

TD2027APMU

Summary of Major Modifications

This document summarizes the modifications to the Technical Document (TD) on Athlete Passport Management Unit Requirements and Procedures. The TD2027APMU replaces the current TD2023APMU and has been revised to reflect further refinements to Passport management.

The main modifications include (ordered by section of the TD):

2.0 Athlete Passport Management Unit Roles and Responsibilities

- 2.1 a) long-term storage has been added in the list of recommendations that could be provided by APMUs. The term “long-term storage” has also been added across the document, where appropriate.

3.0 APMU Hosting

Article 3.2 of the TD2023APMU has been deleted, which, together with the removal of 4.2 and changes to 8.4.c), aligns with the process followed by the vast majority of ADOs (297 ADOs out of 302) that rely on the services of WADA-approved APMUs with exclusively laboratory-based managers. ADO staff shall now use ADO-based accounts and the Passport Custodian Report (PC Report) in ADAMS for the review of passports, according to article 8.4 c) and Table 2 of TD APMU, should they choose to do so. Therefore, the impact on ADOs with staff reviewing passports will be essentially administrative in nature.

These administrative changes depend on updates to ADAMS. Specifically, the PC Report will be made visible to APMU users in ADAMS to allow better communication and management of passports. Additionally, the PC Report will also be visible to other ADOs with read access to the passport and will be maintained in the passport history should the passport custody be transferred to another ADO. These updates to ADAMS are also consistent with the increased importance placed on the PC Report in Article 11.4.1 of the 2027 IST.

The overall purpose of this change, together with the new Article 11 of the International Standard for Testing (2027 IST), is to bring further harmonization and transparency in the passport management process.

4.0 APMU Personnel

Article 4.1 has been added to clarify that all APMU personnel shall be employed by the host Laboratory.

6.0 ABP Expert Panel

The explanation of the “pool of Experts” has been clarified in Article 6.1 and APMUs shall inform WADA and their clients about any changes in their pool (Article 6.2)

7.0 Process and Requirements for WADA Athlete Passport Management Unit Approval

- 7.1 i) Conditions related to training of a newly approved APMU have been added.

- 7.2 e) Conditions related to training of an already approved APMU after WADA monitoring have been added.

8.0 Passport Management and Administration

This Article has been restructured to better reflect the process of Passport management by an approved APMU.

8.2 Primary and Secondary Markers

All primary and secondary Markers of the three modules of the ABP were removed from the International Standard for Results Management and are now listed here. Reticulocyte percentage (RET%), 5 α -Androstane-3 α ,17 β -diol to Epitestosterone ratio (5 α Adiol/E) in urine and Insulin-like growth factor-I (IGF-I) have been included as primary Markers for the Hematological, Steroidal and Endocrine Modules, respectively. The Androsterone/Testosterone (A/T) ratio has been removed from the list of the urine steroid Markers (but will still be available on the passport page in ADAMS).

8.3 Passport Status in ADAMS

Each status, as defined by the Adaptive Model, that may be attributed to a Passport in ADAMS are now described here.

8.4 Passport Review

Criteria for mandatory reviews by APMUs have been added in section a), b) and d). The new Table 2 summarizes the type of review triggered by the different Passport statuses for the three ABP modules.

8.5 Management of Sample Validity

“Serum” has been added as Sample type whenever appropriate in place of “blood”.

8.6 Assessment of a Sample that generated a Confirmation Procedure Request

All types of CP requests (ATPF-CPR, SSP-CPR and Endocrine-CPR) have been grouped in this Article.

b) is dedicated to criteria triggering an SSP-CPR, where the criteria based on E in females was adjusted from 50 ng/mL to 100 ng/mL.

d) all potential justifications to recommend not to proceed to a CP are listed and the timing for the PC, or TA, to contact the Laboratory has been reduced from 15 to 14 days after receipt of the CP notification.

8.7 APMU Report

c) The APMU Report shall refer to the Sample collection date and/or Sample code, as appropriate. The ordinal number of the Sample within the Passport may be used in addition to the Sample collection date and/or Sample code.

8.8 Assigning Passports for Expert(s) review

d) conditions to evaluate a Passport as “Likely Medical Condition” have been clarified and reference to Article 2.2.3 of the ISRM has been added.

8.10 Compiling the ABP Documentation Package

Temperature profile during the transportation of Samples has been included in the list of additional information to provide for an ABP documentation package related to Steroidal Module and Endocrine Module including serum Samples.

9.0 References

References to WADA International Standards and Technical Documents have been updated.