

**2010 Commonwealth Games**  
New Delhi, India  
*3-14 October 2010*

*Report of the*  
**World Anti-Doping Agency (WADA)**  
**Independent Observer Team**

## **ACKNOWLEDGEMENTS**

The scope of doping control activities at the time of major event such as the Commonwealth Games is significant and the planning for such a program is widespread and begins some time before the event. It involves hundreds of individuals and is without doubt, a substantial undertaking. The Independent Observer (IO) Team appreciates that the doping control program of the New Delhi 2010 Commonwealth Games was affected by several logistical and practical challenges outside of its control, making it an even more momentous task.

The IO Team in New Delhi would like to specifically thank the many persons and organizations involved in the Games doping control program. It would have been impossible to conduct our observer mission without the assistance and ongoing cooperation of the President of the Commonwealth Games Federation (CGF), Mr Michael Fennell; the Chief Executive Officer of the CGF, Mr Michael Hooper; the members of the CGF Medical Commission and its Chair, Dr M. Jegathesan; the Chairman of the Delhi2010 Doping Control Sub-Committee, Prof. (Dr) ManMohan Singh; the Deputy Director General of the Delhi2010 Doping Control Division, Dr Munish Chander; the Principal Scientific Director of the WADA-accredited National Dope Testing Laboratory (NDTL), Dr Shila Jain ... and all of the staff and volunteers who served the cause of doping-free sport during the course of these Games. To them all go our sincerest thanks.

We of course cannot omit our recognition of the 'arms-length' guidance provided by Mr David Howman, Director General of WADA. We were a wholly independent team during the event; however his guidance prior to the Games was invaluable. We are grateful for his assistance and trust.

Lastly, to the athletes who participated "cleanly" in the 2010 Commonwealth Games, we extend our ongoing appreciation for your implicit support of all who seek to eliminate doping from sport.

*The Independent Observer Team  
2010 Commonwealth Games  
New Delhi, India*

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## **1. CGF/WADA AGREEMENT AND COMPLIANCE**

An agreement was signed between WADA and the CGF to provide for the involvement of an IO Team during the conduct of the doping control program for the 2010 Commonwealth Games. This agreement, signed in April 2010, outlined the framework of the mission.

The CGF, prior to the XIX Commonwealth Games in New Delhi, drafted a widespread set of anti-doping rules, namely the CGF Anti-Doping Standard (ADS). These rules were accepted by WADA in July 2009. For the purposes of this mission and report, the CGF-ADS is therefore considered to meet the obligations of the CGF to adopt and implement rules which give effect to the World Anti-Doping Code.

## **2. THE IO TEAM**

The WADA IO Team for the XIX Commonwealth Games consisted of:

1. Mr Anders Solheim – Chief Executive Officer, Anti-Doping Norway (Norway) \* *Chair*
2. Dr James Carrabre – Medical and Anti-Doping Commission Chair, International Biathlon Union; Medical Doctor (USA/Canada)
3. Mr Hamish Coffey – Manager, Standards and Harmonization, WADA (United Kingdom)
4. Ms Katarzyna Rogowiec – Vice Chair, Athlete Commission, International Paralympic Committee; Athlete (Poland)
5. Mr Stephen Starks – Legal Affairs Director, United States Anti-Doping Agency (USA)
6. Mrs Shannan Withers – Senior Manager, Executive Office, WADA (Australia)

This IO Team was relatively small in size but sufficient to provide appropriate coverage of the various elements of the doping control program.

## **3. OBJECTIVE OF THE MISSION**

As outlined by WADA:

*“The aim of the WADA IO/Audit program is to contribute to effective doping control services during major games/sporting events. The observation/audit shall provide a system of evaluation to assess whether or not procedures conform to the existing documented standards and rules and to provide on-site advice, guidance or assistance as may be needed.”*

It should be noted that the program in New Delhi differed from the traditional WADA IO program and that conducted at the two previous editions of the Commonwealth Games in that once discrepancies or non-conformities were identified, the need for corrective actions were suggested and improvements were made in a timely manner to ensure more effective doping control services at the event.

## **4. METHODOLOGY**

The agreement between WADA and the CGF established a basis for the conduct of the IO mission for the event. Specifically, observations and reviews were made of the following areas:

- Test distribution planning;
- Selection of competitors;
- Notification of doping control;
- Therapeutic use exemption (TUE) procedures;
- Sample collection procedures;

- Transport and chain of custody of samples; and
- Result management process including all hearings.

In addition to the above, the IO Team visited the Doping Control Command Centre and also the WADA-accredited National Dope Testing Laboratory (NDTL). Sample analysis at the NDTL was not observed given such specific expertise was not held by the IO Team. The IO Team also met with the Court of Arbitration for Sport in anticipation of observing any anti-doping disputes which might have been submitted. None were.

The approach of the team was to monitor a wide coverage of observations to an adequate level without necessarily observing every doping control session or official. The team did however see all Doping Control Stations (DCSs) across all sports at least once, and saw all in operation bar one. The team is of the view that it observed sufficient processes to be able to draw accurate conclusions about the application of the rules and also enough observations to provide appropriate feedback and assistance to the CGF Medical Commission (CGF-MC) and the Organizing Committee in order to adjust where necessary, during the course of the Games, the delivery of the doping control program for the Games.

The IO Team met early each morning and discussed its previous day's observations. Matters of significance were identified and brought forward by the IO Chair to a morning meeting convened by the CGF-MC. Due to time constraints, the observations and recommendations were provided in writing only after the CGF-MC meeting, and at times with more detail.

It should be noted here that the CGF-MC and Organizing Committee were largely open and receptive to matters raised by the IO Team and this was demonstrated by several adjustments and changes being made to the ongoing work of the program.

This report seeks primarily to summarise the key observations of the IO mission without providing detail of all matters which were already raised and satisfactorily dealt with as the Games progressed. There are few matters raised in this report which were not brought to the attention of the CGF-MC and Organizing Committee during the course of the daily meetings.

#### **Recommendation:**

- The CGF-MC should consider providing copies of (or a summary of) the daily reports produced by the IO Team in New Delhi to its future Organizing Committees so that they can take such matters into account in their planning.

## **5. EXECUTIVE SUMMARY**

It should be acknowledged that the CGF and Organizing Committee implemented a comprehensive and good quality anti-doping program at these Games. The final statistics are as follows:

- 1,482 urine samples collected
- 121 samples analysed for EPO
- 188 blood samples collected

This represents the largest and most comprehensive Commonwealth Games anti-doping program to date and for this the CGF and Organizing Committee should be commended.

Given the scope of the Games' anti-doping program, as well as the scope of the IO Team's mission, it is of no surprise that numerous observations and recommendations have been identified. It is important to note, that these recommendations do not substantially undermine the integrity or standard of the anti-doping program that was successfully implemented by the CGF and Organizing Committee at these Games. In fact as the report demonstrates, a large proportion of the recommendations do not identify serious issues, rather offer a means by which to improve the future effectiveness of the program as a whole, from the planning and administration of the program, to the doping control staff and the sample collection procedures.

## 6. PLANNING

### 6.1. Risk Assessment and Overall Test Distribution Plan (CGF-ADS Annex D 2.2.3)

The risk assessment specified in the CGF-ADS defines the minimum factors necessary for a proper risk assessment when developing the Test Distribution Plan (TDP). It was verbally confirmed by the CGF-MC that the TDP presented to the IO Team did in fact take into account all of these above factors. However, the IO Team suggests that there are additional factors which are important to consider including International Federation (IF) sport specific input; prior individual and national doping history; whether the individual is in a nation/sport with a functioning Anti-Doping Organisation (ADO) and/or whether they are already members of a Registered Testing Pool (RTP).

The final approved TDP presented to the IO Team showed a plan consisting of 1217 urine tests (of which 75 were to be analysed for EPO) and 184 blood samples. These figures did not include pre-competition test plans as no pre-competition TDP was presented to the IO Team.

Three federations (the International Rugby Board, the International Paralympic Committee and the International Tennis Federation) provided input into the Games TDP which the IO Team strongly encourages in order to enhance the value of any doping control program. It is the view of the IO Team that sport specific knowledge is invaluable for any doping control program.

It was observed that the final TDP differed from the original approved plan. There were various reasons for this including the late opening of the Village, changes to the competition schedules, changes to the number of discipline entries, etc.

