

INTERNATIONAL SKATING UNION DOPING CONTROL FORM

Family Name	Given Name	Date of Birth – (dd/mm/yy) □□ □□ □□
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Home Address	Country/Team
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Sport/Discipline	Ranking/Random	Photographic identity (Type/No.)
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Place/City	In-Competition/ World Record	Event
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Date of Test (dd/mm/yy): □□ □□ □□ Time Notified: □□:□□ Test Mission Code: □□□□□□□□□□

Test for (tick box): Urine Blood ISU Medical Advisor /CDCO _____

You have been selected for an Anti-Doping test. Bring your photographic identity with you. A urine and/or blood sample will be taken under supervision of a member of the Anti-Doping Committee. You may be accompanied by one representative only (e.g. team doctor/physiotherapist or team official).

Statement by the Skater: I acknowledge receipt of this notice. I consent to provide sample(s) as requested. I understand that failure or refusal to provide a sample may constitute an Anti-Doping Rule violation.

Chaperone: Name	Chaperone: Signature	Skater: Name	Skater: Signature
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Time of arrival at Doping Control: □□:□□ Date (dd/mm/yy): □□ □□ □□
Any Medications taken in the last seven days. Include dosage and date when taken.

Blood Transfusion: Yes No Date of Transfusion (dd/mm/yy): □□ □□ □□

Therapeutic Use Exemption Submitted: Yes No Sex of Skater: Male Female

To be completed at doping control:

Urine Bottle Code A/B	Total urine Volume	Urine Specific Gravity	Blood Sample Code
Poss second Urine Bottle Code A/B	Total urine Volume	Urine Specific Gravity	Blood sample sent to
Date (dd/mm/yy): □□ □□ □□			Skater Blood Parameters form completed Yes <input type="checkbox"/> n/a <input type="checkbox"/>

Partial Sample No.	Volume	Time	Skater/DCO Initials
Partial Sample No.	Volume	Time	Skater/DCO Initials

Name	Signature	Name	Signature
Witness		Interpreter	

Any comments on the procedure

I declare that the information I have given on this form is correct. I declare that, except for any comments made above, sample collection was conducted in accordance with the relevant procedures for sample collection. I accept that all information related to doping control, including but not limited to laboratory results and possible sanctions, shall be shared with relevant bodies in accordance with the World Anti-Doping Code. I consent to the processing of my personal data through ADAMS. I understand that if the test/s are positive for Prohibited Substances I may be subject to sanctions according to the ISU Anti-Doping Rules and Procedures.

Skater Name	Skater Signature	Team Official Name	Team Official Signature
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CDCO Name	CDCO Signature	ISU Medical Advisor Name	ISU Medical Advisor Signature
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Time of completion □□:□□