

## **Athlete Biological Passport – Supplementary Report Form**

These instructions will help the **Doping Control Officer (DCO)** complete the Athlete Biological Passport – Supplementary Report Form developed by the World Anti-Doping Agency (WADA) in co-ordination with stakeholders.

*These instructions are to be used in conjunction with Version 2 (3-2012) of the Athlete Biological Passport – Supplementary Report Form.*

### **Overview**

This form has been produced to standardize documentation and simplify the Doping Control process, specifically in relation to the Athlete Biological Passport, for Sample Collection Personnel and Athletes. It shall be used as a supplementary report form to a completed Doping Control Form therefore enabling Sample Collection Personnel to capture additional information from an Athlete required as part of an Athlete Biological Passport. Please also refer to the 'Haematological module' of the Athlete Biological Passport.

### **General Comments**

- Write clearly in block capitals and press hard to ensure all copies are legible.
- The **DCO** will draw a clear line through any part of the form which is not applicable.

### **Top right section of the form**

**ABP-SRF NUMBER – NUMERO PBA-FRS**

- **ABP-SRF number** – this is a unique reference number for the Athlete Biological Passport – Supplementary Report Form being used. This number should be recorded in the Comments section of the corresponding Doping Control Form.

### **Section 1 - Athlete Information**

#### **1. ATHLETE INFORMATION • INFORMATION CONCERNANT LE SPORTIF**

<b>ATHLETE NAME NOM DU SPORTIF</b>	<input type="text"/>	<b>SAMPLE CODE NUMBER NUMERO DE CODE D'ÉCHANTILLON</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- The information in this section should be copied from the corresponding Doping Control Form and verified again with the Athlete.

**Section 2 – Mission Information**

- If appropriate, the **DCO** shall complete the information on Test Mission Code (as provided by the Sample Collection Agency), other sample types collected (i.e. the number and type of other samples that were collected other than the blood sample for the purpose of the Athlete Biological Passport) and event (if applicable).
- The **DCO** shall record the approximate ambient temperature and should specify between Centigrade and Fahrenheit.

**Section 3 – Athlete Biological Passport Information**

**3. ATHLETE BIOLOGICAL PASSPORT INFORMATION • INFORMATIONS LIÉES AU PASSEPORT BIOLOGIQUE DE L'ATHLÈTE**

HAS THE ATHLETE BEEN SEATED FOR TEN MINUTES PRIOR TO BLOOD COLLECTION? LE SPORTIF EST-IL RESTÉ EN POSITION ASSISE PENDANT UNE PÉRIODE D'AU MOINS 10 MINUTES AVANT LE PRÉLÈVEMENT D'ÉCHANTILLON SANGUIN?		YES + OUI <input type="checkbox"/> NO + NON <input type="checkbox"/>
HAS THE ATHLETE HAD A TRAINING SESSION OR COMPETITION IN THE PAST TWO HOURS? LE SPORTIF A-T-IL PARTICIPÉ À UNE SÉANCE D'ENTRAÎNEMENT OU À UNE COMPÉTITION AU COURS DES DEUX DERNIÈRES HEURES?		YES + OUI <input type="checkbox"/> NO + NON <input type="checkbox"/>
IF YES, PLEASE SPECIFY THE TYPE OF TRAINING SESSION OR COMPETITION SI OUI, VEUILLEZ PRÉCISER LE TYPE D'ENTRAÎNEMENT OU DE COMPÉTITION		
HAS THE ATHLETE TRAINED, COMPETED OR RESIDED AT AN ALTITUDE GREATER THAN 1000 METERS WITHIN THE PREVIOUS TWO WEEKS? LE SPORTIF A-T-IL PARTICIPÉ À UNE SÉANCE D'ENTRAÎNEMENT OU À UNE COMPÉTITION, OU A-T-IL SÉJOURNÉ DANS UN LIEU SE TROUVANT À UNE ALTITUDE SUPÉRIEURE À 1000 MÈTRES AU COURS DES DEUX DERNIÈRES SEMAINES?		YES + OUI <input type="checkbox"/> NO + NON <input type="checkbox"/>
IF YES, PLEASE SPECIFY: SI OUI, VEUILLEZ PRÉCISER:		
NAME AND LOCATION NOM ET LIEU	<input type="text"/>	ESTIMATED ALTITUDE ALTITUDE ESTIMÉE
DURATION OF STAY DURÉE DU SÉJOUR	FROM DE	TO À
<input type="text"/>	<input type="text"/>	<input type="text"/>
HAS THE ATHLETE USED ANY FORM OF ALTITUDE SIMULATION, SUCH AS A HYPOXIC TENT, MASK, ETC DURING THE PREVIOUS TWO WEEKS? LE SPORTIF A-T-IL EU RECOURS À UN QUELCONQUE DISPOSITIF DE SIMULATION D'ALTITUDE, NOTAMMENT UNE TENTE OU UN MASQUE HYPOXIQUE, AU COURS DES DEUX DERNIÈRES SEMAINES?		YES + OUI <input type="checkbox"/> NO + NON <input type="checkbox"/>
IF YES, PLEASE SPECIFY: SI OUI, VEUILLEZ PRÉCISER:		
TYPE OF DEVICE TYPE DE DISPOSITIF	<input type="text"/>	
MANNER OF USE (FREQUENCY, DURATION, INTENSITY, ETC.) CONTEXTE DE L'UTILISATION (FRÉQUENCE, DURÉE, INTENSITÉ, ETC.)	<input type="text"/>	
HAS THE ATHLETE DONATED BLOOD OR LOST BLOOD AS A RESULT OF MEDICAL OR EMERGENCY CONDITION DURING THE PREVIOUS THREE MONTHS? LE SPORTIF A-T-IL EFFECTUÉ UN DON DE SANG OU PERDU DU SANG À LA SUITE DE TROUBLES MÉDICAUX OU D'UNE SITUATION URGENTE AU COURS DES TROIS DERNIÈRES MOIS?		YES + OUI <input type="checkbox"/> NO + NON <input type="checkbox"/>
IF YES, PLEASE SPECIFY: SI OUI, VEUILLEZ PRÉCISER:		
WHEN À QUEL MOMENT?	<input type="text"/>	
THE CAUSE OF THE BLOOD LOSS CIRCONSTANCES CAUSES DE LA PERTE DE SANG	<input type="text"/>	
ESTIMATED VOLUME OF BLOOD VOLUME ESTIMÉ DE LA PERTE DE SANG	<input type="text"/>	
HAS THE ATHLETE GIVEN (OR RECEIVED) ANY BLOOD TRANSFUSION(S) DURING THE PREVIOUS THREE MONTHS? LE SPORTIF A-T-IL DONNÉ (OU REÇU) DU SANG AU COURS DES TROIS DERNIÈRES MOIS?		YES + OUI <input type="checkbox"/> NO + NON <input type="checkbox"/>
IF YES, PLEASE SPECIFY: SI OUI, VEUILLEZ PRÉCISER:		
WHEN À QUEL MOMENT?	<input type="text"/>	
ESTIMATED VOLUME OF BLOOD VOLUME ESTIMÉ DE LA PERTE DE SANG	<input type="text"/>	

