WORLD ANTI-DOPING AGENCY
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INDEPENDENT OBSERVER REPORT

2005 WORLD ATHLETICS CHAMPIONSHIPS

Helsinki, FINLAND
6-14 August 2005

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PREFACE

One of the World Anti-Doping Agency's (WADA) key initiatives in pursuing its mission of leading and coordinating doping free sport activities at the international level includes its Independent Observer (IO) program. Since its first mission at the Sydney 2000 Summer Olympic Games, the IO program has continued to build confidence both within sport and among the general public by ensuring a doping control process that is open and transparent.

As leader of the IO team for this, the 20th mission since 2000, it was a privilege to work with the small, yet experienced group of experts appointed alongside of me. Their commitment, time, energy and expertise were critical to the successful operation of the mission.

The Doping Control program at the event, on the whole, was very well run and we would like to congratulate both the IAAF and the Finnish Anti-Doping Agency (FINADA) for the implementation of the largest ever anti-doping program at an athletics event.

I hope that our presence in Helsinki and this pursuant report, including our observations and recommendations will contribute to the execution of effective testing programs at future IAAF events, as well as assist other international federations in the conduct of their doping control programs.

Una May
Chair of the Independent Observer Team
IAAF World Championships 2005

INTRODUCTION

In December 2004, WADA was invited by the IAAF to send an Independent Observer (IO) team to the IAAF World Championships in Helsinki, Finland, in August 2005. The mission as requested was to be carried out in a manner consistent with the objectives and requirements of the IO program, including independence, transparency, non-interference, confidentiality, conflict of interest and a code of professional conduct. *For full details on the IO program, refer to the WADA website (www.wada-ama.org).*

In March 2005, a team of three independent observers were appointed by WADA to the mission. The team consisted of Ms Una May (Anti-Doping Program Manager, Irish Sports Council), Mr Finn Mikkelsen (Chief Executive Officer, Anti-Doping Denmark) and Mr Michael Gottlieb (Assistant General Counsel, Office of National Drug Control Policy, USA). In addition, Ms Shannan Withers (Senior Manager, WADA Executive Office) was appointed as team manager to support the team from an operational and administrative standpoint.

Pursuant to the original invitation, a specific agreement outlining the scope of observations was signed by the IAAF and WADA immediately prior to the Championships commencing. It was agreed that the IO team would observe all aspects of doping control from 6-14 August 2005. Specifically, it was agreed that the observations would include the:

- Selection of competitors
- Notification of doping control
- Procedure of therapeutic justification
- Sample taking procedures
- Transport of samples
- Sample analysis at the laboratory
- Result management process

Testing during the Championships was to be carried out according to the IAAF rules and protocols and responsibility was given to the Finnish Anti-Doping Agency (FINADA) to conduct the controls.

The day prior to the commencement of the event, the IAAF, FINADA, the Helsinki Laboratory and the IO team met to discuss and agree on the cooperative way forward between all parties. Particularly, this included confirmation of roles and responsibilities in relation to the provision of information to the IO team so that they could undertake their observations as per the abovementioned agreement. It should be noted here that this meeting was imperative to the success of the IO mission.

During the event, the members of the IO team met on a daily basis. The purpose of these meetings was primarily to assess and discuss the observations of the day prior, and address any practical issues which needed attention.

Each day, the IO team manager also met with a member of the IAAF anti-doping administration to collect paperwork, and also address any outstanding issues if applicable.

It should be acknowledged here, that all parties involved in the anti-doping program for the event were extremely helpful and cooperative to the IO team and its mission.

In addition, the Local Organizing Committee was very supportive in terms of providing accreditation, transport and accommodation needs and are to be thanked for their assistance.

SCOPE OF OBSERVATIONS

IAAF Anti-Doping Rules and Regulations

As mentioned above, the doping control program during the Championships was carried out according to the IAAF anti-doping rules and regulations, and the observations were therefore based on compliance with such rules.

Summary of observation programme

The IO team prepared an observation programme which included visits to the laboratory, the doping station and temporary analysis facility at the athletes' village, and the stadium doping control station (see summary in appendix 1).

Observations at the village took place only in the first part of the week as the number of samples being collected reduced significantly as the week progressed. In the absence of a laboratory expert only one full visit was made to the laboratory apart from two brief visits during observation of the chain of custody of samples, and one visit for the purpose of observing the opening of a 'B' sample. Observations at the stadium were focussed largely on the evening sessions as the bulk of testing took place during these sessions.

Doping Control Process

The doping control process at the Championships was complex and incorporated a number of different test types. Blood samples were collected at the athlete's village prior to competition to screen for the use of EPO. Follow-up urine samples were then collected where appropriate based on the initial screening. Non-targeted random urine samples were also collected in the village out-of-competition. Both urine and blood samples were collected at the stadium for in-competition testing. The blood samples during the in-competition testing were analysed for prohibited substances and methods (e.g. blood doping).

