



# Independent Observers (IO) Report

XX Olympic Winter Games, Turin, Italy, 10-26 February 2006



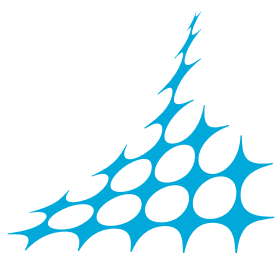
## Acknowledgements

The scale and scope of doping control activities at the time of an Olympic Games is probably beyond the imagination of the casual observer. They involve hundreds of individuals and thousands of interactions. To appropriately observe and monitor the full range of activities implicit in such an undertaking is itself a monumental task. It would be impossible to do so without the specific assistance and ongoing cooperation of many individuals and organizations. In particular we are indebted to the IOC and its President, Dr. Jacques Rogge for their unequivocal support; the IOC Medical Commission and its Chair, Prof. Arne Ljungqvist; IOC Medical Director, Dr. Patrick Schamasch; the Director of the TOROC Doping Control Program, Prof. Fabio Pigozzi; Doping Control Manager, Dr. Paolo Borrione; Director of the Accredited Laboratory, Prof. Francesco Botre; representatives of the International Federations ... and all the staff and volunteers who served the cause of doping-free sport during the course of the Games. To them all go our sincere thanks.

The operation of our Independent Observer team would not have been possible without the untiring assistance and thoughtful support provided by Ms. Shannan Withers; we are very much in her debt. Ms. Nicole Nezan helped us in countless ways. Mr. David Howman, Director-General of WADA, facilitated our 'arms-length' and wholly independent activities prior to and after the Games. We are grateful for his assistance and trust.

To the athletes, whose aspirations and accomplishments inspire us all, we extend our ongoing gratitude for your implicit encouragement of all who seek to eliminate doping from sport.

*The Independent Observer Team,  
2006 Olympic Winter Games, Turin, Italy*



# Independent Observers Report, XX Olympic Winter Games, Turin 2006

<b>ACKNOWLEDGEMENTS .....</b>	<b>1</b>	<b>VI – SECURITY AND POST TEST ADMINISTRATION .....</b>	<b>23</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>	Recommendations .....	23
<b>SUMMARY OF RECOMMENDATIONS .....</b>	<b>4</b>	<b>VII – TRANSPORT OF SAMPLES AND DOCUMENTATION .....</b>	<b>24</b>
<b>INTRODUCTION .....</b>	<b>6</b>	Recommendations .....	24
<b>I – DOPING CONTROL AT THE XX OLYMPIC WINTER GAMES, TURIN.....</b>	<b>7</b>	<b>VIII – LABORATORY SERVICES .....</b>	<b>25</b>
Rules and Regulations Governing Doping Controls at the XX Olympic Winter Games, Turin .....	7	Technical processes .....	25
Implementation of Doping Controls at the XX Olympic Winter Games, Turin .....	9	Reporting processes .....	25
Testing Statistics.....	9	Analytical testing .....	25
Therapeutic Use Exemptions (TUEs).....	10	Blood testing .....	26
Abbreviated Therapeutic Use Exemptions (aTUEs) .....	10	Results .....	26
Elements of Doping Control.....	10	Laboratory facility and equipment .....	26
Laboratory Results and the IO Team.....	11	Laboratory staff .....	26
The Function and Scope of the Independent Observer Team Activities .....	11	Recommendations .....	27
<b>II – PLANNING.....</b>	<b>13</b>	<b>IX – RESULTS MANAGEMENT .....</b>	<b>28</b>
Recommendations.....	14	Summary of Results Management Processes Observed by IO Team .....	29
<b>III – NOTIFICATION .....</b>	<b>15</b>	Summary of Results Management Process Not Observed by IO Team .....	30
Recommendations.....	16	No Observation of IF Results Management at the Games .....	30
<b>IV – PREPARING FOR THE SAMPLE COLLECTION SESSION.....</b>	<b>17</b>	Case - Olga Pyleva .....	30
Doping control stations .....	17	Case - Evi Sachenbacher (CAS) .....	33
Sample collection equipment .....	17	Recommendations .....	34
Sample collection personnel .....	17	<b>X – POST GAMES REPORT .....</b>	<b>35</b>
Sample collection documentation .....	18	<b>XI – APPENDICES .....</b>	<b>36-40</b>
Recommendations .....	18	WADA Independent Observer Team.....	36
<b>V – CONDUCTING THE SAMPLE COLLECTION SESSION.....</b>	<b>20</b>	Summary of Independent Observations.....	38
Incorrect instructions .....	20	Summary of Doping Controls.....	39
Security of samples and documentation .....	20	Summary of Laboratory Reports/Results .....	40
Control and clarity of the session.....	20		
Partial sample process.....	20		
Additional entitlements of athletes under the age of 18 .....	21		
Inconsistencies .....	21		
TOROC Staff and Volunteers .....	21		
IOC Medical Commission .....	21		
IF representatives .....	21		
International Experts.....	21		
Blood Sample Collection .....	22		
Recommendations.....	22		



## EXECUTIVE SUMMARY

An agreement was signed between the World Anti-Doping Agency and the International Olympic Committee to provide for the presence of an Independent Observer Team during all stages of doping control procedures during the 2006 Olympic Winter Games.

The Team was comprised of experts drawn from around the world. Its activities and observations commenced following the Opening Ceremony of the Games on 10 February 2006.

The Team's activities did not include involvement in any aspect of the 'out-of-competition' testing that preceded the Opening Ceremony nor any aspects of the planning and delivery of testing that occurred as part of the 'out-of-competition' testing during the Games period. We were not involved in observing any aspect of any testing conducted by International Federations as part of their pre-competition screening programs. In particular, we were not involved in observing testing that may have occurred outside the Olympic Villages in association with any agencies or organizations. We were, however, involved with the results management of such tests if their analyses occurred in the accredited Games laboratory.

A total of 1219 tests were conducted during the course of what was regarded as the Games period (31 January to 26 February inclusive). 791 were conducted in competition and 428 were completed out of competition. This represents an increase of 48% over the total 825 tests conducted in Salt Lake City in 2002. There were 39 adverse analytical findings reported by the Games Laboratory; 32 of which were for abbreviated TUE substances, four were IOC control samples, one resulted in sanctioning, and two were closed by the IOC following initial review. The IO Team attended every doping control station, and was present at 131 sessions of in-competition doping control. Our legal expert observed two disciplinary hearings. Our laboratory expert was in constant attendance at the analytical laboratory and directly observed all phases of the processes conducted there.

We carefully reviewed the recommendations that are contained in previous IO Team Reports (Sydney 2000, Salt Lake City 2002, and Athens 2004). We sought to understand the preparation and training that preceded the Turin Games relevant to all phases of doping control practice. We were invited to attend one meeting of the International Olympic Committee Medical Commission where doping-control issues were discussed. We were unable to observe any of the meetings which may have taken place between the Games organizers and the IOC/MC or its staff, relevant to doping control matters, in the course of the Games period.

We wish to emphasize, as a priority, that at no time did we observe any breach of procedure or protocol that

was of a nature that would invalidate or cast doubt on the doping control results reported during the Games. As might be anticipated, we observed continuous improvement in the conduct of doping controls as the Games progressed.

We noted several areas in which significant improvements have occurred that have led to enhanced quality of doping control in an Olympic setting. In particular we would note: the integration of rules and procedures into a coordinated series of documents; the development and application of an electronic means of Abbreviated TUE submission; the development and implementation of an enhanced data-base system for the management of doping controls, associated laboratory results and the integration of the TUE process.

We wish to acknowledge the unique circumstances of a Olympic Winter Games which mean that considerations of climate, the nature of specific sport competitions, the design and configuration of competition venues, distance and travel requirements make the development and application of doping controls a particularly challenging task.

We were particularly impressed by the quality and design of the doping control facilities at all competition venues, but especially those constructed in alpine or other outdoor settings. We have not seen their equal at other Games.