The IO Team observed throughout the duration of the Games that the TDP was amended on a daily basis and that on-site deviation in the daily TDP for a specific venue was not always documented and adequately reported to the Doping Control Command Centre. On one occasion, the late amendments to the TDP resulted in a chaotic DCS at the venue. This illustrates the importance of comprehensive advanced planning, particularly for the purpose of preparing both the doping control staff and facilities. Fortunately in New Delhi, there was staff scheduled at each venue each day regardless of whether testing was planned or not. If there had not been this flexibility, some of the late changes to the TDP would have almost been impossible.

Having reviewed the TDP in detail, the IO Team is of the opinion that whilst the TDP was clearly based on a well constructed risk assessment, there were improvements that could be made in the detail and effectiveness of the plan. For example, resources permitting, an increased use of EPO sample analysis would be beneficial to the program, as well as greater attention paid to the analytical menus for each individual sample. For example, it was apparent that blood parameters were analysed for in a sample from the Athletics 100m final, which to this IO Team seems relatively ineffective.

#### **Recommendations:**

- Greater IF and National Anti-Doping Organization (NADO) input should be considered and sought as a part of the risk assessment for TDP planning.
- A finalised approved TDP based upon a comprehensive and documented risk assessment, should be agreed to in advance by all relevant parties. This TDP should be the reference point for the entire duration of the Games and all testing activities should be measured against it.
- In order to improve the effectiveness of the TDP, greater attention to detail should be placed upon the specific analytical menus used for each individual sample.

## **6.2. Selection of Disciplines and Athletes (CGF-ADS Section D 2)**

The IO Team observed on several occasions a lack of understanding by the doping control staff of the nature of the sport and the competition structure. An example was Track Cycling where inaccuracies with the selection criteria resulted in the potential selection of an athlete in a finishing position that did not exist.

The IO Team acknowledges on a number of occasions, the on-site contributions made by the CGF Medical Commissioners to the TDP being successfully implemented, especially mentioning Rugby 7s and Aquatics.

### **Random Selection of Athletes (CGF-ADS Section D 2.3.1)**

The IO Team observed In-Competition selection of athletes at several venues, which met the random selection criteria.

#### **Recommendation:**

- Where possible, CGF Medical Commissioners or other representatives with sport specific and anti-doping knowledge should guide/assist doping control staff at the venues. Furthermore, greater attention should be paid to the detail of the selection criteria in the final pre-approved TDP, to ensure that inaccuracies do not occur.

## **6.3. Whereabouts (CGF-ADS Section B 2.4)**

The CGF-ADS states that three Missed Tests and/or Filing Failures within an 18-month period, as determined by the ADO with jurisdiction over the athlete, shall constitute an Anti-Doping Rule Violation (ADRV). In addition, whereabouts requirements were communicated to athletes and Commonwealth Games Associations (CGAs) in a separate whereabouts guideline.

It was decided by the CGF-MC that all athletes competing at the Games were to provide whereabouts for the duration of the Games period. Athletes were informed of this matter through their relevant CGA.

Athlete whereabouts was a difficult issue for the Games. There were many factors that contributed to this, some of which are described below. Three mechanisms for whereabouts provision were considered during the Games:-

### **ADAMS**

Athletes in an existing RTP and already providing whereabouts via ADAMS were informed to continue to do so during the Games.

Although a functioning system for many federations and nations, it was recognised that there were many Games nations that are not using ADAMS. The large majority of the athletes at the Games were not in a RTP so had no experience using this computerised system. It was therefore deemed by the CGF-MC to be an unreasonable expectation for them to do so for the period of these Games.

### **Organizing Committee Online System**

An attempt was made by the Organizing Committee to provide a Games specific computerised whereabouts system. This system was introduced to athletes/CGAs and those athletes not already falling into an IF or NADO RTP were requested to provide their whereabouts using this system. Ultimately however, this system was abandoned for various reasons (for e.g. the complexity of the system caused by national security regulations) and resulted in alternative methods for collecting whereabouts (for e.g. paper-based whereabouts). The late abandonment of this computerised system made the collection of whereabouts (and provision from the athlete/CGA perspective) challenging and confusing.

## **The CGF Medical Commission System**

The system ultimately used for most conducting pre-competition testing on athletes during the Games was information provided by CGAs such as team training, competition schedules and accommodation details; team whereabouts provided by Games teams through excel spreadsheets; location of athletes based on their accreditation bar code scanning; etc. These sources of whereabouts enabled the CGF-MC to achieve their test quota for pre-competition testing.

Approximately 35 CGAs provided no whereabouts, despite the request from the CGF-MC. It was decided by the CGF-MC not to issue warnings for Filing Failures or Missed Tests due to the lack of personal whereabouts input by many athletes as well as the challenges faced with the whereabouts system adopted.

The CGF-MC ultimately decided to split pre-competition tests between those who had given whereabouts and those who hadn't to ensure equality amongst athletes. The IO Team felt that the whereabouts requirements seemed to be more comprehensive and advanced than what was actually needed.

### **Recommendations:**

- A more focused whereabouts system should be specified and include athletes from higher risk sports and disciplines in the CGF RTP. This may improve the quality of whereabouts, cover the necessity for no-advance notice pre-competition testing and improve the ability to deal with whereabouts issues such as Filing Failures and Missed Tests for those athletes.
- For athletes competing in lower risk sports outside the scope of the CGF RTP, non-Code compliant whereabouts could be applicable (e.g. provision of training and competition schedules and accommodation details).
- The CGF-ADS is not very prescriptive in relation to athlete whereabouts. It is therefore recommended that the CGF consider more specific and Games related rules covering whereabouts requirements and sanctions.

## **7. EQUIPMENT AND FACILITIES**

### **7.1. Doping Control Station (CGF-ADS Section D 1.1.1 ii & Annex E 3.2)**

The IO Team acknowledges that the majority of DCSs were of a good size and standard, and their location and accessibility were appropriate for the testing that was conducted. Furthermore, it is the view of the IO Team that the majority of DCSs were well organized and were appropriately equipped throughout the course of the Games. It was observed however, that in some of the DCSs, walls separating processing rooms were not of full height to the ceiling, resulting in conversations being audible between processing rooms. To a certain extent, this compromised the athlete's privacy and confidentiality.

### **Recommendation:**

- Processing rooms should be built in a way that offers athletes complete privacy and confidentiality.

### **7.2. Equipment (CGF-ADS Section D 1.1.1 iii & Annex E 3.2)**

The equipment used throughout the Games was that of a well established manufacturer, which meets the requirements for sample collection equipment. It was reported or observed on a few occasions that the equipment being used malfunctioned. These were, however, rare occasions.

### **Recommendation:**

- If there are concerns with the sample collection kits malfunctioning, the CGF should follow-up these matters with the manufacturer/s.

### **7.3. Doping Control Documentation (CGF-ADS Section D 1.1.1 iii & 5.4.5)**

The Doping Control Forms (DCFs) consisted of an original copy and five carbon copies. These forms were based on WADA doping control documentation and had been provided to WADA in advance for review. All the necessary information required from the sample collection process was included.

A number of issues were observed with the forms however. On numerous occasions, the recorded information was not scribing through to the final carbon copies of the form. Furthermore, it often appeared as though the alignment of the carbon copies was not correct, with information recorded onto the carbon copies not being in the correct location on the form (i.e. often above or below the necessary box). On some occasions, Doping Control Officers (DCOs) would write directly onto the carbon copies as well as the original to ensure the transfer of correct information.

In addition to this issue, an error unfolded in the early stages of the Games whereby the laboratory copy of a completed Supplementary Form which contained an athlete's name and signature, was forwarded to the laboratory (this was because it was a continuation of the declaration of medications). The anonymity of the sample was therefore compromised and accordingly, sample analysis did not take place. This matter was however addressed by the CGF-MC and appropriate action was immediately taken.

#### **Recommendations:**

- The standard of the DCFs (including the alignment and quality of the carbon copies) should be tested prior to the commencement of the Games. If required, appropriate measures should be put in place to ensure that all information collected is accurately scribed onto all copies of the DCF.
- Supplementary Report Forms and the need for a laboratory copy (or how the laboratory receives the information, if required) should be reviewed and appropriate measures put in place prior to the commencement of the Games to ensure the anonymity of samples are not compromised.

### **8. NOTIFICATION (CGF-ADS SECTION D 3)**

The notification environment and context is different for in-competition and pre-competition testing, and therefore in the following are treated separately. Of core importance to the notification process is ensuring the correct athlete is selected at no advance notice, at the appropriate time, and informed about their rights and responsibilities.