Doping Control Station (DCS)

The DCS at the stadium was a top quality facility. The station was located in a converted youth hostel physically attached to the stadium. It was spacious, bright, clean and very well equipped. There were more than sufficient sample collection rooms and more than adequate waiting space making it one of the biggest stations observed to date by any member of the team. The walls were adorned with anti-doping posters including very useful anti-doping procedures posters in numerous different languages. There were also plenty of educational reading materials available for browsing including information in various languages about the TUE procedure, the blood testing procedure, IAAF procedural guidelines for doping control etc. There was also a system in place whereby athletes could maximise the efficiency of the sample collection process by completing a form in advance containing contact details and information on medicines. There was live coverage of

the competitions available on TV and network TV in the evenings. An innovative and popular additional facility was Internet access (provided on two computers) for free unlimited use. There was an ample supply of beverages of various flavours. All of these served to provide athletes with a relaxing and comfortable environment conducive to co-operation.

All sample processing rooms were properly equipped with all the necessary equipment for the collection and processing of samples. The rooms were kept clean and tidy and contained the appropriate hazardous waste disposal apparatus. Each room contained lockable refrigerators to which only the DCOs had access. This security was demonstrated to many athletes, as they could observe the DCOs storing their samples using the key (which was generally worn on the DCOs person).

Access to the DCS – situated 150m from the notification area - was improved during the week, as the route was too long and circuitous at first. There was a shortage of adequate direction signage making it difficult to locate for athlete representatives (who may not have been able to accompany athletes immediately at the time of notification). It's proximity to the Technical Information Centre (TIC) office, whilst facilitating direction finding, was probably less than ideal. The TIC office had a large amount of passing traffic and although there was security on duty at the outer door of the building, it was redundant in so far as the DCS was concerned since there was such a volume of human traffic attending the TIC office. There was, however, a security person on duty at the access to the DCS itself at all times and only authorised persons were permitted to pass this point.

After passing the security control upon entry to the DCS, two assistants took details of all persons entering and departing the station. This information was entered onto a computer spreadsheet and kept on record. Full records were made available to the IO team for review.

The arrival of each athlete to the waiting room was then recorded on the doping control form as the chaperone passed over the documentation to the venue manager. Athletes were invited to inform the venue manager of their readiness to provide a sample. The venue manager then controlled the allocation of DCOs etc. At most times there were more than enough DCOs to fulfil the testing with no waiting by the athletes. There were only a small number of occasions during the late evening peak time when an athlete had to wait to commence the sample collection process.

On a few occasions (particularly later in the week) inappropriate personnel were permitted to enter the DCS. One athlete had three accompanying persons with her. At one point there were also a number of officials from the mixed zone and medal ceremony who had gained access to the DCS. These people should not have had access to the station and created an overcrowding situation within the waiting area. This was a problem as the effectiveness of the observation of athletes was compromised by the lack of full visibility around the room. On a number of occasions athletes were invited to move to the second waiting room but this was generally not successful. ***It is recommended that a limitation on the number of persons allowed in the waiting room at any time be enforced if there is any risk of the clear observation of athletes being reduced.***

It was noted that on a number of occasions athletes reported to the DCS later than one hour after notification – this was mainly due to media commitments – but this

fact was not noted or commented on by DCOs in completing the doping control form. This was a breach in both the International Standard and the IAAF procedural guidelines. It was also observed that at least one athlete made a request to wait outside the DCS (and in front of the TIC office). It is unclear as to the justification or grounds for such a departure.

It is recommended that all departures from the recommended procedures and/or timeframes be recorded on the doping control form and/or in the official records of the venue (e.g. the entry/exit log).

Athletes Village Doping Control Station

The facility consisted of three rooms for blood sampling – one of which served a dual purpose as a urine collection/processing room, an ample waiting room, and a staff office. It met with a high standard of hygiene and was adequate in terms of overall security. The location, adjacent to the training facilities and medical centre, was convenient for athletes. Despite this however, the facility was not well signposted from other parts of the village and consequently some athletes had difficulty locating the station. The waiting area contained reading materials including very informative procedural information (in many languages). It was also adequately supplied with beverages.

Documentation

It was noted that the IAAF doping control form incorporates an athlete notification record on the same page as the laboratory copy of the form. It was clearly not possible to provide it to the athlete at the time of notification and did not appear to serve any purpose at any other stage in the procedure. ***It is recommended that the notification portion of the Doping Control Form and process of distribution of it to the athlete be reviewed for the future.*** It should however be noted that at no time was the effective notification and subsequent supervision of any athlete adversely affected by this as athletes were asked to exchange their ID card for a doping control pass at the time of notification.

As the selections were made on the basis of position for the most part it is considered that the doping control forms should have a place for the recording of position. During notification some athletes were not satisfied with a form without their name (Pointing to a blank form - where is my name? is it me?). This process was improved after the first couple of days. ***It is recommended that the doping control form should have a specific place where position is recorded.***

Upon review of the doping control forms, it was clear that a considerable number of minor errors and omissions were made by DCOs in the completion of the forms. There are a large number of boxes requiring ticking or crossing off and these were often not completed. There was inconsistency in the interpretation of what information should be placed in the box for 'Event/Discipline'. A number of forms had not been completed fully with regards to notification details. ***It is recommended that DCOs exercise special care to fully and accurately complete the doping control forms.***

There was also some confusion in the dual use of forms for both blood and urine sample collection. The time of completion of a urine sample was occasionally

documented as the time of completion of the test, despite the fact that blood was collected later.