Thoughtful, and imaginative, approaches were employed to respond to the special challenge of ensuring that controls could be applied as athletes facing specific time constraints were transported from mountain environments to Turin for medal ceremonies.

We were especially struck by the quality and industry of the Games laboratory staff whose fastidious attention to the details of chain-of-custody issues and high quality laboratory analyses, though typical of professional activity in this area, deserve special praise given the context, timelines and complex reporting responsibilities of these Olympic Games.

While acutely aware of the onerous human resource and training requirements required to prepare doping control personnel for their tasks, we did observe opportunities for improvements in these areas in the future. Similar observations have been made in previous reports of IO Teams.

It is essential, in an Olympic Games setting that doping control programs, in design and execution, reflect the same commitment to excellence and consistency demonstrated by the athletes whose accomplishments and achievements they are meant to protect.

## SUMMARY OF RECOMMENDATIONS

### PLANNING

- i) Continue to ensure that testing programs are strategically planned using appropriate intelligence, and timed to optimize the likelihood of successful deterrence and detection;
- ii) Ensure that the IOC and the local organizing committee conduct a careful review of any DCO operational manuals for their consistency with the applicable rules and regulations;
- iii) Continue to improve the coordination of testing programs;
- iv) Optimize detection strategies so as to focus on athletes and sports deemed to be at the highest risk for doping based on agreed models of best practice;
- v) Reduce the distribution of tests to sports/athletes deemed to be at low risk of doping, to ensure appropriate, strategic and optimal resource allocation;
- vi) Continue to be proactive in gathering the intelligence necessary to support the development of strategic testing plans well in advance of Olympic Games;
- vii) Ensure, particularly in low-risk sports, that testing programs are strategically combined with educational initiatives;
- viii) Consider the integration of all elements of the anti-doping efforts, including in-competition, out-of-competition and pre-competition health screening into a coordinated and comprehensive Doping Control Program that is centrally managed throughout the period of the Games.

### NOTIFICATION

- i) Ensure that escorts are experienced, well-trained and confidently assertive individuals with appropriate language skills;
- ii) Situate escorts in a specific location at the finish area (or elsewhere as deemed appropriate) well known to relevant competition venue officials, and appropriately convenient for the task;
- iii) Ensure consistency in approaches to the timing of notifications (e.g. before or after medal ceremonies);
- iv) Ensure the presence of the same doping control official, with specific responsibilities for athlete notification, at the same venue throughout the course of competition;

- v) Ensure that athletes have the ability to rehydrate from the time of notification onwards;
- vi) Consider the development of an area specifically organized to facilitate the notification of athletes in the finish area;
- vii) Provide a written explanation of the process to be used in making arrangements for blood sampling with information regarding the location of clinic facilities, opening hours etc.

### PREPARING FOR THE SAMPLE COLLECTION SESSION

- i) Conduct thorough pre-Games venue checks to ensure that Doping Control Stations comply with the IST;
- ii) Reduce, where possible, the number of sample collection staff engaged for sessions where a small number of samples are to be collected;
- iii) Incorporate opportunities for athlete education, and advocacy of anti-doping, into the waiting rooms of doping control stations;
- iv) Design sample collection documents so as to minimize the duplication of information, likelihood of error and the collection of unnecessary information;
- v) Explain the reason for particular or unusual requests for information from athletes and ensure that doping control personnel understand the basis for such requests;
- vi) Re-consider the value of collecting information relating to recent medication use given the inefficiencies which are often introduced to doping control processes during its collection; or otherwise, consider collecting information relating to medication/supplement use while athletes are in the waiting room.

### CONDUCTING THE SAMPLE COLLECTION SESSION

- i) Ensure that all members of the doping control team in an Olympic Games setting have significant training and substantial experience with doping control practice and are familiar with all the elements of the International Standard for Testing;
- ii) Ensure that a much greater emphasis is placed on providing DCOs with real or simulated "in-field" experience prior to the Games;
- iii) Ensure that DCOs have a much broader understanding of "why" they are undertaking certain



activities, rather than simply knowing the “what and how” of sample collection;

- iv) Ensure, by a documented process of evaluation, that DCOs have the skills, experience and confidence that will enable them to firmly lead and control the sample taking session;
- v) Review and clarify the necessity for, and the potential roles and responsibilities of, the “International Experts”.
- vi) Consider the development of guidelines for IF and IOC/IOC representatives regarding their roles and responsibilities, with particular guidance concerning their participation in sample collection procedures involving athletes from their own country;
- vii) Ensure that the DCO’s role includes the introduction of those authorized individuals in attendance in the processing room;
- viii) Ensure that a consistent approach is developed for the provision of information and guidance to athletes about all aspects of the blood sampling process.
- ix) Ensure that all doping control officials adhere to the highest health and safety standards in the conduct of their duties.

#### SECURITY AND POST TEST ADMINISTRATION

- i) Consider alternatives to the current systems for the distribution of Sample Collection Documentation and in particular, the development of a centralized clearinghouse approach using secure technology applications to distribute forms electronically to the relevant stakeholders during the Games period.
- ii) Ensure appropriate Chain of Custody documentation in accordance with the International Standards and Models of Best Practice which address all aspects of sample handling, storage and transfer following the conclusion of the sample collection process.

#### TRANSPORT OF SAMPLES AND DOCUMENTATION

- i) Ensure, if similar approaches for the transport of samples are contemplated, that two persons travel with the samples to the laboratory so that at no time would samples remain unattended.
- ii) Ensure that all movements of samples, at any stage of the process, are documented appropriately (this includes the movement of blood samples between collection, centrifugation, and storage).

#### LABORATORY SERVICES

- i) Consider the development of an efficient, coordinated electronic reporting process for the delivery of the reports of laboratory analyses to the appropriate individuals and bodies
- ii) Review the requirements for the reporting of EPO analyses, or other processes whose sophisticated nature may require special time considerations.
- iii) Continue to ensure that in the period prior to the Games there is appropriate time for the introduction and performance testing of all scientific instruments.
- iv) Ensure whenever an issue is raised by laboratory officials, that written instructions or clarifications are received promptly from the responsible testing authority.

#### RESULTS MANAGEMENT

- i) That the IOC provide the IO team with a copy of any aTUE or TUE on file at the time of the commencement of the Games, and others as they become available, so as to be able to explain an adverse analytical finding covered by a TUE on the same day as the finding is reported to the IOC by the laboratory.
- ii) That the IO team be given the opportunity to observe the deliberations within the IOC which lead to a decision not to proceed with an adverse analytical finding or with any other anti-doping rule violation beyond the initial review stage by the Chair of the IOC Medical Commission.
- iii) That the IOC clarify in its Rules whether the time limit for concluding an entire disciplinary procedure (Article 7.2.13 of ADRIOC) is 24 hours from the conclusion of the A sample analysis or 24 hours from the time the adverse analytical finding is reported to the Chairman of the IOC Medical Commission.
- iv) That the IOC ensure, when imposing a provisional suspension on an athlete at the Games, that the athlete be informed of his/her right to appeal such a decision to CAS.
- v) That the IOC consider for future Games how basic legal representation (possibly through a group of locally-based volunteer lawyers) might be made available to athletes who are called to attend hearings before the IOC Disciplinary Commission at short notice.
- vi) That IOC Rules provide clearly for what is to happen in the event that an athlete’s B sample does not confirm the A sample result after a disciplinary decision has already been taken in an athlete’s case.



## INTRODUCTION

The importance of appropriate and high-quality approaches to doping control is recognized by all in contemporary sport. Beginning in Sydney 2000, an Independent Observer (IO) Team, supported by WADA, has attended every Olympic Games in order to observe and comment on the conduct of all aspects of the doping control activities that take place on these occasions.

