



UEFA DOPING CONTROL PROCEDURE

**STEP BY STEP for Players
January 2010 version**

C O N T E N T S

- 1. Notification for doping control**
- 2. Registration and identification**
- 3. Selection of collection beaker**
- 4. Production of urine samples**
- 5. Selection of bottles**
- 6. Dividing the urine sample and measurement of specific gravity (S/G)**
- 7. Closing and sealing the bottles**
- 8. Doping Control form (D5)**
- 9. Declaration of Medication form (D3)**
- 10. Checking and signing the documents**
- 11. Partial sample**
- 12. Injured players – red card – players refusing to undergo a doping control**

- Illustrations provided by Council of Europe -

1. NOTIFICATION FOR DOPING CONTROL



- a) When the players are leaving the pitch at the end of the match (after any post-match celebration), the chaperone (escort) will discreetly notify the player of his or her obligation to report to the doping control station. The notification is made orally and also by means of the Doping Control Summons Form (D2), which is handed to the player for signature.
- b) From the time of notification, the chaperone will escort and observe the player **at all times**, without interfering with immediate post-match interview activities in the “super flash” and “flash” areas on the way to the dressing room. After such interviews, the player will be accompanied **directly** to the doping control station. The player **may not** return to the dressing room. If the player wishes to have any personal belongings from the dressing room, the team doctor and/or representative will bring the requested item(s) to the doping control station.
- c) The chaperone will stay in the doping control station waiting room until the testing is complete.
- d) The player may only leave the doping control station under very specific circumstances **and only with the permission of the Doping Control Officer (DCO)**. During that period, the chaperone will escort and observe the player **at all times** until he or she has checked in again at the doping control station.
- e) If no chaperones are available, the team doctor and/or team representative will notify and escort the player to the doping control station.
- f) In any case, the club/association concerned is responsible for ensuring that its selected players are taken to the doping control station straight from the pitch as soon as the match is over (see Paragraph. 7.10 of *UEFA Anti-Doping Regulations*) and as described above.

2. REGISTRATION AND IDENTIFICATION



- a) The player may be asked by the DCO to identify himself/herself by means of his or her passport or football licence.
- b) The DCO will explain the procedure if necessary.
- c) The team doctor fills in the Declaration of Medication Form (D3) and returns it to the DCO before the start of the control (see Paragraph 7.11). The team doctor must check with the player whether he/she has a TUE, or has used any medication in the three months prior to the doping control. In particular, the team doctor should declare the following;
 - 1) non-systemic and inhaled use of glucocorticosteroids
 - 2) salbutamol and salmeterol by inhalation
 - 3) platelet-derived preparations administered by routes other than intramuscular

3. SELECTION OF URINE COLLECTION BEAKER



- a) When the player is ready to provide a urine sample, he or she selects a sealed collection beaker.

4. PRODUCTION OF URINE SAMPLES



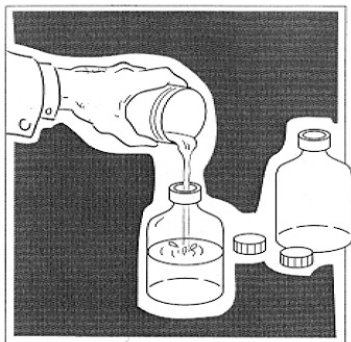
- a) Having selected a collection beaker, the player passes the urine sample under the constant observation of the DCO.
- b) A minimum volume of 90ml is required.

5. SELECTION OF BOTTLES



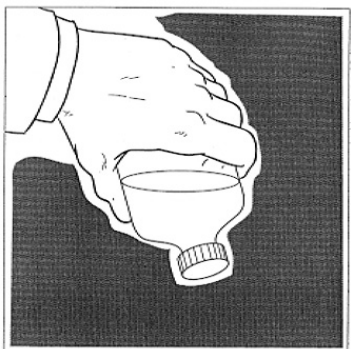
- a) After producing the required amount of urine, the player selects a sealed bottle container with individual code numbers.
- b) The tape must be intact. In case of any doubt, an alternative container must be used.
- c) The player breaks the seal on the bottle container to obtain the bottles.
- d) Both the player and the DCO should check that the bottles are in proper condition and that the shrink-sleeve wrap is intact, that all the numbers of each kit component are identical, and that the elements of the cap (inner stopper, rubber ring and screen ring) are in place.

6. DIVIDING THE URINE SAMPLE AND MEASUREMENT OF SPECIFIC GRAVITY (SG)



- a) The player decides whether he/she or the DCO will pour the urine into bottles "A" and "B". If the player decides to do it himself/herself, the DCO will explain the procedure. The volume of urine must be at least 90ml ("A" 60ml, "B" 30ml). For the partial sample procedure, please refer to step 11.
- b) For measuring purposes, the laser line on the red bottle "A" label corresponds to 60ml and the laser line on the blue bottle "B" label corresponds to 30ml.
- c) A sufficient volume of urine should be left in the collection beaker to allow the DCO to test the specific gravity of the sample. If the specific gravity of the sample is not "suitable" (high enough) (1.005 or higher with a refractometer or 1.010 or higher with test strips), the player will have to continue to give samples until a suitable specific gravity is achieved. The specific gravity measurement is then recorded on the Doping Control Form (D5).
- d) If more urine than the requested 90 ml is available, it will be poured into bottles "A" and "B".
- e) Any excess urine will be disposed of by pouring it into the WC in the presence of the player.