It is recommended that the dual use of forms be reviewed and that clear work instruction be provided in case of their use.

Selection Draw

The draw was designed in order to avoid selecting those athletes for testing who had qualified for additional competition and who would be likely to be tested again at a later stage. Within the framework of this weighted system the draw was random (e.g. random draw from positions 8-12). There were also some athletes who were targeted due to suspicious blood screening findings from the out-of-competition testing programme. The IAAF and FINADA representatives carried out random selections jointly, by drawing numbered cards.

While this system is accommodating to athletes who could be disadvantaged should they have a further round of competition on the same evening, it is recommended that it should not be a recognised predetermined arrangement. It also should not be mandatory in events where further rounds are to take place on later days.

The IO team observed an incident in which a thrower was selected for testing as a result of confusion with the reporting of results from the qualification rounds. This athlete had in fact qualified for the final which was to take place later that evening. The athlete was extremely aggressive and was unwilling to attend the DCS. Apparently, the athlete believed that by virtue of qualifying for additional competition, he was not required to be tested. The chaperone dealt with a very difficult situation in a controlled and firm manner, resulting in the athlete eventually reporting to the station. On arrival at the station the athlete immediately entered the IAAF office and emerged shortly afterwards and departed the station. He had spoken to the IAAF representative who acknowledged that the athlete had been selected mistakenly and allowed him to leave without providing a sample. As far as the IO team is aware this athlete was not later targeted following the completion of the final.

A similar issue arose on another occasion when a selected athlete was to later take part in a different event. This athlete was advised by her chaperone that she could leave and return after her final event for the day. The athlete was very uncomfortable with this verbal notification/permission and was reluctant to leave under the circumstances. Eventually she accepted and departed the stadium to rest before the evening competition.

It is recommended that any athlete who is selected for testing be tested regardless of the circumstances behind their selection. It is also recommended that if the testing is to be postponed the athlete should be provided either with constant chaperoning or with written permission to report to the DCS at a later time.

A number of other issues arose during the week that related to the selection of athletes. However, these are dealt with under the heading of notification as it was in this area that the problems emerged.

Notification / Escorting

The process of notification and chaperoning was considered to have been the greatest challenge for the doping control team of these Championships. The 60-strong team of chaperones were tasked with a difficult mission. A number of factors contributed to the difficulty of this task. Firstly, the physical environment in which the notification process took place i.e. the long and complex mixed zone and the lack of visibility of the athletes between departing the field of play and emerging from the mixed zone. Secondly, and more significantly, issues arose due to the delayed transmission of results to the chaperones. As a consequence of these difficulties there were a small number of athletes who had been selected for testing but were never notified (and therefore not tested).

Despite these challenging conditions the chaperones carried out their role with diligence and professionalism. A supervisor/lead chaperone was in place at all times to assist and guide them through difficulties as appropriate. This person had close contact with the chaperones and oversaw the process of notification ensuring that any issues were immediately dealt with. Chaperones were also equipped with radio communication devices to further enhance their access to assistance if required. A successful buddy system was also operated in the early stages of the event whereby more experienced chaperones worked with those who had less experience. A further very useful educational initiative was also observed whereby chaperones practiced mock notifications and escorting of junior athletes participating in a national competition in the stadium on the day before the start of the Championships. This was an effective and valuable way of ensuring optimum performance from all involved. Chaperones were observed dealing with aggressive and inappropriate athlete behaviour with confidence. One chaperone in particular was subjected to an intimidating and very aggressive response from an athlete, and this chaperone dealt with the situation calmly and firmly. Notwithstanding these occasional situations, however, it should be noted that the behaviour of the vast majority of athletes was co-operative and accepting, with a clear recognition of the importance of the process.

The system for athletes' departure from the stadium meant that notification could only take place after athletes departed the mixed zone – there were occasions when this could be more than one hour after the completion of an event. It was observed that some athletes succeeded in departing the mixed zone without actually reaching the notification area. This was noted by the lead chaperone who oversaw the proceedings and corrective actions were taken, with an enhanced cooperation from the officials in control of the mixed zone. Additional barriers were erected and stricter observation of the exit route was introduced. The fact that athletes were not under observation from the time of completion of their event, however, was considered a weakness in the system.

An early problem for the chaperones was that they didn't have a copy of the start lists. This meant that after a race finished and the results were announced they had to go indoors to check the bib numbers on the computer to help them locate the correct athlete. They started to work in pairs then and one could watch the screen and the athletes while the other checked the start list. This was easily resolved as the week progressed by the provision of start lists.