The IO Team is expected, by its independence and its mandate, to ensure public and athlete confidence in the integrity and transparency of doping control programs. Further it can review the nature of the procedures that are applied and comment on the degree to which they enhance the credibility of doping-control practices and the confidence they inspire among athletes and sport officials. The IO Team's report is intended to provide informed and constructive comment on the controls applied during the course of the Games and the way in which their results are managed, and offer recommendations that may serve to enhance the quality of such programs in the future.

The support of the IOC has been instrumental in ensuring the success of the Independent Observer program. A formal agreement signed by WADA and the IOC outlines the Terms of Reference of the IO Team and specifically identifies its responsibilities. They were further clarified in correspondence with the IOC prior to and during the Games. In general they include observation of: the selection and notification of athletes for doping control, sample collection and transportation procedures, laboratory analyses, the management of TUEs, the resolution of adverse analytical findings, and the conduct of any appeal processes.

It is very important to identify elements related to anti-doping practice that the IO Team did not observe: The agreement made no provision for our observation of any of the planning for testing conducted in the pre-Games period; it was not intended that we observe any elements of the pre-competition health screening procedures performed by the International Federations; it was not intended that we observe any of the planning of the out-of-competition testing program that occurred during the course of the Games; we were not invited to participate in any of the planning sessions that may have taken place at which modifications to the processes of the Games testing programs were considered or implemented; we did not directly observe any discussions that surrounded decisions regarding the management of adverse findings; we did not observe discussions that may have occurred between sport and civil authorities.

While the IO Team is supported in its activities by the World Anti-Doping Agency (WADA), its work is

completely independent. The IO Team is comprised of individuals with specific experience in the various facets of doping control drawn from around the globe. In Turin it included physicians, sport leaders, administrators, a scientist, lawyer and a former athlete. All members of the IO Team signed a confidentiality agreement, and agreed to be bound by a Code of Professional Conduct.

The contents of this report are the result of its unfettered and carefully documented observations; its recommendations the crystallization of the well-considered opinions of its members.

The activities of the IO Team were scheduled so as to ensure a broad range of observations across the full spectrum of anti-doping activities. During the course of the Turin Games multiple, direct observations of the documents, procedures, processes and proceedings necessary for successful doping control were carefully catalogued. Each element of the anti-doping process was subject to repeated observations, the results of which were documented in a formal manner and discussed, collectively, in a daily IO Team meeting.

Results of all doping control tests performed following the opening of the Games were provided to the IO Team for their review. The process for the granting of Therapeutic Use Exemptions (TUEs) was assessed. Attempts were made to document the existence of a TUE for athletes with laboratory results which indicated the presence of an otherwise prohibited substance by a representative of the IO Team.

Meetings were held with officials of the various organizations and institutions involved in doping control in order to enhance our understanding of the planning, preparation and practices that occurred prior to and during the Games. In particular we attended the meeting of Team Physicians which preceded the opening of the Games; met on several occasions with Dr. Paolo Borriero the Manager of Anti-Doping programs for TOROC; met with Prof. Francesco Botre, the Director of the laboratory; met with Prof. Arne Ljungqvist, Chair of the IOCMC; met on two occasions with Prof. Ken Fitch of the IOCMC regarding the TUE process; attended one meeting of the IOC Medical Commission, and met with Matthieu Reeb, Secretary General of the Court of Arbitration for Sport (CAS). Our attendance at other planning or procedural meetings was contingent on a) being notified that such meetings were occurring, and b) an invitation to attend. We are concerned that meetings did take place, where anti-doping matters were discussed to which we were not invited. In particular we note that we were not able to observe any of the discussions of the IOCMC concerning adverse analytical findings.



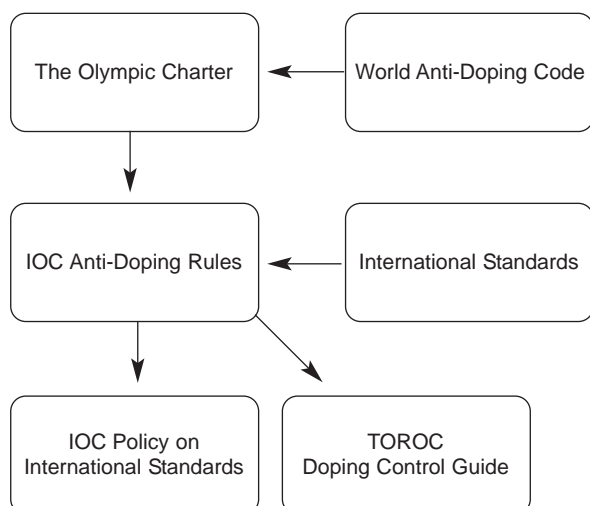
## I – DOPING CONTROL AT THE XX OLYMPIC WINTER GAMES, TURIN

### RULES AND REGULATIONS GOVERNING DOPING CONTROLS AT THE XX OLYMPIC WINTER GAMES, TURIN

While recognizing that significant progress has been made in the harmonization process since the introduction of the World Anti-Doping Code (the Code) in 2003, the reality is that the anti-doping environment remains for the time being subject to a myriad of inter-connecting laws, rules, regulations and guidelines, both at national and international levels. Against such a background, the organization of a sophisticated doping control program at a Major Event such as the Olympic Games represents a significant challenge and one that demands both clarity in the governing regulations in force and a high degree of consistency in their implementation. The IO team's observation from these Games is that the IOC has succeeded in addressing some of the areas in its Rules that were identified as requiring clarification, but that there remain issues of consistency in their implementation at a ground level.

#### Overview of Governing Rules and Regulations

The legal framework in place to govern the implementation of the doping control program at the Turin Olympic Games consists of a number of different layers and can be summarized in the following way:



#### The Olympic Charter

The starting point is the Olympic Charter itself. The Olympic Charter reflects the importance that the IOC places on the fight against doping in sport and its support for the Code which was accepted by the IOC at its 115th Session in Prague in July 2003. Rule 44 of the Olympic Charter confirms the Code as mandatory for the whole Olympic Movement.

#### IOC Anti-Doping Rules

The IOC Anti-Doping Rules ("ADRIOC") for the XX Olympic Winter Games in Turin were circulated to all applicable National Olympic Committees, International Federations and relevant anti-doping agencies on 23 November 2005. Pursuant to Rule 19.3.10 of the Olympic Charter, these are a legally binding set of rules to ensure the proper implementation of the Olympic Charter and the organization of the Olympic Games. The preamble to the ADRIOC states that "the IOC has established these IOC Anti-Doping Rules in accordance with the World Anti-Doping Code, expecting that, in the spirit of sport, it will contribute to the fight against doping in the Olympic Movement. The Rules are complemented by other IOC documents and International Standards addressed throughout the Rules".

#### International Standards incorporated into ADRIOC

As stated in the Preamble to the ADRIOC, the Rules are complemented by the following International Standards:

##### **The Prohibited List:**

Article 4 ADRIOC provides that the Prohibited List for the purposes of the Rules is the list published and revised by WADA pursuant to the Code;

##### **International Standard for TUEs:**

Article 4.3 provides that the IOC Medical Commission shall evaluate TUE requests at the Games in accordance with the International Standard for Therapeutic Use Exemptions;

##### **International Standard for Testing:**

Article 5.3 provides that Doping Control conducted by the IOC, TOROC and any other Anti-Doping Organization shall be in conformity with the International Standard for Testing;

##### **International Standard for Laboratories:**

Article 6.4 provides that the laboratory shall analyze Doping Control Samples and report results in conformity with the International Standard for Laboratories.

#### IOC Policy on International Standards

Further, as permitted under the Code, the IOC established additional testing criteria in the specific areas of athlete notification, setting up the Doping Control Station, the Doping Control Forms and the storage of collected samples prior to their transportation to the laboratory. These were set out in Appendix 2 to the ADRIOC and Article 5.3 confirmed them to be "binding criteria established by the IOC in accordance with the International Standard for Testing".