#### **8.1 In-Competition**

The IO Team acknowledges that the athletes were notified at no advance notice and correctly identified when selected for testing in-competition.

Rule 3.3.4 of the CGF-ADS states that a chaperone shall, at a minimum, first verbally notify the athlete. The IO Team on several occasions, observed delayed verbal notification post competition. Furthermore on several occasions, written, notification was delayed for more than half an hour. This matter was raised with the CGF-MC in New Delhi, however the IO Team feels strongly that future Chaperones need to be more assertive and more proactive during the notification process.

The IO Team also observed on at least one occasion where the notification process and timing disrupted the athletes' preparations and caused a degree of unrest (for e.g. in track cycling where athletes were notified prior to the formal completion of the event). The doping control staff should carefully analyse the event structure and competition schedule in order to ensure that notification takes place at an appropriate time.

The IO Team acknowledges that the notification process continually improved during the Games.

### **Recommendations:**

- Doping control staff should be given extensive training and opportunities to experience specific sports, disciplines and venues where they are scheduled to be working. It is the IO Team's opinion that experience solidifies knowledge.
- The importance of conducting verbal and written notification as soon as possible post competition should be stressed to all doping control staff (in particular the Chaperone Co-ordinators) and a close liaison with the sport technical officials should be sought in order to facilitate this.

## **8.2 Pre-Competition**

The IO Team observed a limited number of pre-competition notifications. These notifications were more challenging for many reasons, for example, lack of whereabouts information, access to facilities, different entries/exits and the involvement of team managers/personnel. The IO Team observed on several occasions where athletes were not notified at no-advance notice, but instead reported themselves directly to the DCS. The circumstances made it, due to notification problems, impossible for the chaperone to supervise the athlete at all times, therefore reducing the quality of the doping control process.

### **Recommendations:**

- For pre-competition testing, more than one doping control staff should be involved to cater for and resolve unexpected situations/disputes and ensure that testing is conducted at no advance notice.
- Doping control staff should be explicitly trained for locating athletes pre-competition and conducting notification at no-advance notice.
- Establishing a more focused and effective whereabouts system would improve the quality of athlete whereabouts received and therefore would increase opportunities for no-advance notice testing (at least within athletes' given time-slots).

## **9. CHAPERONING (CGF-ADS SECTION D 3.4.2)**

The IO Team acknowledges that there were numerous well-trained and efficient Chaperones and Chaperone Co-ordinators. The IO Team did however, observe on a number of occasions where full chaperoning was not adhered to at all times. This was often a problem during medal ceremonies and media activities in the mixed zone.

The IO Team acknowledges that the quality of chaperoning continually improved throughout the Games.

### **Recommendations:**

- The importance of constant chaperoning should repeatedly be stressed to all doping control staff and the Chaperone Co-ordinators/Venue Doping Control Managers should act proactively to ensure that appropriate measures are put in place to address potential challenges to chaperoning, for example medal ceremonies and athlete media commitments.
- As recommended earlier, sport, discipline and venue specific training should be more comprehensive prior to the Games.

## **10. SAMPLE COLLECTION PROCEDURES (CGF-ADS SECTION D & ANNEXES A-G)**

First and foremost, the IO Team acknowledges that no major non-conformances in the sample collection procedures were observed, and therefore the integrity of the sample collected as witnessed by the IO Team was not affected. Overall the standard of the sample collection procedures was good, and improved throughout the course of the Games.

In reviewing our daily observations, and following feedback received from numerous athletes and athlete support personnel, one of the key areas for improvement was the overall efficiency of the DCS, sample collection process and completion of paperwork.

### **10.1. Preparation for sample collection (CGF-ADS Section D 2)**

Throughout the IO mission an observation was recorded and documented to the CGF-MC in relation to the preparation for sample collection. This was:

- Protocols – there appeared to be no clear protocols in place for situations that could arise such as athlete disqualification, athlete tie or selected athletes competing in more than one event.

#### **Recommendation:**

- Clear protocols should be established for potentially challenging situations such as athlete disqualification, athlete tie and athletes competing in more than one event, and distributed to all Venue Doping Control Managers.

### **10.2. Urine Sample Collection (CGF-ADS Annexes B-D, F & G)**

Overall, the urine sample collection was of a good standard. A number of observations were raised during the IO mission that were common across doping control staff at all venues, and were repeatedly observed. These were:

- Insufficient volume of urine being sealed – DCOs were often observed requesting athletes to leave a significant and too high (often up to 30ml) residual volume of urine in order to check the sample for Specific Gravity (SG). This significant volume therefore was not bottled and sealed. This obviously would be very problematic in situations whereby an athlete provides the bare minimum sample volume.
- Distribution of volumes of urine between A and B bottles – DCOs were often observed requesting athletes to distribute the volumes of urine incorrectly between the A and B bottles.
- Refractometer use – incorrect and inconsistent use of the refractometer was commonly observed. This specifically related to inconsistent cleaning and drying of the refractometer as well as its re-calibration in front of the athlete prior to use. These inconsistencies led to inaccurate SG readings.
- Dilute sample procedure – Annex G, Article G.4.6 of the CGF-ADS states that the DCO shall continue to collect additional samples until a sample is collected meeting the requirements for suitable SG. This protocol was changed by the CGF-MC at the start of the Games and doping control staff were instructed to only collect one additional sample in the event of a first unsuitable SG reading. The CGF-MC explained that this change in procedure was amended following conversations with the laboratory.
- Washing hands – whilst not directly observed, we believe that through the observation of conversations between DCOs and athletes, on a number of occasions athletes were not requested to wash their hands prior to sample provision.
- DCO communication and explanation of procedures – it was observed very regularly that DCOs' communication with the athlete, and explanation of the sample collection procedures was lacking. Key areas whereby DCO explanations were lacking included the athlete's consent for research, SG analysis and the additional sample process, modifications to the sample collection process for minors and athlete's with a disability and the conclusion of the process and where each carbon copy of the DCF is sent. This lack of explanations was particularly pertinent for those athletes being tested for the first time.
- Completion of DCF – it was observed on a number occasions, DCOs making minor amendments to the DCF after the athlete had signed the form. Furthermore, as mentioned above, it was observed where DCOs had hand written on the various carbon copies of the DCF.

It must be acknowledged that having reported all the above observations to the CGF-MC, appropriate action was taken to try and rectify these matters. This was done through a series of doping control staff advisories. It must also be acknowledged that improvements were observed on all the above matters throughout the course of the Games, although individual instances were still being observed in the latter stages of the Games.

### 10.3. Blood Sample Collection (CGF ADS Annex E)

The standard of the blood sample collection procedure and the Blood Collection Officers (BCOs) used was overall very good. A number of common and repeated observations were raised throughout the course of the IO mission. These were:

- Incorrect use of tourniquets – BCOs were often observed leaving the tourniquet on the athlete's arm for too long a period prior to the removal of the needle, therefore causing discomfort to the athlete.
- Seated rest prior to sample collection – it was rarely observed that doping control staff ensured that an athlete was seated for 10-minutes rest prior to blood sample provision.
- Collection of blood samples for serum analysis – the failure to leave blood samples collected to stand for 15 minutes at room temperature was repeatedly observed.

It must be acknowledged that having reported these matters to the CGF-MC, appropriate actions were taken in the form of doping control staff advisories and that improvements were observed throughout the course of the Games in relation to the tourniquet matter.

#### **Recommendations:**

- A clear system of monitoring athletes required to provide a blood sample, and whether a 10-minute seated rest period has been adhered to should be put in place. It is suggested that this responsibility rests with the Station Administrator.
- BCOs are clearly trained in the subtle differences in requirements of blood sample collection for whole blood and serum.

### 10.4. Administration/Paperwork

Whilst the completion of DCFs was on the whole good, the additional reporting through Supplementary Report Forms and Venue Doping Control Manager Report Forms was often lacking. Matters such as amendments to the TDP, any issues encountered with notification/chaperoning and/or the sample collection procedures were not always adequately documented.

This matter was addressed by the CGF-MC and appropriate action was taken. Despite this the standard of reporting did not appear to improve greatly.

