prohibited Substances (last page of the List of Prohibited Classes of Substances and Prohibited Methods):  
(i) under stimulants: BAMBUTEROL, CARPHEDON, FORMOTEROL, REPROTEROL, SELEGILINE;  
(ii) under anabolic agents: ANDROSTENEDIONE, BAMBUTEROL, FORMOTEROL, GESTRINONE, REPROTEROL;  
(iii) under diuretics: MANNITOL
- (C) Two new tables to be included in the List for the sake of clarity:  
(i) one showing reporting levels above which laboratories had to report the presence of a substance and  
(ii) one showing the drugs which required written physician notification under the IOC's rules.
- (D) Salbutamol, Salmeterol and Terbutaline are permitted by inhaler only when their use is previously certified in writing by a respiratory or team physician.
- (E) Releasing factors for peptide and glycoprotein hormones and analogues to be prohibited as well as the substances themselves.
- (F) A new text for point "3C. Local Anaesthetics" has been adopted regarding the notification of their use.
- (G) The definition of a positive result for ephedrines and testosterone/epitestosterone to be included in the List.
- (H) Definition for "and related substances" to be incorporated in the List as it was in the past.

Should you require any further information in this respect, please do not hesitate to contact us.

Yours sincerely,



Prince Alexandre de MERODE  
IOC Vice President  
Chairman, IOC Medical Commission



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## **INTERNATIONAL OLYMPIC COMMITTEE MEDICAL CODE**

### **PROHIBITED CLASSES OF SUBSTANCES AND PROHIBITED METHODS**

**31st January 1998**

Doping contravenes the ethics of both sport and medical science. Doping consists of:

- 1/ the administration of substances belonging to prohibited classes of pharmacological agents, and/or
- 2/ the use of various prohibited methods.

#### **I. PROHIBITED CLASSES OF SUBSTANCES**

- A. Stimulants**
- B. Narcotics**
- C. Anabolic Agents**
- D. Diuretics**
- E. Peptide and glycoprotein hormones and analogues**

#### **II. PROHIBITED METHODS**

- A. Blood doping**
- B. Pharmacological, chemical and physical manipulation**

#### **III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS**

- A. Alcohol**
- B. Marijuana**
- C. Local anaesthetics**
- D. Corticosteroids**
- E. Beta-blockers**

## I. PROHIBITED CLASSES OF SUBSTANCES

Prohibited substances fall into the following classes of substances:

- A. **Stimulants**
- B. **Narcotics**
- C. **Anabolic Agents**
- D. **Diuretics**
- E. **Peptide and glycoprotein hormones and analogues**

All substances belonging to the prohibited classes cannot be used even if they are not listed as examples. For this reason, the term “**and related substances**” is introduced. This term describes drugs that are related to the class by their pharmacological action and/or chemical structure.

### A. Stimulants

Prohibited substances in class (A) include the following examples:

**amineptine, amiphenazole, amphetamines, bromantan, caffeine\*,  
carphedon, cocaine, ephedrines\*\*, fencamfamine, mesocarb,  
pentylentetrazol, pipradol, salbutamol\*\*\*, salmeterol\*\*\*, terbutaline\*\*\*,  
... and related substances**

\* For caffeine the definition of a positive result depends on the concentration of caffeine in the urine. The concentration in urine may not exceed 12 micrograms per milliliter.

\*\* For ephedrine, cathine and methylephedrine, the definition of a positive is 5 micrograms per milliliter of urine. For phenylpropanolamine and pseudoephedrine the definition of a positive is 10 micrograms per milliliter. If more than one of these substances is present, the quantities should be added, and, if the sum exceeds 10 micrograms per milliliter the sample shall be considered positive.

\*\*\* Permitted by inhaler only when their use is previously certified in writing by a respiratory or team physician to the relevant medical authority.

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

## B. Narcotics

Prohibited substances in class (B) include the following examples:

**dextromoramide, diamorphine (heroin), methadone, morphine, pentazocine, pethidine,**

**... and related substances**

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

## C. Anabolic agents

The anabolic class includes 1) anabolic androgenic steroids (AAS) and 2) beta-2 agonists.