### *TOROC Doping Control Guide*

The ADRIOC (at Article 5.2.1) confirmed that the IOC was to delegate responsibility for implementing the Doping Control at the Games to the organizing committee of the Olympic Games (TOROC) and further attached as its Appendix 3 a document entitled “Technical Procedures relating to Doping Control” (the equivalent of the Doping Control Guide).

In section 1 of the Doping Control Technical Procedures, it confirmed that TOROC and, more specifically, TOROC Medical Services, were to be responsible for setting up the infrastructure to enable the Doping Control samples to be collected and analysed in accordance with the ADRIOC. In section 5, it further confirmed that “the sampling procedures outlined below apply to all Doping Control conducted in relation to the Olympic Games at Olympic venues”.

### *Some Comments and Considerations*

**Clarity of regulatory framework:** In past reports on the Olympic Games, the IO team has passed comment that the regulatory matrix put in place by the IOC has been overly complicated and has recommended that a single, clearly structured document be drafted in addition to the Olympic Charter that comprehensively describes the entirety of the doping control process (see Athens report, page 22).

It is pleasing to note that the IOC has responded to this recommendation by now incorporating the Doping Control Technical Procedures as an appendix of the ADRIOC. This allows a complete overview of the Rules and procedures in place from reading a single document. The IO Team notes further that it would be impractical to include the full text of the International Standards within the text of the ADRIOC itself and that they are necessarily incorporated by reference only. This is considered acceptable provided that the text of the ADRIOC is clear as to the applicability of the International Standards in the rules and that the Standards themselves are documents that are readily available.

**Legal status of TOROC Doping Control Guide:** The legal status of the Doping Control Guide document has been the subject of a number of recommendations from IO Teams in the past. The Athens Report’s specific recommendation was that “the legal status of the Doping Control Guide should be clarified in unambiguous terms. Specifically, the question of whether it is simply a non-binding source of information or a legally binding set of rules and regulations should be settled”.

Again, it is pleasing to note that the IOC has responded to the IO Team’s recommendation from Athens in a positive manner and has attempted to provide the clarification required. The full text of the Doping Control Technical Procedures was introduced as an Appendix to the ADRIOC circulated to all parties 3 months in

advance of the Games. Attention was specifically drawn to the Technical Procedures in the body of the ADRIOC at Article 5.3: “The technical operations of the doping control program at the Olympic Games are addressed in the Technical Procedures relating to Doping Control, a copy of which is attached as Appendix 3 to these Rules”. The text of the Doping Control Technical Procedures themselves made clear their intended application at the Olympic Games: “The sampling procedures outlined below apply to all Doping Control conducted in relation to the Olympic Games at Olympic venues”. Lastly, Article 5.4 of the ADRIOC made it clear that the Preamble and the Appendices were to be “considered an integral part of these Rules”.

The changes therefore that have been introduced by the IOC in the drafting and organization of its Anti-Doping Rules serve to clarify that the Technical Procedures are indeed a legally binding set of regulations that govern the conduct of doping control at the Olympic Games. The letter from the IOC Director General that circulated the ADRIOC to all parties on 10 November 2005 drew specific attention to the Technical Procedures as being one of the IOC documents that “complements the main body of the IOC Anti-Doping Rules”.

**TOROC Doping Control Operational Manual/Doping Control Officer Training Manual:** Despite the IOC’s attempts to clarify the legal status of the Doping Control Guide, the IO team noted during the course of its observations that TOROC staff were not necessarily using the Doping Control Guide as their primary reference document and were referring to a further operational document, the TOROC Doping Control Operational Manual. The IO team confirmed that this had been produced by TOROC and distributed to TOROC staff on their arrival in Turin prior to the Games. Whilst DCO operation manuals are recognized as commonplace in the doping control community, it is of vital importance to ensure that such manuals are in conformity with the governing rules and regulations in force (and the International Standards incorporated into such rules and regulations). Unfortunately, the TOROC Doping Control Operational Manual was not in complete conformity with the Doping Control Guide in all respects and this led to recurring confusion at times during the course of the Games as regards a particular course or action to be followed and, on one occasion, to dispute between the Doping Control Officer (DCO) and the IOC Medical Commission and/or IF representative in attendance. Moreover, it was noted that the TOROC DCO Training Manual, the basis on which the DCOs had been trained by TOROC, contained further discrepancies with the applicable rules and regulations and, as such, was a further potential source for confusion (e.g. the right of an athlete to leave the DCS following official signing in). The IO Team recommends for the future that the IOC and the local organizing committee conduct a careful review of any DCO operational manuals that are produced for their consistency with the applicable rules and regulations.

**Due notification of the applicable Rules:** The IO Team is aware that criticism has been made of the IOC in the past as regards its failure to bring the applicable IOC Rules adequately to the attention of those to whom they are to be applied at the Games. This has often been coupled with an argument raised by the athletes that, if they are not aware of the content of the Rules, they cannot be bound by them.

Notification of the applicable rules for the XX Olympic Winter Games in Turin was made by letter sent from the IOC Director General to relevant parties (including WADA, National Olympic Committees, International Federations and National Anti-Doping Agencies) on 10 November 2005, three months before the Opening Ceremony of the Games. The IOC letter attached a copy of the ADRIOC and its appendices and specifically requested that the documentation be forwarded to all persons with a need to know such documentation, in particular, the Athletes, coaches and medical personnel. The IOC letter also notified that the ADRIOC would be posted for viewing on the IOC's website: <http://www.olympic.org/medical> and on the WADA website: [www.wada-ama.org](http://www.wada-ama.org).

The IO team considers that the notice given of the applicable Rules for Turin 2006 was sufficient. The complete set of IOC Anti-Doping Rules were sent out to all relevant parties, together with an explanatory letter, three months before the start of the Games. This was sufficient time for the parties to whom the IOC letter was addressed to communicate the documents to the relevant persons concerned, in particular (as the IOC letter encouraged) the Athletes, coaches and medical personnel. Moreover, the IO Team would note that all athletes and athlete support personnel were in any event required to sign an Entry Form for the Games in which they acknowledge that they agree to comply with the Code in force at the time of the Olympic Games, as well as the IOC Anti-Doping Rules.

### IMPLEMENTATION OF DOPING CONTROLS AT THE XX OLYMPIC WINTER GAMES, TURIN

It is acknowledged at the outset that matters relating to doping control received considerable public exposure and discussion in the weeks prior to, and during, the Olympic Games. The International Olympic Committee secured arrangements with the Italian public authorities that ensured anti-doping procedures at the Olympic Games were conducted in accordance with the precepts of Italian law. The activities of public authorities who, using the powers available to them, investigated certain athletes and their advisers in the course of the Games period also attracted considerable public attention. It was not the role of the IO Team to participate in any way in the above noted activities, and no comment will be made about them. We would however, as a general observation, note that successful anti-doping practices

in elite sport require close cooperation between sport and public authorities. It is apparent to us that such cooperation was very successfully achieved in Turin.

The 2006 Olympic Winter Games were organized and administered by TOROC under the supervision of the International Olympic Committee. As stated above, responsibility for the doping control activities at the Olympic Games was vested in the TOROC Doping Control Team. The Medical Commission of the International Olympic Committee oversaw the conduct of the doping control program in accordance with ADRIOC in association with International Federations who are responsible for the application of sport specific rules and regulations. Sport specific rules influenced certain practices (e.g. the process for the selection of athletes for testing).

### TESTING STATISTICS

1200 doping control tests were planned for the 2006 Olympic Winter Games; 1219 were actually performed. This represented a highly significant 48% increase in the number of controls applied in comparison to the 825 tests conducted during the last Winter Olympics (Salt Lake City 2002).

It should be noted that coincident with the opening of the Olympic Village on January 31, 2006, all Olympic competitors were susceptible, wherever in the world they were located, to "out of competition" testing using the "in-competition" Prohibited List. Such testing was planned by a Task Force made up of WADA, TOROC, and the IOC and carried out by WADA (outside the village) and TOROC (inside the village) under the authority of the IOC. This is an important and positive development, pioneered by the IOC at the time of the 2004 Athens Olympic Games, which in our view has significantly enhanced the ability to deter and detect doping violations.