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All observations relating to the sample collection process which were documented for the CGF-MC had appropriate and timely corrective measures put in place. This led to improvements throughout the course of the Games. However it is clear that the overall organization and efficiency of DCSs and procedures could have been improved, and that on average, the lack of experience of the doping control staff contributed to this. This is illustrated by the drastically improved sample collection sessions experienced at the Aquatics venue following assistance and leadership from one of the experienced CGF Medical Commissioners. In light of this, we have the following overall recommendations:

#### **Recommendations:**

- Future CGF-MCs and Organizing Committees should consider the commonly observed issues recorded in section 10.2 when finalising training programs for future Games doping control staff.
- When conducting a doping control program with a large number of newly trained doping control staff, each venue should include a highly experienced Station Manager/Venue Doping Control Manager/Lead DCO (preferably with international experience). This individual should have sport specific experience. Their level of experience will enable the remaining doping control staff to learn how to improve the efficiency of the process whilst maintaining the integrity of the sample collection process. This will therefore lead to a more athlete-friendly process.

- Inconsistencies in the standard of doping control staff increases with the number of doping control staff that are working and therefore having to be monitored. Whilst the intentions of having such a large doping control workforce are certainly well placed and derive benefits, they also lead to a greater level of inconsistency in work standards. We would recommend a slight decrease in the overall size of the workforce.
- A close liaison should be established post-Games between the Organizing Committee and the Indian NADO (NADA) to ensure that the extensively trained (and now experienced) doping control staff from the Games are used where appropriate in the NADA's domestic testing program, thus maintaining a legacy of the Games.

## **11. TRANSPORTATION OF SAMPLES AND DOCUMENTATION (CGF-ADS SECTION D 7)**

The process of transportation of samples from the venue to the Doping Control Command Centre was observed. The process observed was thorough, with several individuals with clear roles and responsibilities assigned to ensure the smooth running of this process. No issues were observed.

## **12. SAMPLE ANALYSIS (CGF-ADS SECTION B ARTICLE 7)**

A WADA-accredited laboratory's ability to correctly analyse samples it receives for prohibited substances and to accurately report the findings in an expeditious manner is the key element to a successful doping control process. We congratulate the laboratory and its staff for requesting and using the invaluable assistance of experts from other anti-doping laboratories around the world, not only during the planning stages leading up to these Games, but for the entire duration of the Games. The laboratory benefitted from 17 such experts.

The NDTL worked in a situation where time was of the essence. The contract between the CWG 2010 Delhi and the NDTL for the laboratory's services during the Games set forth that 48 hours would be the "optimum" turnaround time between the laboratory's receipt of a urine sample and the laboratory's report of an A Sample AAF. Different times were specified for EPO and blood analyses. With the exception of three AAFs, the specified turnaround times were complied with, including the four-day turnaround time for GC-IRMS Samples.

It was observed by the IO Team that the CGF-MC incorporated the WADA External Quality Assessment Scheme (EQAS) for laboratories, through the inclusion of three 'blind' samples in the sample analysis process. It has become apparent to the IO Team that there are still outstanding issues being faced with respect to the results reported for some of these 'blind' samples. These matters are now outside of the remit of the IO Team and are being dealt with accordingly by WADA.

### **Recommendations:**

- Laboratories should ensure that they strictly adhere to the turnaround times described in the contract with the Organizing Committee, or provide for an exception under the terms of that contract for instances where the samples are received after hours and/or on weekends.
- Laboratories should work with the CGF-MC to ensure that the CGF-MC receives laboratory results as soon as possible.

## **13. RESULTS MANAGEMENT (CGF-ADS SECTION B ARTICLES 8-17 & SECTION C)**

During the course of the Games, there were 11 reported Adverse Analytical Findings (AAF) for prohibited substances. Of these, five were resolved, pursuant to the CGF-ADS, at the CGF-MC review stage. Six of the 11 AAFs, after the necessary review by the CGF-MC became the subject of the adjudication process.

## CGF-Medical Commission Review

Under the CGF-ADS, after being informed of an AAF by the laboratory and having received all of the relevant paperwork from the laboratory supporting the laboratory's findings, the CGF-MC is to review the file to determine whether (1) an applicable TUE has been granted or will be granted, and (2) there is any apparent departure from the CGF-ADS or the International Standard for Laboratories (ISL) that caused the AAF. If neither is discovered by the CGF-MC, then they are to "promptly refer the Adverse Analytical Finding with all relevant documentation to the Federal Court." (CGF-ADS 8.2.1).

The five reported AAFs for prohibited substances that were resolved pursuant to the CGF-ADS, at the CGF-MC review stage included:

1. 19-norandrosterone: Sample received by laboratory on October 8, 2010. Analytical Report dated October 10, 2010.
2. Amphetamine: Sample received by laboratory on October 11, 2010. Analytical Report complete dated October 12, 2010.
3. 19-norandrosterone: Sample received by laboratory on October 12, 2010. Analytical Report dated October 14, 2010.
4. 19-norandrosterone: Sample received by laboratory on October 12, 2010. Analytical Report dated October 16, 2010.
5. Triamcinolone: Sample received by laboratory on October 13, 2010. Analytical Report dated October 15, 2010.

They were resolved because, (1) the female hammer thrower (one of the seven track and field AAFs), had declared her use of a medication that does not require a TUE and which caused her AAF for a steroid, (2) the wrestler had obtained a valid TUE prior to his AAF for a stimulant (3) the female 100m hurdler's steroid AAF was the result of medication that does not require a TUE, (4) the female hockey player's steroid AAF was the result of medication that she declared and which does not require a TUE, and (5) the male 1500m runner's AAF for a glucocorticosteroid was the result of a substance administered in a manner that does not constitute a doping violation.

With respect to the CGF-MC's handling of these AAFs, the CGF-MC properly conducted its review and determined there were no doping violations and therefore did not refer the matters to the Federation Court. In fact, all of the AAFs reported by the laboratory during these Games were carefully reviewed by the CGF-MC with strict adherence to the CGF-ADS. Referrals by the CGF-MC to the Federation Court were made only after the CGF-MC's determination that the athletes had no valid TUE on file nor was there any departure from the CGF-ADS or ISL, which could reasonably have caused the AAFs.

If the CGF-MC decides not to bring forward cases as potential ADRVs, as was their decision in the five aforementioned instances, such decisions should be recorded and provided to the appropriate authorities. The IO Team requested official documentation regarding the CGF-MC's decisions to close these five matters without referring them to the Federation Court; however such documentation was not provided.

This is not to say that the CGF-MC's process in reaching those decisions was not carefully considered or that the conclusions were not correct; indeed they were. And, the CGF-ADS only imposes upon the Federation Court, not the CGF-MC, the obligation to notify the athlete, the concerned CGA, IF, and WADA of decisions not to proceed with an AAF. But with good medicine comes good documentation, and it is the opinion of the IO Team that the CGF-MC should better document its decisions to resolve those AAFs that need not be referred to the Federation Court.

As previously indicated, where it decided to bring forward cases as potential ADRVs, the CGF-MC was to promptly refer the AAF to the Federation Court. As can be seen by the list of cases below, the IO Team is satisfied that such referrals to the Federation Court by the CGF-MC were made promptly pursuant to the CGF-ADS.

### **Recommendation:**

- Where the CGF-MC decides not to bring forward AAFs as potential ADRVs, as was their decision in five instances, such decisions need to be recorded and provided to the appropriate authorities.

Generally, with respect to the review of laboratory results conducted by the CGF-MC, this IO Team is satisfied. In the midst of its many obligations and in the face of the short duration of the Games and the CGF-ADS requirement that every phase of the results management process be expedited, the CGF-MC reviewed and referred cases where necessary with great efficiency.

However, both laboratory reports regarding one of the Methylhexaneamine cases and the CIR case (refer to list of cases below) are dated the day before the date upon which the CGF-MC received it according to its referral letter to the Federation Court. Given that time is of the essence, the CGF-MC should attempt to avoid this and actually obtain the report the date it is generated by the laboratory if that is within the CGF-MC's control.

### **Recommendation:**

- Measures should be implemented by the CGF-MC to ensure that it receives the laboratory reports regarding AAFs the day the reports are issued.

### **The Federation Court**

The Federation Court's jurisdiction is limited to determinations regarding Games eligibility, and nothing further.

With respect to the adjudication process, once a case is in the hands of the Federation Court, pursuant to the CGF-ADS, the general process is as follows. Under the CGF-ADS, the Federation Court is to review the documentation it receives from the CGF-MC and immediately impose a provisional suspension (in this instance, this is an immediate ban of the athlete from competing further in the Games). The Federation Court is to notify the affected athlete of (1) the AAF, (2) the specific anti-doping rule violated, (3) the athlete's right to have the B Sample analyzed, (4) the scheduled date, time and place for the B Sample analysis to be conducted should the athlete request it, (5) the right of the athlete to attend the B Sample analysis and to have his or her representative present during that analysis, and (6) the athlete's right to copies of the A and B Sample laboratory documentation package.