Difficulties arose with the transmission of prompt results from the field of play, particularly for field events. This problem emerged initially following the merging of

results from more than one qualification group where overall results were announced combining both groups. Chaperones had been asked to notify selected athletes on the basis of their positions in each of the two groups but when the results were issued the two groups had been merged and the chaperones were faced with a dilemma of who to notify. The ensuing confusion resulted in fewer athletes than planned being tested in these events.

Further issues arose during the week when athletes were found to have left the in-field before the completion of their event when they had clearly failed to qualify for further competition. As the chaperones were again reliant on the official results being issued these athletes had left before notification was possible. On at least one of these occasions, the DCO was able to locate the athlete at another location in the stadium.

Finally, in relation to difficulties with results, the possibility of a tie had not been considered and no contingency plan existed. This created further problems for the chaperones when more then one athlete was given the same position. On one occasion an athlete was verbally notified that he had been selected and shown official credentials but this was later rescinded, as the solution was to select the first non-tied finisher. This athlete originally notified for testing was visibly uncomfortable about departing the area without being tested.

Immediate consultation with the IAAF technical delegate provided solutions to many of these problems. Other actions were taken as the week progressed to try and ensure that similar problems did not re-occur. Better communication was established with the in-field technical officials and chaperones were spread around the stadium at more appropriate vantage points during specific events. These are clearly event specific problems and ***it is recommended that the IAAF consider contingency plans in future events to ensure that prompt access to results is provided to chaperones and that decisions regarding the merging of results etc. be made in advance and notified to the doping control team.***

A small number of chaperones were somewhat reticent and shy in approaching certain athletes. In these cases, athletes were in the bag reclaim area for 5-10 minutes before being asked to sign the notification forms. One athlete deliberately postponed signing the form on the basis that he felt he could extend the time before reporting to the DCS in this way.

As a general rule the chaperones were effective in their observation of the athletes following notification. However, there was one instance where an athlete was called for a medal ceremony and was not observed directly whilst in the preparation room – the door of the room was closed during a briefing for medallists and the chaperones remained outside.

The notification of athletes in the athlete village proved particularly difficult and was hampered on occasions by delays in receiving the list of athletes selected for doping control tests. Athletes were generally most readily found in the early morning before they had commenced training or departed the athletes' village for the day. When attempts were made later in the day they were often difficult to locate and on many occasions the coach/doctor etc. were fully aware that the athlete was being sought for a test – consequently, these tests could not be considered 'no advance notice' tests.

The IO team observed occasions when same sex chaperones would have been more appropriate in the interests of an athletes' privacy (e.g. changing clothing). This was particularly significant during out of competition testing when chaperones were often required to notify athletes at their accommodation (i.e. often their bedrooms). In these cases athletes were often not fully clothed etc. Although this is not an obligation under the international standard for testing or the IAAF procedural guidelines ***it is recommended that the International Standard for Testing include a recommendation that chaperones be of the same sex as the athlete being escorted.***

Any potential problems with language were overcome by the athletes' familiarity with the testing process. In the event of an athlete not understanding the chaperones verbal notification they clearly recognised the doping control form and understood that they were to report for testing – they then found a team official who could assist with the translation.

Urine Sample Collection

The resounding impression made by the FINADA team of DCOs was that of a very professional, efficient, friendly and good-humoured team. The group was clearly well trained and experienced. Their ability to cope with difficult situations with sensitivity was clear in their handling of the occasional disturbance in the DCS. Good, effective co-operation and communications between DCOs ensured that any DCO in need of advice/assistance was in a position to resolve their difficulties promptly with little disruption to any sample collection process.

The sample collection procedures were consistent with those of the IAAF and the International Standard for Testing (IST) in most respects. While the accurate recording of athletes' addresses was achieved through the completion of basic information forms in the waiting room it was evident that on more than one occasion athletes provided the address of their National Federation instead of a home address. Athletes also were not asked to provide a phone number. ***These are considered minimum basic items of information and it is recommended that they should be provided in order to be in full compliance with the IST.***

The very broad reaching programme of both blood and urine testing (also incorporating additional EPO tests) meant that the administration of the operations at the DCS was challenged. There was a high risk of confusion as a result of the different forms and procedures to be applied for the various analytical processes. This resulted in one athlete being wrongly tested for blood when only urine was required (the athlete was informed of the error but was not informed of the action to be taken with regards to the blood sample which had been taken). ***It is recommended that where possible the different tests be streamlined in such a way as to minimise the possibility of confusion.***

The Berlinger sample collection system was used during the Championships. With reference to the kits, ***it is suggested that where improved/updated kits are to be applied, athletes should be made aware of this in advance so that they are not concerned by a lack of familiarity.*** As the partial sample kit in use was a relatively recent innovation and perhaps currently not widely used by all testing authorities, it was queried by some athletes. It was also unclear what purpose was served by the plastic bags which were included with the urine kit (these were not generally used except where athletes insisted).

Blood Sample Collection

Two different types of blood test were carried out during the Championships. Single samples were collected for EPO screening purposes at the athlete's village, while duplicate samples were collected at the stadium for the detection of prohibited substances.

Blood sample collection officials (BCOs) displayed their qualifications on their Identification badges.