During the course of the Games doping controls were conducted "in competition" (athletes finishing in first to fifth place and an athlete selected on the basis of a random draw by finish position) and "out-of-competition" (athletes were selected randomly or on the basis of a 'target testing' procedure). It is important to note again that the IO Team did not observe any aspect of the out-of-competition testing processes except for the management of the results of those samples collected during the actual Games period and which were analyzed by the Turin Laboratory. All samples, regardless of the nature of the test were analyzed at WADA accredited laboratories, though the overwhelming majority was analyzed at the Turin laboratory accredited for the Olympic Games.

Both urine and blood samples were collected for the purpose of doping control in the course of the Games. It is important to understand that the rules of certain

sport federations (FIS, ISU and IBU) provided for the collection of blood samples in the period immediately before any competitions. Such samples were collected under the auspices of the appropriate International Federation and analyzed to determine whether certain blood parameters exceeded specific thresholds. Competitors were removed from competition for a specified period if this was the case. Such tests and the protocols, procedures and practices that surrounded them were not subject to observation by the Independent Observer Team. (We did participate in observing a CAS hearing concerning an application of the start-prohibition rules that were applied following such testing.) In Turin samples collected as part of these protocols were analyzed at the accredited Games laboratory. The results of these specific tests were provided only to the appropriate International Federation. It is our understanding that International Federations may have used the results of such tests to stimulate further out-of-competition testing during the Games period.

### THERAPEUTIC USE EXEMPTIONS (TUES)

Athletes with legitimate medical conditions who require treatment with otherwise prohibited substances may apply for a Therapeutic Use Exemption (TUE). Typically such exemptions are provided for international caliber athletes by their respective International Federations. In the case of the Olympic Games, the IOC Medical Commission establishes a TUE Committee to receive and assess any such applications in the Games setting. It also applies additional criteria to govern the use of common asthma medications during Olympic competition, and supports a panel of physicians who review the diagnosis and management of asthmatic athletes. We did note misgivings among some members of the sport medicine community about the processes needed to validate the diagnosis of asthma. We were struck by the very clear expression at the meeting of the Team Physicians that such validation procedures were not for anti-doping purposes. The Olympic Games are the only time that such processes are applied and one must question, as we seek harmonization of all anti-doping activities, the rationale for their role.

The International Standard for Therapeutic Use Exemptions establishes the practices and procedures necessary for the review of TUE applications. The IO Team noted that the processes and procedures used by the TUE Committee established by the IOCMC for the Games complied with all of the provisions of the Standard.

A subsequent report received after the Games from the Chair of the IOC TUEC, provided the following statistics. A total of six standard TUE applications were received for the Games period. Four had IF approval, one NADO approval and the need for the sixth occurred in Turin. Of the six, four were approved.

The IOC's TUE Committee considered that two applications which had IF approval did not fulfil the necessary criteria and the relevant bodies were informed. Both applications were withdrawn without the need to appeal to WADA.

### ABBREVIATED THERAPEUTIC USE EXEMPTIONS (aTUES)

Athletes using certain frequently prescribed or provided medications for an array of common conditions can apply for an abbreviated Therapeutic Use Exemption. This process and its associated requirements for documentation have been a source of frustration for physicians, athletes and sport officials at recent Olympics. The situation improved considerably at these Games for two reasons: changes in the Prohibited List; and, more specifically in Turin, because of the introduction of an electronic process for the submission of such requests and acknowledgement of their receipt. A review by the TUE Committee of submissions for an abbreviated TUE is not required (they may be viewed as a notification of the use of the relevant medications) unless permission is requested for the use of asthma medications in the course of the Olympic Games. Modifications were made to the electronic process so as to increase its effectiveness in the early days of the Games period.

As above, the following statistics were received from the Chair of the IOC TUEC post Games. A total of 234 aTUES were received for glucocorticosteroids. Six unnecessary ATUES were received, all notifying GCS via from routes of administration that were changed to permitted in the 2006 List. A further 208 applied to inhale a  $\beta_2$  agonist of which 193 were approved.

### ELEMENTS OF DOPING CONTROL

Successful doping control procedures at the site of an athletic competition require:

- i) the selection and notification of the athlete;
- ii) escort to a doping control station which is quiet and secure;
- iii) the collection of a sample in a controlled, careful, considerate and competent manner;
- iv) appropriate and accurate documentation of the processes;
- v) secure transportation of the sample to the laboratory;
- vi) accurate analysis of the sample by the laboratory;
- vii) timely reporting of the results of the analysis by the laboratory;
- viii) appropriate application of the review procedures in the case of an adverse analytical finding.

In an Olympic Games environment it can be understood that such activities require the sophisticated coordination of the efforts of literally hundreds of volunteers, officials, and scientists; the integration of an array of sport leaders and organizations; and the application of processes that encompass planning, logistics, transportation, communication and administration.

We wish to acknowledge the unique circumstances of a Olympic Winter Games which mean that considerations of climate, the nature of specific sport competitions, the design and configuration of competition venues, distance and travel requirements make the development and application of doping controls a particularly challenging task. We were particularly struck by the quality and design of the doping control facilities at all competition venues, but especially those constructed in alpine or other outdoor settings. We have not seen their equal at other Games. Thoughtful and imaginative approaches were employed to respond to the special challenge of ensuring that controls could be applied as athletes facing specific time constraints were transported from mountain environments to Turin for medal ceremonies.

We note that successful doping control involves an unbroken continuum from the point of athlete selection and notification to the completion of a laboratory analysis of the sample(s) collected from the competitor. We are struck by the irony that differing expectations and standards of excellence seem to be accepted at various points in this continuum. It would seem appropriate, in our view, that the expectations regarding sample security, precise documentation and attention to detail expected in the laboratory setting should be reflected in a similar commitment to a meticulous execution of the initial phases of the doping control process where athlete notification and sample collection predominate. It is essential, in an Olympic Games setting that doping control programs, in design and execution, reflect the same commitment to excellence and consistency demonstrated by the athletes whose accomplishments and achievements they are meant to protect.

### LABORATORY RESULTS AND THE IO TEAM

The International Observer Team received copies, directly from the laboratory, of the results of all laboratory analyses conducted during the course of the Games. These were systematically reviewed and matched with copies of the sample collection documents that had been previously received following the application of doping controls. When the results of the laboratory analyses revealed the presence of an otherwise prohibited substances, documentary evidence of the presence of a TUE where appropriate was sought from the IOC Medical Director. Copies of the relevant TUEs were ultimately made available to the IO Team.

We are aware of cases in which adverse analytical findings, not supported by the presence of a TUE (e.g. a

laboratory control) were carefully reviewed by members of the IOC Medical Commission and the decision was made to take no further action. We were unable to observe the discussions that took place at that time; the basis for such decisions was communicated to us verbally; and confirmed in subsequent written communication. The cases involved the detection of a prohibited substance whose presence resulted from the fact that it was a metabolite (breakdown product) which followed the consumption of another permitted product.

### THE FUNCTION AND SCOPE OF THE INDEPENDENT OBSERVER TEAM ACTIVITIES

The principal function of the Independent Observer program is the observation of all aspects of the doping control process. In Turin the IO Team objectively observed all phases of doping control, using the International Standard for Testing as a template. Our observations were carefully documented so as to ensure a thorough and complete evaluation of In-Competition Testing and the processing of Blood and Urine Samples.