The six reported AAFs for prohibited substances that pursuant to the CGF-ADS were referred by the CGF-MC to the adjudication stage included:

1. Methylhexaneamine (Case 1): Sample received by laboratory on October 8, 2010. Analytical Report dated October 10, 2010. CGF-MC received laboratory report on October 10, 2010. CGF-MC referred case to Federation Court via letter the same day. B Sample requested by athlete on October 11, 2010. B Sample confirmation reported on October 12, 2010.
2. Methylhexaneamine (Case 2): Sample received by laboratory on October 9, 2010. Analytical Report dated October 10, 2010. CGF-MC received laboratory report on October 10, 2010. CGF-MC referred case to Federation Court via letter the next day, October 11, 2010.
3. 19-norandrosterone (Case 3): Sample received by laboratory on October 9, 2010. Analytical Report dated October 12, 2010. CGF-MC received laboratory report on October 12, 2010. CGF-MC referred case to Federation Court via letter the same day. B Sample requested by athlete on October 13, 2010. B Sample confirmation reported on October 15, 2010.
4. GC-IRMS finding consistent with application of testosterone prohormone (Case 4): Sample received by laboratory on October 9, 2010. Analytical Report dated October 13, 2010. CGF-MC received laboratory report on October 14, 2010. CGF-MC referred case to Federation Court via letter that same day.
5. Marijuana (Case 5): Sample received by laboratory on October 12, 2010. Analytical Report dated October 16, 2010. CGF-MC received laboratory report on October 17, 2010. CGF-MC referred case to Federation Court via letter the next day, October 18, 2010.

6. 19-norandrosterone (Case 6): Sample received by laboratory on October 14, 2010. Analytical Report dated October 16, 2010. CGF-MC received laboratory report on October 17, 2010. CGF-MC referred case to Federation Court via letter the next day, October 18, 2010. B Sample requested by athlete on October 23, 2010, scheduled for November 2, 2010, and, based on the issues of the athlete mentioned above, ultimately rescheduled for November 12, 2010. B Sample confirmation reported on November 13, 2010, the day after the B Sample was opened.

Of these six cases, two involved urine samples found by the NDTL to contain the prohibited in-competition<sup>1</sup> stimulant Methylhexaneamine, which has since 2009, been the subject of much anti-doping discussion, and very recently prior to these Games, was classified by WADA as Specified Substance (those susceptible to a credible non-doping explanation under the World Anti-Doping Code (the Code)), on the WADA Prohibited List effective January 1, 2011. This classification is different than the current (2010 Prohibited List) designation of Methylhexaneamine as a non-Specified stimulant. At any rate, the classification—Specified or non-Specified—was of little significance to the roles of the CGF-MC and Federation Court because the classification relates mainly to the length of the ineligibility which can be issued to the athlete, and both the CGF-MC's and Federation Court's jurisdiction was limited to determinations regarding Games eligibility, and nothing further.

The other four cases submitted to the adjudication process, included three AAFs for steroids and one for marijuana. In each of the cases submitted to adjudication, the Federation Court imposed a provisional suspension on the athlete. In the two cases that were completely resolved prior to the Games' closing ceremony, the Federation Court issued sanctions which included loss of results, which in one of the Methylhexaneamine cases resulted in the athlete relinquishing her gold medal in the 100m sprint, and disqualification of the athletes from the Games. The first case resolved by the Federation Court immediately after the conclusion of the Games resulted in the forfeiture of two silver medals—the women's 400m and the women's 4X400m relay—based on the athlete's steroid positive.

Because neither Methylhexaneamine, 19-norandrosterone, nor testosterone prohormones were, *during the Games*, Specified Substances according to the 2010 WADA Prohibited List, the Federation Court imposed mandatory provisional suspensions on all four athletes with AAFs based on the A Sample, and promptly provided notice to the athletes via letter on October 10, 11, 12, and 14, 2010 respectively. One of the AAFs was for marijuana, which is a Specified Substance; however, no provisional suspension was imposed at all as the finding was not reported by the laboratory until after the close of the Games, as described below. Another steroid AAF that was submitted to the Federation Court did not result in a provisional suspension because it also was reported by the laboratory after the conclusion of the Games.

For the cases that went to the Federation Court before the Games ended, pursuant to the CGF-ADS the athlete must be provided an opportunity to be heard, either before or in an expedited fashion after the imposition of a provisional suspension, in each of the notice letters to the athletes where provisional hearing could be held at the Games, the date, time, and location of the provisional hearing was provided to the athletes, which in each case was scheduled no later than the following day.

#### *The Methylhexaneamine Cases (Cases 1 and 2)*

The first two cases that went through the CGF-ADS adjudication process involved Nigerian track and field athletes who had AAFs for the prohibited stimulant Methylhexaneamine. Both athletes, Osayemi Oludamola (Case 1), gold medalist in the women's 100m final at the Games, and Samuel Okon (Case 2), who did not win a medal in the 110m hurdles after which he tested positive, attended their scheduled provisional hearings on separate days, each with the same representatives from the Nigerian track team and National Olympic Committee (NOC). Both athletes, who were slated to compete in other events to take place later in the Games, stated that they were unaware of the source of their positive tests.

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<sup>1</sup> Although substances are separated on the Prohibited List in terms of when they are prohibited, in-competition or out, all substances on the List are prohibited in-competition. For purposes of these Games, all samples collected between September 23, 2010 and October 14, 2010, whether at a competition or out, for instance, at the Village, were screened for substances contained on the full in-competition menu. At any rate, all of the samples discussed in this section were actually collected from the athletes at a competition in which the athletes had just competed, which, satisfies the text book definition of in-competition under its strictest interpretation.

Case 1: After deliberating on the question of whether Ms. Oludamola's provisional suspension would continue through the Games, the Federation Court informed Ms. Oludamola at the hearing that it would, and Ms. Oludamola and the Federation Court agreed at the hearing that if B Sample analysis confirmed the A Sample laboratory finding, she would waive her final hearing given that the CGF's jurisdiction terminated at the conclusion of the Games, accept that she had committed an ADRV, be disqualified from her results from the 100m final, and return her gold medal, pursuant to CGF-ADS. The Federation Court's decision and the procedure to follow, to which Ms. Oludamola agreed, were outlined in the Federation Court's decision letter to her of October 12, 2010. The fact that the B analysis confirmed the A Sample finding was communicated to Ms. Oludamola via another letter from the Federation Court on October 12, 2010. In that letter, the athlete was also informed that her accreditation would be withdrawn and arrangements made for her to leave the Games Village. By October 13, 2010 the gold medal was back in the Federation Court's possession.

Case 2: At Mr. Okon's provisional hearing, he, unlike Ms. Oludamola, waived the B Sample analysis and accepted the laboratory results, thereby establishing an ADRV. He was informed via letter of October 12, 2010, of the Federation Court's decision to fully suspend him from the Games, that his results had been disqualified and results nullified from the competition after which he tested positive, and that his accreditation would be withdrawn and arrangements made for him to leave the Games Village.

#### *The 19-norandrosterone Cases (Cases 3 and 6)*

Case 3: The third case that went through the CGF-ADS adjudication process involved an Indian track and field athlete who's AAF for the prohibited Anabolic Androgenic Steroid 19-norandrosterone came after she competed in the 20km race walk, in which she did not medal. The athlete, Rani Yadav, also attended her scheduled provisional hearing along with her representative. Ms. Yadav was not scheduled to compete in other events to take place later in the Games, and her provisional hearing took place the day before the closing of the Games. The athlete stated that she believed the source of the positive test to be a medication she was given by an doctor to treat an injury, which she stopped taking in March of 2010, approximately seven months before she provided the Sample in question, after learning it contained a prohibited substance. During her provisional hearing, Ms. Yadav indicated to the Federation Court that she desired to have her B Sample analyzed. As was true in Case 1, the analysis was then arranged and the date and time of that analysis was communicated to the athlete at the hearing (as opposed to in the Federation Court's initial notice letter to her).