At the athlete's village copies of letters to the member countries advising athletes about Blood testing procedures in French, English and Spanish was placed on the table. Athletes were asked to sign a consent form before blood samples were collected. These forms were only available in English. ***It is recommended that blood sample collection consent forms be made available in other languages.***

Forms used for the blood screening process were entitled 'Blood Doping Control Form' – this may have been somewhat misleading. These forms were partially pre-printed with basic event information etc. – this was a useful means of maximizing the efficiency of the process. During the screening process athletes were asked about recent altitude training practices - the use of this information was not explained to athletes.

Contrary to the guidelines for blood collection it was observed that some of the BCOs handled the blood samples throughout the procedure, including the placement of the identification bar code labels. The placement of the bar codes had been creating some problems for the Sysmex XT – 2000i analyser which should have been able to read these automatically. The problem was easily remedied but created extra work for the analysts.

The use of dual-purpose forms for the blood and urine analysis at the stadium facility created a number of problems. There was some inconsistency as to whether the urine and blood samples should be kept together initially. There was also inconsistency in how to deal with the signing off of the form. On some occasions the form was signed off by the DCO and on other occasions by the BCO. There was also a problem in dealing with errors on forms – there was a lack of clarity as to whether a whole new form was required and how this could be achieved when the second part of the test was being undertaken.

Notwithstanding the above, the BCOs were competent and considerate in dealing with the athletes, many of whom had not previously experienced the procedure of a blood doping test.

Laboratory – Chain of Custody

The sorting of urine samples and documentation in preparation for transportation to the laboratory was carefully and efficiently carried out. Samples, once sealed in transport bags, were directly transported to the laboratory in the company of a DCO by means of an official dedicated car.

On arrival at the lab, a technician/analyst met the DCO and signed for samples in a small reception office. The samples were then carried upstairs to the lab by the technician and signed in. Each lab form was compared with the chain of custody form. Each bottle pair was then allocated a bar code which became the ID for samples. Once bottles had been labelled with this new bar code, the 'B' samples were then stored in the freezer and the preparation of the 'A' samples commenced. This system was carried out methodically and meticulously ensuring the integrity of the process throughout.

It was noted that the receipt of samples was not notified immediately to the IAAF. ***It is recommended that acknowledgement of receipt of samples at the laboratory be faxed immediately on receipt in order to minimize the delay in identifying any potential missing samples.***

A separate process was followed for the transportation of blood samples to the WADA accredited lab in Lausanne. These samples were transported by courier to Switzerland.

The chain of custody of urine samples from the village DCS to the lab in Helsinki was seen to operate smoothly and efficiently.

The transport of blood samples to the temporary analysis facility within the village was also straightforward and appropriately followed. Samples were delivered by hand by the DCO to the lab analyst who was based approximately 400m from the DCS.

Therapeutic Use Exemptions

The TUE process in place at the Championships allowed athletes requiring emergency treatment to obtain the necessary exemption in a prompt and efficient manner. A number of members of the IAAF Medical Commission were present at the event and were available to consider any applications. A total of 14 TUE applications were received during the Championships. All the applications were granted.

One application was received for the use of a beta2 agonist. The athlete concerned was offered the opportunity to avail of 'challenge' testing at a laboratory in Helsinki. The outcome was not conclusive in accordance with normal IAAF requirements, however, a temporary exemption was provided. The athlete was given a timeframe in which to have the correct tests repeated in his home country at a time when withdrawal of his medication would be more appropriate.

One athlete had made a previous application (prior to the Championship) for the administration of Insulin but had received only a temporary exemption (valid until a date after the Championships). This athlete's team physician made a query to the IAAF regarding the matter and the justification for the temporary nature of the exemption. It emerged that the application had not included adequate medical records.

It was clear that the IAAF were generous in facilitating the appropriate medical treatment for athletes by granting temporary exemptions while not diminishing the overall integrity of the TUE system.

Administrative staff from the IAAF office attended the event and had full access to the TUE database. This allowed the IAAF to make immediate checks in the event of any positive findings by the laboratory.

Laboratory

In the absence of a laboratory expert on the team of Independent Observers, comment cannot be made as to the operations in the Helsinki laboratory. Nevertheless it should be noted that the officials at the laboratory were extremely helpful and friendly and were also very accommodating in explaining the equipment in use and the general procedures to be followed during the Championships. A full list of the laboratory equipment can be found in appendix 4.

Results Management

Laboratory screening procedure

It was noted during the mission that the laboratory followed a process of notifying the IAAF after screening samples for the presence of glucocorticosteroids and beta-2 agonists. This process was followed in order to verify the existence of a valid abbreviated TUE, and thereby potentially obviate the need for a full confirmation procedure. This is in contravention of a directive sent by WADA to all WADA accredited laboratories in October 2004, whereby full confirmatory tests are to be carried out with subsequent notification to WADA and the International Federation. It was also notable that these 'presumptive analytical findings' were not provided to the IO team at the same time as the IAAF. They were not received (apart from one) by the IO team until the end of the mission.