IO Team members were assigned daily to venues throughout the Games, including the Polyclinic locations (where Blood Collection was performed). This approach ensured that, on a rotating basis, all aspects of the process were observed in every setting. Our activities specifically included:

1. Reporting to the Doping Control Station approximately 1 hour prior to competition to observe station preparation and the scheduled briefing of Sample Collection Personnel and Escorts;
2. Being present during the conduct of the draw and selection of random athletes;
3. Observing the Escort Team Leader and Escorts as they proceeded to the competition areas and notified athletes of their selection for doping control;
4. Observing the work of the Escorts from the point of notification until the Athlete reported to the Doping Control Station;
5. Observing the process for recording the arrival and departure of Athletes and their Representative at the Doping Control Station;
6. Observing urine and blood Sample Collection procedures at the Doping Control Station;
7. Observing the completion of Sample Collection Documents on-site;
8. Observing the Notification of athletes for Blood Testing as required by the In-Competition testing program;

9. Observing the overall operation and control of the Doping Control Station, and the elements of Station security;
10. Observing the preparation of Samples, and the associated documents prior to their transportation to the Laboratory;
11. Accompanying DCOs during the transport of samples to the Laboratory;
12. Observing the delivery to, and transfer of custody of samples upon arrival at, the Laboratory;
13. Reviewing Sample Collection Documentation to identify any errors among completed forms;
14. Observing all laboratory activities from the moment of the receipt of samples to the reporting of analytical findings;
15. Observing the processes of results management when provided the opportunity to do so;
16. Observing disciplinary hearings convened to determine the commission of doping violations;

IO Team members documented all observations and findings which were then subsequently presented and discussed in a daily, early-morning meeting with members of the Team.

The information, obtained from daily written and verbal reports, has been compiled to provide the detail and recommendations that follow.

Our report has been arranged in sections consistent with the elements and order of the International Standard for Testing.

## II – PLANNING

*“A process to select the athlete for testing based on order of finish, a random draw process, or a target-testing strategy.”*

As described in the International Standard, the main activities of the planning phase are information gathering, risk evaluation, and then developing, monitoring, evaluating and modifying the test distribution plan.

The TOROC Doping Control Technical Procedures state that “In accordance with the *Rules*, the IOCMC and TOROC, in consultation with each IF, and with WADA, where relevant shall select athletes for sample collection using target testing and weighted selections as well as random selection methods or selection the basis of the finish position.”

The scope of the work for the IO Team is limited to the period of the Games and as such, we cannot report directly on any coordination that occurred in advance of the Games, only on the impact and outcomes of these efforts as they unfolded during the Olympics. Further as the scope of this report is limited to the In-Competition program, the IO Team cannot comment on the coordination of whereabouts information or the OOC testing program during the period of the Games.

The successful planning of doping control requires responsible parties to consider all available information in order to make completely informed decisions relating to the allocation of tests both In- and Out-of-Competition, across sports, and when specifically targeting athletes. The inclusion of the results of any laboratory analyses of samples collected during the pre-Games period can be helpful in the planning process. It seems clear that much thought went into the distribution of tests for these Games and that coordinated efforts were undertaken to ensure the best possible testing plan while considering the laboratory capacity available during the Games.

The testing plans for these Games led to an increase in testing from Salt Lake City in 2002. From the time of the Olympic Village opening there were 428 pre-competition tests and 791 post-competition tests.

It has been noted elsewhere that out-of-competition testing and other activities initiated by public and sport authorities received considerable publicity during the course of the Games. The planning and implementation of such targeted, out-of-competition testing activities were beyond the purview of the IO Team. As was observed earlier, it is important to realize that such efforts reflect an enhanced commitment and determined approach to the detection and deterrence of doping, and are entirely consistent with the commitment

to doping-free sport exemplified during the course of the Turin Games.

The selection criteria for ranking and random in-competition tests, in many cases, were standardized across individual sports and thus differed from the approaches typically adopted by International Federations at International Level Competition. This contributed to challenges in coordinating the notification of athletes as will be addressed further in this report. It led to some confusion and frustration among escorts, athletes and competition officials and although resolved after several days of competition, could have been avoided by better coordination and communication prior to the start of competition with sport and competition site officials.

The selection of athletes for the random (in-competition) test in each competition differed in practice from that which was originally published in both the TOROC Doping Control Technical Procedures and the IOC Anti-Doping Rules. These documents specify that in individual as well as Pursuit, Relay and Sprint competitions, two athletes will be selected at random (in addition to the top five athletes). During the Games, only one random athlete was ever selected within this category. In the case of Pursuit, Relay and Sprint competitions these athletes were selected from the ranked or randomly selected Team. These processes were explained to Team Physicians at their Pre-Games meeting.

The team sports of Curling and Hockey had specific selection criteria. Eighty tests were conducted during the course of 33 competitions in curling. In the Medal Round, four of five curlers on each team were tested. By comparison, in the sport of Hockey, the selection criteria for the Medal Round also called for four athletes, drawn from a team roster of 20. We would note that the distribution of tests should be reflective of the doping risk within a sport as well as the team size. Previous IO Team reports have recommended that consideration be given to conducting more controls in team sport settings, and we endorse that again.

Pre-competition health screens were performed by International Federations. It should be emphasized that such testing was not part of the Olympic Games testing programme and was beyond the scope of observation of the IO Team. The IO Team did however learn there were many complaints from athletes who were subject to multiple blood tests on successive days because of the pre-competition (health screens performed by their IF) and post competition (ranking tests performed by the IOC/TOROC) blood tests. The IO Team is aware that International Federations used information derived from pre-competition screening tests to stimulate further out-of-competition testing of athletes during the course of the Games.



## RECOMMENDATIONS

For the future we would recommend the following:

- i) Continue to ensure that testing programs are strategically planned using appropriate intelligence, and timed to optimize the likelihood of successful deterrence and detection;
- ii) Ensure that the IOC and the local organizing committee conduct a careful review of any DCO operational manuals for their consistency with the applicable rules and regulations;
- iii) Continue to improve the coordination of testing programs;
- iv) Optimize detection strategies so as to focus on athletes and sports deemed to be at the highest risk for doping based on agreed models of best practice;
- v) Reduce the distribution of tests to sports/athletes deemed to be at low risk of doping, to ensure appropriate, strategic and optimal resource allocation
- vi) Continue to be proactive in gathering the intelligence necessary to support the development of strategic testing plans well in advance of Olympic Games;
- vii) Ensure, particularly in low-risk sports, that testing programs are strategically combined with educational initiatives;
- viii) Consider the integration of all elements of the anti-doping efforts, including in-competition, out-of-competition and pre-competition health screening into a coordinated and comprehensive Doping Control Program that is centrally managed throughout the period of the Games.

### III – NOTIFICATION

*“A process to identify and notify the athlete that he/she has been selected for testing, and to advise them of their rights and responsibilities in this regard.”*

The notification process is one aspect of the doping control procedure which has consistently been identified in previous IO reports as an area of potential weakness. A combination of factors contributes to this, most of which are considerably magnified in a major Games environment particularly in the setting of a Winter Games. The often crowded, and sometimes chaotic, environment in which notification must take place results in this being one of the least controlled aspects of the entire doping control process. Climate, team uniforms, venue site considerations, media concerns, and medal presentations all present special challenges to the notification process. The IO team in Turin specifically focussed attention on this aspect and it was once again observed that the adequacy of the notification process was very frequently compromised. Escorts are among the most critically important individuals in the doping control continuum. Their competence ensures appropriate notification, monitoring and observation of the athletes. The accurate completion of doping control documents is essential to the integrity of the process and is central to their role. Most importantly, their demeanour, assertiveness, and confidence can be reassuring to competitors and inspires confidence in the anti-doping process.

The lack of consistency and the varied nature of each event resulted in uncertainty among the escorts as to the required procedures. Occasions where the rules of the IF did not appear to have been properly communicated to the escorts (or on-site doping control team in some cases) and instances where the relevant rules of the IF conflicted with the IOC rules and/or the International Standard for testing led at times to confusion and debate. In most cases, however, the rules and procedures of the IF were respected (including those situations where it appeared that the divergence of pre-existing standards and rules had not been included in the prior agreements reached between the IF and the IOC).