The Federation Court informed Ms. Yadav at the hearing that her provisional suspension would continue throughout the Games which concluded the following day. Ms. Yadav, unlike the athletes in Cases 1 and 2, initially requested a final Games hearing (the CGF-ADS refers to these hearings as "Hearings" as opposed to "Provisional Hearings"). Given the timing of the athlete's AAF and the subsequent proceedings, all of which was so close to the conclusion of the Games, this request by the athlete left the Federation in the position of having to determine exactly how to close the matter within the framework of CGF-ADS 12.6, which applies to hearings following the Games period and which allows the Court to "liaise with the respective CGA and IF regarding conduct of a hearing following the investigation."

On October 18, 2010, the Federation Court, via letter, notified Ms. Yadav that (1) the B Sample analysis confirmed the A Sample laboratory finding, of (2) she was entitled to a final hearing related to whether the Federation Court would nullify her results from those Games, (3) she had 14 days from the notification to inform the Court of whether she wishes to exercise her right to that hearing, and (4) if she failed to respond the Federation Court would render a decision and notify her IF so that they may handle the process related to any sanctions to be imposed on Ms. Yadav going forward. On November 16, 2010, the Federation Court informed Ms Yadav that because she had not responded to the Court's last letter, it had decided that she had committed an ADRV, that she was disqualified from the event in which she competed at the Games, and that the file would be forwarded to the International Association of Athletics Federations (IAAF) for further action as they deemed appropriate.

Case 6: The sixth case submitted to the Federation Court also involved a 19-norandrosterone AAF based on a sample collected from a Sri Lankan boxer, Manju Wanniarachchi, the 56kg gold medalist from the Games, on

the last day of the Games. After being notified by the CGF-MC of the AAF on October 18, 2010, the Federation Court notified the athlete via letter on October 21 of the A Sample finding, that his case would be heard by the Court, of his rights to request and attend the B Sample analysis, and that he had 14 days to respond. Mr. Wanniarachchi, via letter to the Federation Court, on October 23, 2010, denied responsibility for the AAF, requested the B Sample analysis, and indicated that he would arrange to have a representative present. The Federation Court, via letter of October 26, 2010, notified Mr. Wanniarachchi that the B Sample analysis would take place on November 2, 2010 at 10:00 a.m. at the NDTL and provided the laboratory address and contact information. The athlete's representative attended the scheduled B Sample analysis, however, the analysis was not conducted due to the refusal of the athlete's witness to observe it based on the athlete's dissatisfaction with the thoroughness of the sample collection documentation provided to the athlete at that time. On November 5, in explaining that the athlete could raise any chain of custody or insufficient documentation issues at a formal hearing in the future, the Federation Court informed the athlete that the B Sample analysis had been rescheduled for November 12, 2010, and again provided the time, address, and contact information of laboratory officials.

On November 16, 2010, the Federation Court via letter notified Mr. Wanniarachchi that (1) the B Sample analysis confirmed the A Sample laboratory finding (2) he was entitled to a final hearing related to whether the Federation Court would nullify his results from the Games, (3) he had 14 days from the notification to inform the Court of whether he wished to exercise his right to that hearing, and (4) if he failed to respond the Federation Court would render a decision and notify his IF so that they may handle the process related to any sanctions to be imposed on Mr. Wanniarachchi going forward. Via letter dated November 20, 2010, the athlete informed the Federation Court that he denied that he committed an ADRV and wished to exercise his right to a full hearing before the Federation Court. At the time of finalising this report, this case was still being addressed by the CGF, and the IO Team has continued to receive all relevant information concerning the management of this case.

#### *The GC-IRMS Case (Case 4)*

Case 4: GC-IRMS, also known as CIR, is a method laboratory's use to detect whether a steroid in an athlete's sample was of internal (endogenous) or external (exogenous) origin. Obviously the latter is prohibited. The fourth case submitted to the Federation Court involved an AAF for the application of a testosterone prohormone as determined by GC-IRMS. The athlete, Abugan Folashade of Nigeria, silver medalist in the women's 400m and member of the women's silver medal 4X400m relay team, tested positive based on the sample she provided after her silver medal win in the 400m, but before the relay competition. The athlete was notified of this result on the day the Games ended, October 14, 2010. The Federation Court did not hold a provisional hearing that day, but informed the athlete that she would be advised of when and where that hearing would occur. Later that day, the athlete, via letter, informed the Federation Court of her decision to waive her right to the B Sample analysis, that she would be leaving Delhi the next day and would therefore be unable to attend any hearing, and that she accepted liability and was willing to abide by the Federation Court's decision. On October 15, 2010, the Federation Court, via letter, informed the athlete of the Court's decision (1) to disqualify her from all the events in which she took part during the Games, (2) that the silver medal awarded to her in the 400m must be forfeited, (3) that the Nigerian team's result in the 4X400m in which Ms. Folashade participated be nullified and the silver medals returned, (4) that the results of the events be adjusted, and (5) that notice of the ADRV and supporting documentation be forwarded to the CGA of Nigeria, the IAAF, and WADA.

#### *The Marijuana Case (Case 5)*

Case 5: The fifth case submitted to the Federation Court involved a marijuana metabolite AAF based on a Sample collected from a Malaysian rugby sevens player, Mohamad Amin Jamaluddin, on October 12, 2010. After being notified by the CGF-MC of the AAF on October 18, 2010, the Federation Court notified the athlete via letter on October 21, of the A Sample finding, that his case would be heard by the Court, of his rights to request and attend the B Sample analysis, and that he had 14 days to respond. Via letter dated November 3, 2010, the athlete notified the Federation Court that he accepted the A Sample laboratory findings and declined the B Sample analysis. On November 8, 2010, the Federation Court informed Mr. Jamaluddin that his

participation as a member of the Malaysian Rugby Sevens Team during the Games was nullified, and that the file would be forwarded to the International Rugby Board for further action as they deem appropriate.

### **Recommendations:**

- The Federation Court should provide each athlete in writing “the scheduled date, time and place for the ‘B’ Sample analysis,” should the athlete choose to have it conducted and of “the Athlete’s right to request copies of the ‘A’ and ‘B’ Sample laboratory documentation package which includes information as required by the ISL,” neither of which were contained in the initial letters to the athletes from the Federation Court.

Although the rules allow for these details to be given to the athlete or athlete’s CGA verbally in the first instance with a follow-up in writing as soon as possible, a follow-up written information regarding the B Sample analysis certainly was not provided in either of the two Methylhexaneamine cases, and to this IO Team’s knowledge was only provided in writing to Mr. Wanniarachchi, as explained above. And in none of the cases where the athlete requested B Sample analysis was the athlete informed of his or her right to request copies of the B Sample laboratory documentation. Going forward the Federation Court should provide such notices to the athlete in writing.

- The Federation Court should not inform an athlete that he or she is required to pay for the cost of the B Sample analysis.

This representation was made by the Federation Court to the athlete during her provision hearing in Case 3. This IO Team’s review of the CGF-ADS does not reveal any such responsibility imposed on the athlete, but only that the cost of having a representative present at the analysis is borne by the athlete. Accordingly, such a representation by the Federation Court to the athlete should be avoided although it did not affect the process in this instance because the athlete to whom the representation was made indicated that she wanted the B analysis conducted anyway.

- The Federation Court should have a procedure in place applicable to the adjudication of cases which carry over to a period after the conclusion of the Games, as occurred in **Cases 3, 4, 5, and 6**.

As currently written, the CGF-ADS provides the Federation Court a couple of options as to how it can proceed when circumstances require the adjudication to continue after the Games, and the Federation Court needs to decide which one it will exercise before it finds itself in this predicament.

- In certain areas the CGF-ADS could be clearer and more practical. For example, requiring two hearings, one provisional and one after the B Sample confirms the A, as the CGF-ADS requires, in an environment such as the Commonwealth Games which lasts less than two full weeks, creates the potential impossibility for complete resolution of cases.

The IO Team would like to acknowledge that the Federation Court was called upon to do a lot in a little time. And, that the Federation Court did successfully, including revoking **three** medals - **one gold and two silver** - which, obviously is important to clean sport. Therefore the Federation Court is to be commended for its effort in providing the expeditious due process required under its rules.

### **Court of Arbitration for Sport (CGF-ADS SECTION B ARTICLE 17.10 AND SECTION C)**

Pursuant to the CGF-ADS and the presence of an ad-hoc division of Court of Arbitration for Sport (CAS) in New Delhi, the IO Team held an introductory meeting with Mr Matthieu Reeb, Secretary General of the CAS whereby it was agreed that CAS would welcome the IO Team as observers to any anti-doping hearings/appeals submitted to and conducted by CAS throughout the duration of the Games. No such appeals were submitted to CAS during the Games.