- The **DCO** shall record whether the Athlete had been seated for ten minutes prior to blood collection.
- The **DCO** shall ask all documented questions to the Athlete recording answers on the form. Where additional information is required, the **DCO** shall attempt to gain as accurate information as possible.

## **Section 4 - Confirmation**

**4. CONFIRMATION**

DOPING CONTROL OFFICER - AGENT DE CONTRÔLE DU DOPAGE

NAME - NOM  SIGNATURE

DATE

DD / JJ MM WYY / AAAA

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS DOCUMENT IS CORRECT.  
I HAVE READ AND UNDERSTAND THAT THE TEXT DETAILED ON THE OVERLEAF OF THE ORIGINAL COPY OF THE DOPING CONTROL FORM, IS APPLICABLE TO THE DOPING CONTROL RELATED DATA CAPTURED ON THIS ATHLETE BIOLOGICAL PASSPORT - SUPPLEMENTARY REPORT FORM.  
I CONSENT TO THE PROCESSING OF MY PERSONAL DATA THROUGH ADAMS.  
JE DÉCLARE QUE LES INFORMATIONS QUE J'AI FOURNIES DANS LE PRÉSENT DOCUMENT SONT EXACTES.  
JE DÉCLARE AVOIR LU ET COMPRIS QUE LE TEXTE DÉTAILLÉ AU VERSO DE LA COPIE ORIGINALE DU FORMULAIRE DE CONTRÔLE DU DOPAGE S'APPLIQUE AUX DONNÉES DE CONTRÔLE DU DOPAGE TIRÉES DU PASSEPORT BIOLOGIQUE DE L'ATHLÈTE - FORMULAIRE DE RAPPORT SUPPLÉMENTAIRE.  
JE CONSENS À CE QUE MES DONNÉES PERSONNELLES SOIENT TRAITÉES DANS ADAMS.

ATHLETE'S SIGNATURE  
SIGNATURE DU SPORTIF

ORIGINAL - ADO - WHITE  
ORIGINAL - OAD - BLANC

COPY 1 - ATHLETE - PINK  
COPIE 1 - SPORTIF - ROSE

COPY 2 - RESULTS MANAGEMENT AUTHORITY - GREEN  
COPIE 2 - AUTORITÉ DE GESTION DES RÉSULTATS - VERT

VERSION 2: 03-2012 WDA/AMA

- The **DCO** should check the accuracy of the form, print and sign his/her name.
- The **DCO** completes the date of collection of the information.
- The **Athlete** should check the accuracy of the form, read the final statement and sign the form.

## **Paperwork**

- The **DCO** shall provide the **Athlete** with copy 1 (pink) of the form.
- The **DCO** shall return the original copy (white) and copy 2 (green) to the Sample Collection Agency.