*e.g. Not in compliance with 5.3.9 IST and 5.3 (paragraph 2) of IOC Rules*

- IIHF** – *team official notified of selection five minutes before conclusion of match;*
- WCF** – *chief official notified, who then notified the official on each sheet, who notified the respective curler, who were then notified by the chaperone.*

The presence of the IF representatives at competition venues was particularly helpful to the notification process. Their assistance varied from the

implementation of unique sport-specific notification systems (such as posting of selection lists outside of the doping control station in skating events) to the provision of general assistance with the identification of athletes (particularly in team events where athletes could not be differentiated by numbers).

Language difficulties played a significant role in many of the issues which arose at the time of notification. Despite asserting that English language would be a requisite in doping control settings, the overwhelming majority of escorts we observed were not proficient in English and provision was seldom made for translators.

Due to the nature of many of the events (e.g. time trials) and the prior agreements reached between the IFs and TOROC, it was common for notifications to take place long after an athlete had completed the event. In such situations unscrupulous athletes could have opportunities to manipulate a sample or interfere with the notification process. This was a particular problem in relation to the notification of athletes selected randomly, who did not in all cases remain in the vicinity of the finish or who may have completed participation long before their event actually concluded. One athlete for example, had, in fact departed the venue but was successfully located and ultimately notified. We stress that these issues are almost inherent to such sport situations and pose very special challenges for anti-doping officials.

There were numerous occasions during which escorts were seen to be intimidated by finish-area officials, media officials, athlete-support personnel etc. The result, in many cases, was a less than satisfactory situation: escorts could not observe the athletes from the point of completion of the competition – this is a basic necessity for successful doping control even if the notification cannot take place immediately.

Seldom was an escort seen to take possession of the athlete's accreditation card at the time of notification. This was a contravention of the IOC and TOROC rules. There were many occasions when written notifications were neither completed nor initiated at the time of initial notification. Athletes' signatures were, at times, not obtained until after reporting to the doping control station. On many occasions the notification form was not fully completed until after the sample had been collected.

Following an initial notification there were several occasions when the athlete was not adequately chaperoned, and visual contact was lost. Sometimes the arrangement of the finish area or athlete facilities inadvertently contributed to this problem: skiers spent time in the tent at the finish area of the women's downhill event and the escorts were not allowed by the officials to enter the tent (on the premise that the

athlete would be “out in a minute”); on another occasion an escort was prevented by the police from following an athlete onto a ski lift and the escort subsequently lost contact with the athlete for a period of time; observation of skaters in their changing rooms was not always optimal; on many occasions escorts seemed remarkably hesitant to approach, notify and follow athletes.

In the early days of the Turin Games the process of notification for blood sample collection was poorly performed and led to significant confusion; it was observed that athletes did not fully comprehend the instruction for the timing of the blood sample collection at the Polyclinic. Doping Control Officials were themselves at times confused about the arrangements. The instructions provided to athletes ranged from being vague to frankly erroneous; language issues frequently compounded the difficulties. This had the *potential* to create an unintentional anti-doping rule violation as a consequence of a late arrival for an appointment. The instructions for these appointments were made clearer as the Games progressed and the occasions on which athletes opted to make specific appointments provided the greatest clarity for all. Nevertheless, we observed that with isolated exceptions, most athletes completed the blood sampling procedures on time.

There were occasions when athletes were asked to sign notification forms which had been inaccurately or only partially completed. Athletes were consistently not advised of their rights or responsibilities re translation etc. Athletes at an Olympic Games are more likely to be very familiar with doping control processes. They often assisted by facilitating the selection process: some athletes presented themselves to the escorts voluntarily before having been notified.

Athletes (in particular medal winners) were not, as a general rule, offered the opportunity to re-hydrate before reporting to the doping control station which was on average an hour after the completion of their events.

Upon arrival at the doping control station the system for notification of arrival was unnecessarily complicated by the fact that the athletes often had to sign both the notification form and the entry/exit log at the entrance to the station.

There appeared to be plenty of volunteers available to assist with the notification process. Escorts often worked in pairs and tended to be supervised by a leader in the general area in which the notifications took place. Despite the large numbers of personnel available at any given venue these persons were not always deployed to the best effect. Escorts often lacked useful information such as final results, which could have been sought by additional personnel. On many occasions notification was delayed while awaiting official final results.

It was also observed that different escorts were met with varying degrees of resistance regarding their positioning

at the finish area. While the escort team rotated between venues it may have been valuable to have a consistent presence at a particular competition site e.g. an escort team leader who could ensure that the competition officials were fully aware of the role of the escorts and the importance of their location and tasks.

## RECOMMENDATIONS

For the future we would recommend the following:

- i) Ensure that escorts are experienced, well-trained and confidently assertive individuals with appropriate language skills.
- ii) Situate escorts in a specific location at the finish area (or elsewhere as deemed appropriate) well known to relevant competition venue officials, and appropriately convenient for the task.
- iii) Ensure consistency in approaches to the timing of notifications; (*e.g. before or after medal ceremonies*)
- iv) Ensure the presence of the same doping control official, with specific responsibilities for athlete notification, at the same venue throughout the course of competition;
- v) Ensure that athletes have the ability to re-hydrate from the time of notification onwards;
- vi) Consider the development of an area specifically organized to facilitate the notification of athletes in the finish area;
- vii) Provide a written explanation of the process to be used in making arrangements for blood sampling with information regarding the location of clinic facilities, opening hours etc.

## IV – PREPARING FOR THE SAMPLE COLLECTION SESSION

*“A process of planning for the collection of a urine or blood sample using a standardized approach under controlled conditions with appropriate documentation.”*

Extensive preparations for sample collection sessions were made well in advance of the Games by TOROC in consultation with the IOC and the respective International Federations. The outcomes of these preparations are clearly articulated in the TOROC Doping Control Technical Procedures (DCTP).

### DOPING CONTROL STATIONS

Doping control stations were well located, well signposted and well equipped. The waiting areas were of various sizes and overall were generally suitable for accommodating athletes and their representatives. They were equipped with a well stocked refrigerator, television and sufficient chairs for athletes and their representatives. We have noted elsewhere the challenge of constructing and operating such facilities in alpine locations and the quality of the physical facilities that resulted. The organizers are to be congratulated in this respect.

As a general point, it was noted that the stations could have been made more “athlete friendly” with the inclusion of anti-doping information, posters and athlete guides to the doping control process in different languages. The use of pictograms describing elements of the sample taking procedures and equipment may have assisted in mitigating some of the issues and confusion that arose because of the language limitations described elsewhere in this document.

One venue (Palasport Olimpico – Ice Hockey) was not equipped with doors between the processing room and the toilet. This absence was corrected by the third day of the Games by the installation of moveable screens. During the period when no doors were installed, observers of the opposite gender were asked to leave the processing room. Other occupants of the processing room, including the IO observer, remained in the room while the athlete passed a sample. Several athletes and athlete representatives commented that this was an unusual situation. Such arrangements, though perhaps sub-optimal, did not in our view, serve to compromise the sample collection procedures.

On some occasions where a large number of samples were to be collected in a session, the waiting rooms became overcrowded. This situation was often exacerbated by an excessive number of TOROC doping control staff occupying the room. The doping control station (DCS) at Cesana San Sicario for the biathlon was particularly small for the number of samples collected. Some processing rooms were observed to be small in size to accommodate the number of people authorized to be in the room.

Some doping control stations were not equipped with wash basins. In these venues, it did not appear that athletes were offered an alternative form of cleansing. The absence of tissues was also noted by many athletes. Several stations were not equipped with the distilled water required for the calibration and recalibration of refractometers.

### SAMPLE COLLECTION EQUIPMENT

Blood and urine sample collection equipment met the requirements of the IST. The Bereg sample collection kits manufactured by Berlinger Special AG, are universally recognized as high quality kits which have a unique numbering system, and a sealing system which is tamper evident. All equipment was properly pre-sealed for use during the session and adequate supplies of Bereg kits were always on hand.