Prohibited substances in class (C) include the following examples:

### 1. Anabolic androgenic steroids

**androstenedione, clostebol, dehydroepiandrosterone (DHEA), fluoxymesterone, metandienone, metenolone, nandrolone, oxandrolone, stanozolol, testosterone\*,**

**... and related substances**

\* 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 higher than 6, it is mandatory that the relevant medical authority conduct 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 cooperate in the investigations will result in declaring the sample positive.

### 2. Beta-2 agonists

When administered systemically, beta-2 agonists may have powerful anabolic effects.

**clenbuterol, fenoterol, salbutamol, salmeterol, terbutaline,**

**... and related substances**

#### D. Diuretics

Prohibited substances in class (D) include the following examples:

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

\* Prohibited by intravenous injection.

#### E. Peptide and glycoprotein hormones and analogues

Prohibited substances in class (E) include the following examples:

1. **Chorionic Gonadotrophin** (hCG - human chorionic gonadotrophin);
2. **Corticotrophin** (ACTH);
3. **Growth hormone** (hGH, somatotrophin);

All the respective releasing factors (and their analogues) of the above-mentioned substances are also prohibited.

4. **Erythropoietin** (EPO)

## II: PROHIBITED METHODS

The following procedures are prohibited:

### Blood doping

Blood doping is the administration of **blood, red blood cells and related blood products** to an athlete. This procedure may be preceded by withdrawal of blood from the athlete who continues to train in this blood depleted state.

### Pharmaceutical, chemical and physical manipulation

Pharmaceutical, chemical and physical manipulation is the use of substances and of methods which alter, attempt to alter or may reasonably be expected to alter the integrity and validity of urine samples used in doping controls, including, without limitation, catheterisation, urine substitution and or tampering, inhibition of renal excretion such as by **probenecid** and related compounds and alterations of testosterone and epitestosterone measurements such as by **epitestosterone\*** or **bromantan** administration.

\* An epitestosterone concentration in the urine in excess of 200 nanograms per milliliter will have to be investigated by studies as in Article I.C (I).

The success or failure of the use of a prohibited substance or method is not material. It is sufficient that the said substance or procedure was used or attempted for the infraction to be considered as consummated.

### III: CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

#### A. Alcohol

In agreement with the International Sports Federations and the responsible authorities, tests may be conducted for ethanol. The results may lead to sanctions.

#### B. Marijuana

In agreement with the International Sports Federations and the responsible authorities, tests may be conducted for cannabinoids (e.g. Marijuana, Hashish). The results may lead to sanctions.

#### C. Local anaesthetics

Injectable local anaesthetics are permitted under the following conditions:

- a/ bupivacaine, lidocaine, mepivacaine, procaine, etc. can be used but not cocaine. Vasoconstrictor agents (e.g. adrenaline) may be used in conjunction with local anaesthetics.
- b/ only local or intra-articular injections may be administered;
- c/ only when medically justified.

**In agreement with International Sports Federations and the responsible authorities, notification of the permitted use may be necessary except for dental application.** The details including diagnosis, dose and route of administration must be submitted prior to the competition or, if administered during the competition, immediately after injection, in writing to the relevant medical authority.

#### D. Corticosteroids

The use of corticosteroids is prohibited except:

- a/ for topical use (anal, aural, dermatological, nasal and ophthalmological) but not rectal;
- b/ by inhalation;
- c/ by intra-articular or local injection.

The IOC Medical Commission has introduced mandatory reporting of athletes requiring corticosteroids by inhalation for the treatment of asthma during competitions. Any team doctor wishing to administer corticosteroids by inhalation or by local or intra-articular

injection to a competitor must give written notification prior to the competition to the relevant medical authority.

E. Beta-blockers

Some examples of beta-blockers are:

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

In agreement with the rules of the International Sports Federations, tests will be conducted in some sports, at the discretion of the responsible authorities. The results may lead to sanctions.