7. CLOSING AND SEALING THE BOTTLES



- a) Before closing the bottles, the red ring that separates the cap from the bottle preventing accidental closure of the bottle during transport must be removed and discarded.
- b) After the urine sample has been poured into bottles "A" and "B", either the player or the DCO should close them tightly, after both have checked that the bottles are in good and proper condition. Close the cap by applying downward pressure and turning it at the same time. A series of clicks will be heard. The cap must be turned until it will turn no further. The player ensures that no urine can leak out by tipping the bottles upside down and compares the code numbers on both bottles, the bottle caps and the particulars on the Doping Control Form (D5) once again (see Paragraph 11.08).

8. DOPING CONTROL FORM (D5)



- The DCO fills in the Doping Control Form (D5).
- The DCO fills in the appropriate boxes.
- The player should check/compare the bottle number with the number written on the D5 form.
- The player will record any possible remark under the section "Remarks".
- The player and the accompanying officials must sign the D5 form.

9. DECLARATION OF MEDICATION FORM (D3)



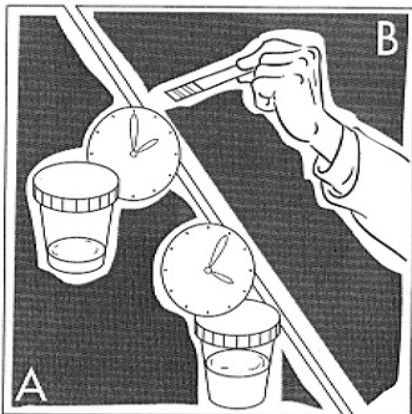
- When the DCO receives the D3 forms back from the team doctor, he will ask them if they have, for each of the players in question, a copy of a TUE request or a copy of a TUE certificate issued by UEFA or any other competent anti-doping organisation.
- If applicable, the DCO will register the TUE request or certificate on the Declaration of Medication form (D3) of the player concerned (by ticking the appropriate box).
- The DCO will ask the player if the medical substances declared by his or her team doctor are the only ones he or she has taken during the relevant period prior to the control. If not, the player must complete and sign the D3 form.
- The player should also mention any vitamin supplements, homeopathic substances, herbal remedies and, if applicable, contraceptive pills.
- The information on the D3 form must be treated in the strictest confidence by all persons who have access to it.
- The team doctor must also sign the D3 form.

10. CHECKING AND SIGNING THE DOCUMENTS



- a) The player and the DCO should check that all documents have been signed by the player and the team doctor concerned.
- b) The player will receive his or her personal copy of the D3 & D5 forms (pink part).

11. PARTIAL SAMPLE



- a) If the urine sample provided is less than 90 ml (see Paragraph 11.05), the player, or the DCO if requested by the player, will, for security reasons, pour the volume of urine already collected into the bottle marked "A" and seal this bottle with the interim sealing device before replacing the cap on the bottle. Bottle "A" is then placed back in the polystyrene foam packaging, which also contains bottle "B", and sealed with the security tape (see Paragraph 11.11).
- b) The number of the security tape, the volume of urine collected (in ml) and the collection time must be written on the Partial Sample Form (D6) provided for this purpose. The player must put his or her signature next to this code number on the detachable part of the form to confirm that the code number is correct.
- c) When the player is able to provide an additional sample, he or she must identify his or her initial sample by checking the code number on the security tape on the polystyrene foam packaging against the number on the Partial Sample Form (D6). The DCO will double-check this as well.
- d) The player and the DCO must check together that the security tape has not been broken.
- e) The player then urinates again into a clean, unused beaker.
- f) Under the supervision of the DCO, the player opens the bottle himself/herself by unscrewing the interim sealing device.
- g) The partial sample in bottle "A" is added to the second sample in the collection beaker to ensure that both samples are properly mixed.
- h) If the volume is still found to be insufficient, the procedures described in a) to g) above must be repeated.
- i) Once the required volume is obtained, the testing can continue as from step 6.

12. INJURED PLAYERS – RED CARD – PLAYERS REFUSING TO UNDERGO A DOPING CONTROL

- a) The DCO will examine any injured players, in order to assess the injury, before they leave the stadium for the hospital.
- b) If a field player is injured before the match, once the players' list has been submitted by the team in question:
 - i. he or she may be replaced by a substitute; depending on the competition regulations, the substitute may be replaced by a player not previously on the players' list.
 - ii. the injured player must remain eligible for the doping draw unless, after confirmation by the DCO, he or she needs to be taken to hospital.
 - iii. If the substitute was replaced, the replacement will also be included in the doping draw.
- c) If a goalkeeper is injured before the match, once the players' list has been submitted by the team in question:
 - i. an injured goalkeeper may be replaced by a goalkeeper not previously on the players' list;
 - ii. in this case the injured goalkeeper must remain eligible for the doping draw and the number of players in the draw will consequently increase from 18 to 19. If, after confirmation by the DCO, the player needs to be taken to hospital, he or she need not be included in the draw, as described above.
- d) If a player is shown a red card at any time during the match, the player must remain available to undergo a doping control after the match if he or she has been drawn or designated in addition to the draw (see Paragraph 7.13).
- e) Refusal to undergo a doping control constitutes a doping offence and will incur the relevant sanctions.