#### **14. THERAPEUTIC USE EXEMPTION - TUE (CGF-ADS SECTION B ARTICLE 5)**

The CGF TUE Committee (TUEC) was well versed and has substantial experience in TUE matters spanning several Olympic and Commonwealth Games as well as having extensive NADO and IF TUE issuing authority. Most of the identified problems appeared to be out of the control of the CGF TUEC. As of the date of this writing, 62 TUE applications were processed by the CGF TUEC.

The CGF TUEC had access to ADAMS related TUE information as early as January 2010, however only two ADAMS related entries were processed.

IF and NADO issued TUEs had to be submitted to the CGF TUEC on or before August 24, 2010. The CGF TUEC processed 44 such applications; however, at least eight of these were submitted well into the Games period (the national team doctor incorrectly assumed that they had been submitted through ADAMS).

Any athletes without an IF or NADO issued TUE had to apply to the CGF TUEC 30 days before the opening of the Games Village. Only 14 applications were received by the CGF TUEC.

The issue of TUEs was somewhat poorly handled by many of the CGAs. There appeared to be confusion and lack of understanding amongst the CGAs of what a TUE actually is, for what they should be submitted and the timing of the submissions. This was evident by the number and quality of TUE applications. In one case a CGA submitted TUE applications for their whole team but without specifying a diagnosis or medication. In another case, the entire TUE submission from a CGA was for non-prohibited substances or for substances that required a Declaration of Use (DoU) only. Surprisingly, the TUE submissions for these were forwarded by the TUEC of the respective nation.

A total of three TUE applications with no sufficient evidence to justify their use were rejected, particularly when suitable permitted alternatives were available.

##### **Recommendations:**

- The CGF TUEC should consider a comprehensive communication and education plan for all CGAs and their medical staff on the Games' TUE process, including appropriate communication prior to relevant deadlines.
- CGAs with any TUE application should contact the CGF TUEC to discuss the specifics of the case including the medical merits considered in issuing the TUE well in advance of the Games so as to avoid arriving at the Games and have the CGF TUEC not issue the TUE.

#### **15. PROGRAM ADMINISTRATION**

The IO Team observed some of the administrative systems put in place by the CGF-MC to track the number of doping controls and the according results. It was the initial understanding of the IO Team that the CGF and the Organizing Committee would be utilising ADAMS to manage this data, however upon further investigation, were advised that a decision had been made not to use the management system. A relatively simple excel format had been created in its place whereby each day, the DCFs were entered into such a file. Similarly, upon receipt of the results (faxed) from the laboratory, they were matched and entered in the file.

The IO Team received hard copies of the faxed results from the CGF-MC on a daily basis; it did not receive direct copies from the laboratory. The IO Team also received copies of the doping control paperwork the morning after the samples were collected. The Laboratory Advice Forms however were received only with some delay, both by the CGF-MC and the IO Team making it slightly challenging at times to correlate the samples being collected versus those being received by the laboratory. There were ultimately no anomalies observed by the IO Team however the delays by some days in the early stages of the Games were not ideal given the CGF-MC did need to account for the samples.

It is the view of the IO Team that if a more developed database system (such as ADAMS) had been used, much of the man-hours allocated by the CGF-MC to the checking of samples conducted versus those analysed and reported would have been alleviated. ADAMS is the recommended tool given that the WADA-accredited laboratory has existing access and is able to upload bulk results into the system within seconds. They are already required by WADA to report all AAFs into the system. With the request for appropriate access rights, the CGF-MC would have been able to run reports at any given time to review the status of the results that had been reported.

In order to benefit fully from ADAMS, admittedly the sample code numbers would have had to be entered at the outset; however it is our understanding that the Organizing Committee was ready and prepared to undertake this activity. The exact plans are not known, however given each DCS had a computer in place, the entering of DCFs into such an online system could have been undertaken immediately after processing. Security and confidentiality would have of course needed to be paramount, and using the office or store rooms already in place at the DCSs could have been possible.

It was apparent during the course of the Games, that the CGF-MC was not fully aware or prepared for all the documentation that was being generated by the Organizing Committee and also the laboratory. An illustration of this concerned samples being reported by the laboratory as "not analysed due to non-conformance". It unfortunately took some days for the CGF-MC to discover that more detailed reports were being produced by the laboratory but were inadvertently being sent to the Organizing Committee instead of the CGF-MC. There were various reasons for the non-conformances, including unsealed leaking bottles, too little urine collected or as mentioned previously, paperwork being sent to the laboratory including the athlete's name when it is required to be anonymous. In some cases, it would have been appropriate for the CGF-MC to then target such athletes for additional samples, and having this information available sooner rather than later is important.

The IO Team observed the operations and management of the TDP by the Organizing Committee from their central coordination centre. The daily changes in the TDP did make it difficult to track exact samples collected (i.e. plan vs. actual), however it appeared that after perhaps a slow start to the Games, there was later some control in place by the CGF and Organizing Committee in knowing the exact number of samples collected each day. Again, the use of a system such as ADAMS could have provided a platform to run a report at the end of each day in order to determine the number of samples collected. It could therefore be quickly cross-checked against those that were planned. Post Games, the CGF-MC would also be able to continue to run reports, facilitating the compilation of statistics of test numbers etc.

### **Recommendations:**

- The key to successfully administering a major event anti-doping program is using a system that enables the Major Event Organisation (MEO) to effectively and accurately monitor actual testing activities and sample analysis against the pre-approved plan. The CGF and future Organizing Committees should make use of a database platform such as ADAMS in order to achieve this. Other MEOs have used ADAMS at recent events, and their application of the system could be reviewed by the CGF-MC.
- The CGF-MC should prepare for the event in advance to better understand all of the documentation and the systems planned by the Organizing Committee and also the laboratory. Operating plans and flow diagrams could be useful and simple tools to ensure quality control and to ensure all parties involved are fully aware of their role and activities within the program.

## **16. EDUCATION AND INFORMATION (CGF-ADS SECTION E)**

The IO Team observed that several tools were developed in order to disseminate anti-doping information across athletes at the Games. Whilst the CGF-ADS specified the use of numerous tools for disseminating this information, the IO Team only observed a number of these:

- The CGF-ADS
- Doping control procedural leaflets

- Anti-doping promotional posters

The promotional posters were displayed in the waiting rooms of DCSs and the doping control procedural leaflets were made available to athletes on tables in the majority of the waiting rooms of DCSs.

The CGF and Organizing Committee should be commended for inviting the WADA Athlete Outreach Program to the Games. The Outreach zone was excellently and conveniently located in the Athlete Games Village, enabling the WADA Outreach Team to educate and inform a large number of athletes and support personnel on all facets of anti-doping.

#### **Recommendation:**

- Having developed good educational literature, the doping control staff should be informed to proactively encourage athletes to read and take this literature, especially if the athlete has little to no experience of being tested.

### **17. AN ATHLETE PERSPECTIVE**

At the core of any Games are the athletes, their performances and their well being. To this end athlete-friendly processes are paramount to any Games' doping control program. Having a current elite level Paralympic athlete on the IO Team enabled the team to provide an athlete perspective of the Games' doping control program.

From an athlete perspective the CGF and Organizing Committee should be commended for the following actions:

- After an issue that arose at one venue, the CGF-MC made the decision to afford athletes the right to have a shower post notification and prior to sample provision.
- Protocols were put in place and issued to all Venue Doping Control Managers for situations where athletes were notified late in the day. The protocols sought to minimize the impact on any athletes finding themselves in this situation who were due to perform early the next day.
- Protocols were also put in place for pre-competition testing, to ensure that athletes were not notified very late in the day.

It is however, as previously detailed, the view of the IO Team that the communication between the doping control staff and athletes was more often than not lacking, therefore adding to an athlete's unease during the doping control process. Communication and explanation to the athletes is of course always of great importance, but not more so than for an athlete who is being tested for the first time.

#### **Recommendations:**

- Doping control staff should be trained to adopt a more proactive style, ensuring that communication with the athlete is of the essence and that appropriate levels of explanations are given throughout the duration of the doping control procedures.
- It should be ensured that all doping control staff have a very good standard of English.
- Without compromising the integrity of the sample collection process, the efficiency of the procedures, and in particular the administration and paperwork, should be improved to minimize the length of time an athlete is in the DCS.