**SUMMARY OF IOC REGULATIONS FOR DRUGS WHICH NEED PHYSICIAN WRITTEN NOTIFICATION**

<b>SUBSTANCES</b>	<i>PROHIBITED</i>	<i>AUTHORIZED WITH NOTIFICATION</i>	<i>AUTHORIZED WITHOUT NOTIFICATION</i>
<b>Selected beta-agonists*</b>	- Oral - Systemic injections	- Inhalatory	
<b>Corticosteroids</b>	- Oral - Systemic injections - Rectal	- Inhalatory - Local injections - Intra-articular injections	- Topical (anal, aural, dermatological, nasal, ophthalmological)
<b>Local anaesthetics**</b>	- Systemic injections		- Dental - Local injections*** - Intra-articular injections***

\* salbutamol, salmeterol, terbutaline; all others beta-agonists are prohibited

\*\* except cocaine, which is prohibited

\*\*\* in agreement with some International Sports Federations, notification may be necessary in some sports



**SUMMARY OF URINARY CONCENTRATIONS**  
**ABOVE WHICH IOC ACCREDITED LABORATORIES**  
**MUST REPORT FINDINGS FOR SPECIFIC SUBSTANCES**

cathine	> 5 micrograms / mililter
ephedrine	> 5 micrograms / mililter
epitestosterone	> 200 nanograms / mililter
methylephedrine	> 5 micrograms / mililiter
morphine	> 1 microgram / mililiter
phenylpropanolamine	> 10 micrograms / mililiter
pseudoephedrine	> 10 microgram / mililiter
T/E ratio	> 6

**LIST OF EXAMPLES OF PROHIBITED SUBSTANCES**

**CAUTION:**

This is not an exhaustive list of prohibited substances. Many substances that do not appear on this list are prohibited under the term "and related substances".

All athletes are strongly advised only to take medicines which are prescribed by a medical doctor and to ensure that they contain only drugs that are not prohibited by the IOC Medical Commission or the responsible authorities.

Whenever an athlete is required to undergo a doping control it is essential that all medications and drugs taken or administered in the previous three days are declared on the doping control official record.

**STIMULANTS:**

**amineptine, amfepramone, amiphenazole, amphetamine, bambuterol, bromantan, caffeine, carphedon, cathine, cocaine, cropropamide, crotethamide, ephedrine, etamivan, etilamphetamine, etilefrine, fencamfamine, fenetylline, fenfluramine, formoterol, heptaminol, methyendioxyamphetamine, mefenorex, mephentermine, mesocarb, methamphetamine, methoxyphenamine, methylephedrine, methylphenidate, nikethamide, norfenfluramine, parahydroxyamphetamine, pemoline,**

pentylentetrazol, phendimetrazine, phentermine, phenylpropanolamine, pholedrine, pipradol, prolintane, propylhexedrine, pseudoephedrine, reproterol, salbutamol, salmeterol, selegiline, strychnine, terbutaline,

#### NARCOTICS:

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

#### ANABOLIC AGENTS :

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

#### DIURETICS

acetazolamide, bendroflumethiazide, bumetanide, canrenone, chlortalidone, ethacrynic acid, furosemide, hydrochlorothiazide, indapamide, mannitol, mersalyl, spironolactone, triamterene,

#### MASKING AGENTS

bromantan, epitestosterone, probenecid,

#### PEPTIDE HORMONES

ACTH, erythropoietin (EPO), hCG, hGH,

#### BETA BLOCKERS

acebutolol, alprenolol, atenolol, betaxolol, bisoprolol, bunolol, labetalol, metoprolol, nadolol, oxprenolol, propranolol, sotalol.