HCG

One athlete was found to have an elevated level of hCG. The IAAF had targeted this athlete as she had also recorded an elevated level in a previous test shortly before the Championships. It was the opinion of the IAAF Medical Commission that the case was likely a medical issue and not a doping case. The athlete was advised of the finding and was offered the opportunity to establish that the hCG was an indicator of a pregnancy. This was carried out at a local Helsinki hospital where the IAAF arranged a gynaecological examination. The examination confirmed the pregnancy and the IAAF were provided with a copy of the full test results, including a copy of the photograph of the scan.

Pemoline

An Indian female discus thrower was provisionally suspended during the Championships following the finding of a prohibited stimulant, Pemoline, in her urine sample. The results management process was properly followed. As part of the initial review the athlete was given a period during which to respond to the allegation and was also offered the possibility of a 'B' sample analysis. The 'B' sample analysis confirmed the 'A' and the athlete was provisionally suspended pending a full hearing before a disciplinary tribunal of the Athletics Federation of India. The opening of the 'B' sample was observed and the IO team were given full access to all information regarding the case including the notification to the athlete's National Federation and the athlete's response.

Drostanolone

A finding of drostanolone was made in the urine sample of a Ukranian hammer thrower. This athlete had already left Finland when the finding was reported. As a consequence the IAAF allowed a longer period in which the athlete should respond with an explanation. The athlete was again offered the possibility of having the 'B' sample analysed. This analysis was carried out after the departure of the IO team but it was later reported that the 'B' sample analysis confirmed the finding in the 'A' sample.

Decathlon case

During the course of the Decathlon competition it was reported by the Finnish team to an IAAF official that two Czech athletes had received an intravenous infusion prior to the commencement of the 1500m race, the last event of the decathlon. This was reported to the media and became a very public issue.

The IAAF on request, kept the IO team apprised of progress in their investigations in the matter although the team would have appreciated the opportunity to observe the discussions, in particular, in relation to the various witnesses who were interviewed by IAAF personnel. It is to be noted that the IO team were informed by the IAAF that they were not considering the matter to be an anti-doping violation.

On the basis of ad-hoc information which was received verbally, it was established by the IO team that there were two basic issues being considered. These were: (1) the matter of gathering a reliable report of the events which had taken place – this proved difficult as the statements of the various parties involved appeared to be conflicting; and (2) the matter of interpretation of the WADA List of Prohibited Substances and Methods. The fact that the WADA list of prohibited substances was discussed clearly implied that the matter was being considered as a possible anti-doping rule violation.

The IO team was not provided with any official report (including formal notice of decision) on this matter and the exact steps taken in the determination. They were made aware of the outcome through the public statement made by the IAAF on 12 August 2005. The statement read that the matter was discussed by members of the IAAF Medical and Anti-Doping Commission at a meeting and an IAAF investigation was accordingly initiated. The IAAF stated in its public comments that intravenous infusions were prohibited only if they are intended to alter the integrity or validity of an athlete's sample. The two athletes in question were subject to doping controls, and the IAAF confirmed that neither sample was diluted. It was later reported that the IAAF concluded its investigation that the glucose infusion was not deemed to have transgressed competition rules as it was given as a legitimate acute medical treatment.

It is recommended that the IAAF be asked to provide a full and detailed public report of the procedures followed in reaching their final decision.

It is recommended that in future, where an IO team is present at an event, they should be included in all discussions/investigations etc. of matters arising in relation even to any potential anti-doping violation.

It is recommended that the IAAF confirm with WADA the position regarding the use of intravenous infusions for "legitimate acute medical treatment", including clarification of the situations when such a treatment is acceptable.

CONCLUSION

Summary of Strengths

1. The level of co-operation from all individuals encountered by the IO team. was exemplary and ensured the success of the mission.
2. The programme of testing was ambitious and very far reaching.
3. The Stadium Doping Control Station was well equipped and of a luxurious scale.
4. The doping control team at this Championship were very professional and clearly experienced in their role.
5. The team of chaperones was well trained and coped well with difficult conditions.

Summary of Recommendations

1. **It is recommended that a limitation on the number of persons allowed in the DCS waiting room at any time be enforced if there is any risk of the clear observation of athletes being reduced.**
2. **It is recommended that all departures from the recommended procedures and/or timeframes be recorded on the doping control form and/or in the official records of the venue (e.g. the entry/exit log).**
3. **It is recommended that the notification portion of the Doping Control Form and process of distribution of it to the athlete be reviewed for the future.**
4. **It is recommended that the doping control form should have a specific place where "position" is recorded.**
5. **It is recommended that DCOs exercise special care to fully and accurately complete the doping control forms.**
6. **It is recommended that the dual use of forms (e.g. blood and urine) be reviewed and that clear work instruction be provided in case of their use.**
7. **It is recommended that any athlete who is selected for testing be tested regardless of the circumstances behind their selection. It is also recommended that if the testing is to be postponed the athlete should be provided either with constant chaperoning or with written permission to report to the DCS at a later time.**
8. **It is recommended that the IAAF consider contingency plans in future events to ensure that prompt access to results is provided to chaperones and that decisions regarding the merging of results etc. be made in advance and notified to the doping control team.**
9. **It is recommended that the International Standard for Testing include a recommendation that chaperones be of the same sex as the athlete being escorted.**
10. **It is recommended that the provision of an address and phone number by athletes on the doping control form be considered**

minimum basic items of information in order to be in full compliance with the IST.