## **APPENDIX 1: SUMMARY OF RECOMMENDATIONS**

### **FUTURE GAMES CGF MEDICAL COMMISSIONS**

1. The CGF-MC should consider providing copies of (or a summary of) the daily reports produced by the IO Team in New Delhi to its future Organizing Committees so that they can take such matters into account in their planning.

### **PLANNING**

2. Greater IF and National Anti-Doping Organization (NADO) input should be considered and sought as a part of the risk assessment for TDP planning.
3. A finalised approved TDP based upon a comprehensive and documented risk assessment, should be agreed to in advance by all relevant parties. This TDP should be the reference point for the entire duration of the Games and all testing activities should be measured against it.
4. In order to improve the effectiveness of the TDP, greater attention to detail should be placed upon the specific analytical menus used for each individual sample.
5. Where possible, CGF Medical Commissioners or other representatives with sport specific and anti-doping knowledge should guide/assist doping control staff at the venues. Furthermore, greater attention should be paid to the detail of the selection criteria in the final pre-approved TDP, to ensure that inaccuracies do not occur.
6. A more focused whereabouts system should be specified and include athletes from higher risk sports and disciplines in the CGF RTP. This may improve the quality of whereabouts, cover the necessity for no-advance notice pre-competition testing and improve the ability to deal with whereabouts issues such as Filing Failures and Missed Tests for those athletes.
7. For athletes competing in lower risk sports outside the scope of the CGF RTP, non-Code compliant whereabouts could be applicable (e.g. provision of training and competition schedules and accommodation details).
8. The CGF-ADS is not very prescriptive in relation to athlete whereabouts. It is therefore recommended that the CGF consider more specific and Games related rules covering whereabouts requirements and sanctions.

### **EQUIPMENT AND FACILITIES**

9. Processing rooms should be built in a way that offers athletes complete privacy and confidentiality.
10. If there are concerns with the sample collection kits malfunctioning, the CGF should follow-up these matters with the manufacturer/s.
11. The standard of the DCFs (including the alignment and quality of the carbon copies) should be tested prior to the commencement of the Games. If required, appropriate measures should be put in place to ensure that all information collected is accurately scribed onto all copies of the DCF.
12. Supplementary Report Forms and the need for a laboratory copy (or how the laboratory receives the information, if required) should be reviewed and appropriate measures put in place prior to the commencement of the Games to ensure the anonymity of samples are not compromised.

### **NOTIFICATION**

13. Doping control staff should be given extensive training and opportunities to experience specific sports, disciplines and venues where they are scheduled to be working. It is the IO Team's opinion that experience solidifies knowledge.

14. The importance of conducting verbal and written notification as soon as possible post competition should be stressed to all doping control staff (in particular the Chaperone Co-ordinators) and a close liaison with the sport technical officials should be sought in order to facilitate this.
15. For pre-competition testing, more than one doping control staff should be involved in order to cater for and resolve unexpected situations, disputes and ensure that testing is conducted at no advance notice.
16. Doping control staff should be explicitly trained for locating athletes pre-competition and conducting notification at no-advance notice.
17. Establishing a more focused and effective whereabouts system would improve the quality of athlete whereabouts received and therefore would increase opportunities for no-advance notice testing (at least within given time-slot).

### **CHAPERONING**

18. The importance of constant chaperoning should repeatedly be stressed to all doping control staff and the Chaperone Co-ordinators/Venue Doping Control Managers should act proactively to ensure that appropriate measures are put in place to address potential challenges to chaperoning, for example medal ceremonies and athlete media commitments.
19. As recommended earlier, sport, discipline and venue specific training should be more comprehensive prior to the Games.

### **SAMPLE COLLECTION PROCEDURES**

20. Clear protocols should be established for potentially challenging situations such as athlete disqualification, athlete tie and athletes competing in more than one event, and distributed to all Venue Doping Control Managers.
21. A clear system of monitoring athletes required to provide a blood sample and whether a 10-minute seated rest period has been adhered to should be put in place. It is suggested that this responsibility rests with the Station Administrator.
22. BCOs are clearly trained in the subtle differences in requirements of blood sample collection for whole blood and serum.
23. Future CGF-MCs and Organizing Committees should consider the commonly observed issues recorded in section 10.2 when finalising training programs for future Games doping control staff.
24. When conducting a doping control program with a large number of newly trained doping control staff, each venue should have a highly experienced Station Manager/Venue Doping Control Manager/Lead DCO (preferably with international experience). This individual should have sport specific experience. Their level of experience will enable the remaining doping control staff to learn how to improve the efficiency of the process whilst maintaining the integrity of the sample collection process. This will therefore lead to a more athlete-friendly process.
25. Inconsistencies in the standard of doping control staff increases with the number of doping control staff that are working and therefore having to be monitored. Whilst the intentions of having such a large doping control workforce are certainly well placed and derive benefits, they also lead to a greater level of inconsistency in work standards. We would recommend a slight decrease in the overall size of the workforce.
26. A close liaison should be established post-Games between the Organizing Committee and the Indian NADO (NADA) to ensure that the extensively trained (and now experienced) doping control staff from the Games are used where appropriate in the NADA's domestic testing program, thus maintaining the legacy of the Games.

## **SAMPLE ANALYSIS**

27. Laboratories should ensure that they strictly adhere to the turnaround times described in the contract with the Organizing Committee, or provide for an exception under the terms of that contract for instances where the samples are received after hours and/or on weekends.
28. Laboratories should work with the CGF-MC to ensure that the CGF-MC receives laboratory results as soon as possible.

## **RESULTS MANAGEMENT**

29. Where the CGF-MC decides not to bring forward AAFs as potential ADRVs, as was their decision in five instances, such decisions need to be recorded and provided to the appropriate authorities.
30. Measures should be implemented by the CGF-MC to ensure that it receives the laboratory reports regarding AAFs the day the reports are issued.
31. The Federation Court should provide each athlete in writing "the scheduled date, time and place for the 'B' Sample analysis," should the athlete choose to have it conducted and of "the Athlete's right to request copies of the 'A' and 'B' Sample laboratory documentation package which includes information as required by the ISL," neither of which were contained in the initial letters to the athletes from the Federation Court.
32. The Federation Court should not inform an athlete that he or she is required to pay for the cost of the B Sample analysis.
33. The Federation Court should have a procedure in place applicable to the adjudication of cases which carry over to a period after the conclusion of the Games, as occurred in **Cases 3, 4, 5, and 6**.
34. In certain areas the CGF-ADS could be clearer and more practical. For example, requiring two hearings, one provisional and one after the B sample confirms the A, as the CGF-ADS requires, in an environment such as the Commonwealth Games which lasts less than two weeks, creates the potential impossibility for complete resolution of cases.

## **THERAPEUTIC USE EXEMPTIONS**

35. The CGF TUEC should consider a comprehensive communication and education plan for all CGAs and their medical staff on the Games' TUE process, including appropriate communication prior to relevant deadlines.
36. CGAs with any TUE application should contact the CGF-MC TUE to discuss the specifics of the case including the medical merits considered in issuing the TUE well in advance of the Games so as to avoid arriving at the Games and have the CGF TUEC not issue the TUE.

## **PROGRAM ADMINISTRATION**

37. The key to successfully administering a major event anti-doping program is using a system that enables the Major Event Organisation (MEO) to effectively and accurately monitor actual testing activities and sample analysis against the pre-approved plan. The CGF and future Organizing Committees should make use of a database platform such as ADAMS in order to achieve this. Other MEOs have used ADAMS at recent events, and their application of the system could be reviewed by the CGF-MC.
38. The CGF-MC should prepare for the event in advance to better understand all of the documentation and the systems planned by the Organizing Committee and also the laboratory. Operating plans and flow diagrams could be useful and simple tools to ensure quality control and to ensure all parties involved are fully aware of their role and activities within the program.

## **EDUCATION AND INFORMATION**

39. Having developed good educational literature, the doping control staff should be informed to proactively encourage athletes to read and take this literature, especially if the athlete has little to no experience of being tested.

## **AN ATHLETE PERSPECTIVE**

40. Doping control staff should be trained to adopt a more proactive style, ensuring that communication with the athlete is of the essence and that appropriate levels of explanations are given throughout the duration of the doping control procedures.
41. It should be ensured that all doping control staff have a very good standard of English.
42. Without compromising the integrity of the sample collection process, the efficiency of the procedures, and in particular the administration and paperwork, should be improved to minimize the length of time an athlete is in the DCS.