**LABORATOIRES POUR LES ANALYSES DE CONTROLE DE DOPAGE  
ACCREDITES PAR LE COMITE INTERNATIONAL OLYMPIQUE**

**LABORATORIES FOR DOPING CONTROL ANALYSES ACCREDITED  
BY THE INTERNATIONAL OLYMPIC COMMITTEE**

31 janvier 1998  
31st January 1998

**SITUATION  
LOCATION**

**CHEF DU LABORATOIRE  
HEAD OF THE LABORATORY**

**ADRESSES  
ADDRESSES**

<p><b>ATHENS</b></p> <p>Grèce Greece</p>	<p>Dr. Costas <b>GEORGAKOPOULOS</b></p>	<p><b>OLYMPIC ATHLETIC CENTER OF ATHENS "Spiros Louis",</b> Hellenic Sports Research Institute Doping Control Laboratory of Athens 37, Kifissias Ave., 15123 <b>MAROUSSI/Athens</b></p> <p>Tel : (30.1) 683 40 60 Fax : (30.1) 683 40 21 E-mail : oaka@athena.compulink.gr</p>
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<p><b>BEIJING</b></p> <p>République Populaire de Chine People's Republic of China</p>	<p>Dr. Zeyi <b>YANG</b></p>	<p><b>NATIONAL RESEARCH INSTITUTE OF SPORTS MEDICINE,</b> Doping Control Laboratory, 1st Anding Road, 100029 <b>BEIJING</b></p> <p>Tel: (86.10) 64 91 21 31 / 21 30 Fax: (86.10) 64 91 21 36 / 21 29 E-mail : yangzyin@peony.ioa.ac.cn <b>ZEYI.YANG@Public3.bta.net.cn</b></p>

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**\* PHASE I:** Le laboratoire est temporairement suspendu pour les contrôles internationaux. Au niveau national (échantillons provenant du pays dans lequel le laboratoire est situé), le laboratoire peut effectuer des analyses mais les échantillons A déclarés positifs doivent faire l'objet d'une seconde analyse pour confirmation par un autre laboratoire accrédité par le C.I.O. L'échantillon B correspondant sera également analysé dans le laboratoire accrédité par le C.I.O. qui a confirmé le résultat de l'analyse de l'échantillon A.

**\* 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:** Le laboratoire est temporairement suspendu pour la confirmation du résultat positif des échantillons A et l'analyse des échantillons B. La confirmation de l'échantillon A et l'analyse de l'échantillon B seront effectuées dans un autre laboratoire accrédité par le C.I.O..

**\* 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.*





FEDERATION INTERNATIONALE DE NATATION AMATEUR



FOUNDED IN 1908

# DECLARATION OF DRUG USE

(THIS FORM SHOULD BE COMPLETED IN ENGLISH ONLY. USE A SEPARATE FORM FOR EACH MEDICATION USED. PLEASE PRINT IN BLOCK LETTERS.)

DATE: \_\_\_\_\_

The following competitor has been given, or used, the following medications for the following circumstances:

NAME OF COMPETITOR: \_\_\_\_\_ M/F \_\_\_\_\_

DATE of BIRTH: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SUPPORT:  Swimming  Waterpolo  Synchro  Diving  Open Water

COUNTRY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATION: \_\_\_\_\_

METHOD OF ADMINISTRATION:  INHALATION  
 ORAL  
 INTRAMUSCULAR  
 INTRAVENOUS  
 INTRA-ARTICULAR  
 SUCUTANEOUS  
 TOPICAL  
 OTHER \_\_\_\_\_

DOSAGE OF MEDICATION: \_\_\_\_\_

FREQUENCY OF ADMINISTRATION:  DAILY;  WEEKLY;  MONTHLY;  OCCASIONAL

APPROXIMATE DATE OF ADMINISTRATION: \_\_\_\_\_

LAST DATE OF ADMINISTRATION: \_\_\_\_\_

DIAGNOSIS FOR TREATMENT: \_\_\_\_\_

TREATING PHYSICIAN NAME: \_\_\_\_\_; SIGNATURE \_\_\_\_\_

TEAM PHYSICIAN NAME: \_\_\_\_\_; SIGNATURE \_\_\_\_\_

SIGNATURE OF ATHLETE: \_\_\_\_\_

SIGNATURE of PARENT/GUARDIAN/WARD (IF A MINOR): \_\_\_\_\_

SIGNATURE OF PRESCRIBING TEAM PHYSICIAN: \_\_\_\_\_

SIGNATURE OF REPRESENTATIVE OF FINA MEDICAL COMMITTEE: \_\_\_\_\_

### NOTES:

- 1) THE SIMPLE DECLARATION OF USE OF A MEDICATION DOES NOT IMPLY APPROVAL OF ITS USE BY FINA
- 2) PLEASE USE A SEPARATE FORM FOR EACH MEDICATION TAKEN BY THE ATHLETE