11. **It is recommended that where possible the different tests be streamlined in such a way as to minimise the possibility of confusion.**
12. **It is suggested that where improved/updated kits are to be applied, athletes should be made aware of this in advance so that they are not concerned by a lack of familiarity.**
13. **It is recommended that blood sample collection consent forms be made available in other languages.**
14. **It is recommended that acknowledgement of receipt of samples at the laboratory be faxed immediately on receipt in order to minimize the delay in identifying any potential missing samples.**
15. **It is recommended that the IAAF be asked to provide a full and detailed report of the procedures followed in reaching their final decision of the Decathlon matter.**
16. **It is recommended that in future, where an IO team is present at an event, they should be included in all discussions/investigations etc. of matters arising in relation even to any potential anti-doping violation.**
17. **It is recommended that the IAAF confirm with WADA the position regarding the use of intravenous infusions for "legitimate acute medical treatment", including clarification of the situations when such a treatment is acceptable.**

STATISTICS

Doping Control Staff

- 37 DCOs and technical assistants
- 60 Chaperones
- Four (4) phlebotomists

Laboratory

- 32 staff members
  - 12 permanent staff
  - 20 from other departments within Institute
- Three (3) visiting laboratory experts - two Austrians and one German. These were specifically working on the IRMS analysis and the EPO analysis.
- Two (2) IAAF experts available for consultation if required
- Refer to Appendix 4 for summary of main analytical instrumentation used by the doping control laboratory.

Doping Controls

- Refer to Appendix 2 for statistical summary of doping control program.
- Refer to Appendix 3 for summary of adverse analytical findings.

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- IAAF - Dr Juan Manuel Alonso (Chair, Medical Commission), Dr Gabriel Dolle (Head of Doping Control), Mr Huw Roberts (Legal Counsel)

- FINADA – Mr Juha Viertola (Secretary General), Mr Teuvo Valtanen (General Director of the Mission/Program), Mr Pekka Pitkala (DCS Venue Manager), Mr Kauko Kottonen (Chief Chaperone), Dr Heikki Laapio (Doctor in Charge)

- Laboratory – Antti Leinonen and his staff (Helsinki Laboratory) and Martial Saugy (Lausanne Laboratory).

- Local Organizing Committee - The numerous volunteers who worked on the event; in particular the volunteer driver allocated to the IO team.

Appendix 1

WADA INDEPENDENT OBSERVER TEAM - SUMMARY OF OBSERVATION PROGRAM

	Sat 6-Aug	Sun 7-Aug	Mon 8-Aug	Tue 9-Aug	Wed 10-Aug	Thu 11-Aug	Fri 12-Aug	Sat 13-Aug	Sun 14-Aug
Athlete Village		1	1	1			2		
Stadium - Session 1	2	1							
Stadium - Session 2	2	1	2	2	2	2	2	2	3 *(in part)*
Laboratory - Chain of Custody		1		1					
Laboratory - B Sample Opening							1		

No. 1-3 *Denotes number of Independent Observers present*

SUMMARY OF DOPING CONTROLS

Day	Date		No. athletes tested	No. Blood screenings	No. EPO Urine (combined)	No. EPO Urine	No. Standard Urine		No. athletes tested	No. Standard Urine	No. EPO Urine	No. Blood Test Transfusion	2nd Sample	National Record	Quality Control	Global Totals
Tues	2-Aug-05	PRE-COMPETITION	25	25	0	0	0	IN-COMPETITION								**25**
Wed	3-Aug-05		40	40	2	0	0									**40**
Thu	4-Aug-05		36	34	2	3	0									**36**
Fri	5-Aug-05		81	81	3	0	0									**81**
Sat	6-Aug-05		61	58	1	4	0		53	28	25	15				**114**
Sun	7-Aug-05		32	27	2	5	1		58	22	26	15		1		**90**
Mon	8-Aug-05		25	23	1	2	0		43	23	20	14				**68**
Tues	9-Aug-05		35	35	6	0	0		39	20	19	10				**74**
Wed	10-Aug-05		37	36	5	0	1		61	36	25	9	1	1		**98**
Thu	11-Aug-05		22	22	1	0	0		41	27	14	0	2		2	**63**
Fri	12-Aug-05		22	21	2	1	0		67	48	19	6	1	9		**89**
Sat	13-Aug-05								50	22	28	13	1			**50**
Sun	14-Aug-05								56	15	41	23	2	5		**56**
	Totals		**416**	**402**	**25**	**15**	**2**		**468**	**241**	**217**	**105**	**7**	**16**	**2**	**884**

884 Number of tests

705 Total number of athletes tested

SUMMARY OF ADVERSE ANALYTICAL FINDINGS

A) PROHIBITED SUBSTANCE CASES

No.	Sample Collection Date	Sample Type	Sample Code	Rec. by Lab Date	Lab Code	Period of analysis (A sample)	Federation and/or Athlete Advised	B Sample Date	Period of analysis (B sample)	Substance identified	Nationality	Comments
1	7 Aug-05	Urine	691614	7 Aug-05	0511316	7-8 Aug-2005	Not known	N/A	N/A	hCG *(higher than 5 IU/l)*	Kenya	Pregnancy medically confirmed; therefore no B sample confirmation required.
2	7 Aug-05	Urine	691673	7 Aug-05	0511335	7-8 Aug-2005	10 Aug-05	12 Aug-05	12 Aug-05	Pemoline	India	-
3	8 Aug-05	Urine	692558	9 Aug-05	0511386	9-11 Aug-05	12 Aug-05	TBC	TBC – Confirmation of B sample received 25 Aug-05	Drostanolone	Ukraine	Athlete had already left Helsinki and therefore the opening of the B sample delayed.

B) ABBREVIATED TUE CASES

No.	Sample Collection Date	Sample Type	Sample Code	Rec. by Lab Date	Lab Code	Period of analysis (A sample)	AAF Reported to IAAF	Substance identified	Nationality	Comment
1	6 Aug-05	Urine	692606	7 Aug-05	0511295	7-8 Aug-05	8 Aug-05	Salbutamol	Spanish	TUE Certificate on file with IAAF
2	9 Aug-05	Urine	692450	10 Aug-05	0511454	Reported as Presumptive Analytical Finding on 11 Aug-05		Salbutamol	Cuban	TUE Certificate on file with IAAF *(NB. Certificate issued by IOC. Agreement between IAAF and IOC to recognize TUEs granted by each organization.)*
3	9 Aug-05	Urine	692545	10 Aug-05	0511462	Reported as Presumptive Analytical Finding on 11 Aug-05		Terbutaline	Spanish	TUE Certificate on file with IAAF
4	10 Aug-05	Urine	692403	10 Aug-05	0511501	Reported as Presumptive Analytical Finding on 11 Aug-05		Salbutamol	Great Britain	TUE Certificate on file with IAAF
5	10 Aug-05	Urine	692408	11 Aug-05	0511505	Reported as Presumptive Analytical Finding on 12 Aug-05		Salbutamol	American	TUE Certificate on file with IAAF
6	12 Aug-05	Urine	692371	13 Aug-05	0511614	Reported as Presumptive Analytical Finding on 14 Aug-05		Terbutaline	German	TUE Certificate on file with IAAF
7	14 Aug-05	Urine	692422	15 Aug-05	0511718	15-22 Aug-05	22 Aug-05	Salbutamol	Great Britain	TUE Certificate on file with IAAF
8	14 Aug-05	Urine	692813	15 Aug-05	0511751	15-22 Aug-05	22 Aug-05	Salbutamol	Jamaica	TUE Certificate on file with IAAF

MAIN ANALYTICAL INSTRUMENTATION OF THE DOPING CONTROL LABORATORY

10th IAAF World Championships
Helsinki, Finland

Provided by:
Antti Leinonen
Doping Control Laboratory, United Laboratories Ltd

Gas chromatographs

1 Agilent 6890 Gas chromatograph (Agilent Technologies, USA)

1 HP 5890 Gas chromatograph (Hewlett-Packard, USA)

Liquid chromatographs

1 Agilent 1100 Liquid chromatograph (Agilent Technologies, USA) / Foxy Jr Fraction Collector (ISCO, USA)

Gas chromatograph/Mass spectrometers

7 Agilent 6890 Gas chromatograph / Agilent 5973 Mass selective detector (Agilent Technologies, USA)

2 HP 5890 Gas chromatograph / HPt 5972 Mass selective detector (Hewlett-Packard, USA)

Liquid chromatograph/Mass spectrometers

2 Finnigan Surveyor MS pump Liquid chromatograph / Finnigan TSQ Quantum Mass Spectrometer (Thermo Electronics, Germany)

Gas chromatograph/Combustion/Isotope ratio Mass spectrometer

1 Agilent 6890 Gas chromatograph (Agilent Technologies, USA) / Finnigan GC Combustion III Combustor / Finnigan DELTA^{PLUS}Advantage Isotope ratio Mass spectrometer (Thermo Electronics, Germany)

Equipment for urinary EPO analysis

2 Multiphor II Electrophoresis/blotting device (Amersham Biosciences, USA) / Trans-Blot SD blotting device (Bio-Rad Laboratories, USA)

1 epoCAM Chemiluminescence Camera (Seibersdorf Research, Austria)

Equipment for immunoassay

1 DELFIA Research fluorometer 1234 (Wallac, Finland)

1 VITROS Eci luminometer (Ortho Clinical Laboratories, USA)

1 Vitalab VIVA EMIT-analyzer (Vital Scientific/Dade Behring, USA)