There is no doubt that the elegant simplicity of the Berlinger collection kits was significantly compromised by the requirement for bottles to be packaged in an outer plastic bag containing absorbent material, prior to their placement in the styrofoam box. (This requirement for an additional layer of packaging was apparently dictated by Italian legislation regarding the transportation of biological samples.) This added an awkward, and often time-consuming, element to the final phases of sample collection. This requirement was often not explained to athletes who were accustomed to placing the bottles directly into the styrofoam box. There was wide variation in the way this process was handled by the DCOs, some insisting that the whole process be done by the athlete while others did it themselves.

### SAMPLE COLLECTION PERSONNEL

A large number of experienced, well-trained officials are essential to the successful conduct of doping controls at an Olympic Games. Previous reports of Independent Observers have noted that “inadequacies were often evident” that demonstrated the need “for greater training and experience”; recommendations in those reports addressed such concerns specifically.

The ability to confidently and competently complete all facets of the sample collection procedure is of particular importance in a) assuring the confidence of athletes and any accompanying officials regarding the professionalism of doping control activities, and b) maintaining the credibility of anti-doping initiatives. We learned in our meetings with officials from TOROC that Italian law specified that only physicians could serve as Doping Control Officers (DCOs); that such officers had been recruited from across Italy; that all possessed certification as to their experience and proficiency; and that all had received additional training in procedures specific to the needs of an Olympic competition. We

were further advised that five International Experts had been contracted to provide additional training and to monitor and mentor DCOs in the course of their duties.

DCOs were recruited from a pool of medical practitioners who as mentioned above, met two criteria:

- i) they were members of the Italian Sports Medicine Association
- ii) they were already accredited as Doping Control Officers (DCOs) within the Italian doping control program.

Seventy-five DCOs participated in a comprehensive training program consisting of four classroom sessions and two sessions incorporating practical components. All DCOs were required to demonstrate practical skills at one of 12 test events. 64 participants were considered competent to undertake DCO responsibilities at the Games.

Preparations for language issues seem to have been taken into account by assuming that English would be the common language of communication. The TOROC Doping Control Operational Manual clearly specifies “fluent in the English language” as a criterion for each member of the sample collection team. In many sessions, however, escorts, and to a lesser extent, DCOs had difficulty conveying basic doping control information to athletes in English. This complicated the notification process considerably.

There appeared to be no provision made for the inclusion of translators within the sample collection team; in many cases, athletes were not advised of their rights to have a translator present during the doping control process.

The roles of those preparing for sample collection were clearly articulated in the Doping Control Operational Manual. For each sample collection session, one DCO was designated as being responsible for the chain of custody of the samples and documentation. It was the role of this DCO to check in at the TOROC Doping Control Coordination Centre prior to the session. This designated DCO was also responsible for ensuring all aspects of the venue, equipment and personnel were ready prior to the commencement of the event.

The roles of escort team leaders, doping control team leaders and escorts were well documented and reinforced during a sample collection team briefing prior to the start of each event. Sample collection team members were appropriately equipped with identification, communication devices, clipboards and notification forms prior to the session. On several occasions the IO team did however; observe some element of disorganization and uncertainty prior to, during, and following the sample collection team briefing session.

At sessions where only two samples were being collected, the IO team observed 11 sample collection personnel involved in the team briefing. This appeared to be an excessive number of people involved in the preparation of the session. It also had a predictable later consequence in producing crowded conditions in the waiting area while the session was underway.

Notwithstanding the preparations that had been made and the training that was provided we felt, overall, that there was room for improvement in many aspects of the sample taking process. Previous IO Team reports have made similar observations, as has been noted elsewhere and are stated again for emphasis.

## SAMPLE COLLECTION DOCUMENTATION

Sample collection forms had been prepared in conformance with the IST and IOC rules. They captured the required information although there were some concerns expressed by both DCOs and athletes on the clarity and flow of information collection. Some elements of the doping control official record were questioned on occasion by athletes and/or accompanying persons; for example, requests for the names of the athlete’s doctors and coaches produced questions, confusion and misgiving. The rationale for the collection of this information was neither explained on the form nor during the sample collection session by DCOs.

Throughout the Games partially completed forms were frequently destroyed because mistakes were made during the initial attempts at completion.

DCOs and athletes often commented on the difficulty of recording, and viewing information inserted, in the grey shaded boxes. Several athlete representatives commented that details of the athlete could be seen on the blue copy of the Doping Control Official Record. Significant numbers of athletes insisted on removing that section of the form before it was sent to the lab during the initial days of the Games.

Considerable time was taken in some situations in collecting, in minute detail the history of medication and supplement use, dosages etc. by athletes. Language issues added to the confusion. It is our understanding that a simple listing of any medications or supplements consumed in the days prior to sample collection is all that is required.

Contrary to the requirements of the IST, the Blood Doping Control Official Record did not require the athlete to comment on recent blood transfusion details.

## RECOMMENDATIONS

For the future we would recommend the following:

- i) Conduct thorough pre-Games venue checks to ensure that Doping Control Stations comply with the IST;

- ii) Reduce, where possible, the number of sample collection staff engaged for sessions where a small number of samples are to be collected;
- iii) Incorporate opportunities for athlete education, and advocacy of anti-doping, into the waiting rooms of doping control stations.
- iv) Design sample collection documents so as to minimize the duplication of information, likelihood of error and the collection of unnecessary information;
- v) Explain the reason for particular or unusual requests for information from athletes and ensure that doping control personnel understand the basis for such requests;
- vi) Re-consider the value of collecting information relating to recent medication use given the inefficiencies which are often introduced to doping control processes during its collection; or otherwise, consider collecting information relating to medication/supplement use while athletes are in the waiting room.



## V - CONDUCTING THE SAMPLE COLLECTION SESSION

*“A process for the collection of a urine or blood sample using a standardized approach under controlled conditions with appropriate documentation.”*

Optimally, doping control processes will occur in a quiet, calm, thoroughly professional manner and be delivered by officials whose familiarity and longstanding experience with the processes permit an effective and efficient completion of their tasks.

In the overwhelming majority of cases, sample collection sessions were conducted in a manner that ensured the security and identity of the sample and the integrity of the doping control process.

The IO team did, however, observe several instances where the confidence of athletes and their representatives may have been compromised.

### INCORRECT INSTRUCTIONS

As has been noted elsewhere, confusion often accompanied certain elements of the sample collection process. Language difficulties compounded these problems and frequently DCOs and others did not appear confident or experienced in their tasks. The efficiency of many sampling situations was less than might be anticipated in an Olympic setting and many DCOs appeared ill at ease and anxious throughout the collection and documentation processes.

### SECURITY OF SAMPLES AND DOCUMENTATION

Situations frequently arose where athlete representatives remained in the processing room alone while the DCO and athlete were in the toilet area. Normally this situation does not affect the security or integrity of sample collection. However, on some occasions, the IO team observed that completed documentation from previous athletes, urine samples, opened drinks, and spilled urine remained on the processing table. These observations are isolated but were reflective of a seeming unfamiliarity on the part of some DCOs with simple, standard procedures for the effective and efficient management of the sampling collection and documentation process. Such situations served to frustrate athletes and officials while perhaps undermining confidence in the protocols and procedures being applied.

On one occasion, an athlete's partial sample was left unsealed and unattended while the DCO and athlete were in the toilet area; on another occasion an athlete was left with his unsealed sample while unattended and unobserved by any Doping Control staff member. The presence of an Independent Observer in both of these situations allows us to state unreservedly that the integrity of the samples concerned was never compromised.

### CONTROL AND CLARITY OF THE SESSION

The IO team observed a significant level of chaos, confusion and lack of control during early sample collection sessions. DCOs seemed remarkably unfamiliar with the process and the paperwork. They appeared flustered and nervous. On some occasions three successive doping control official record forms were partially completed and then destroyed when an error was made. This approach seemed to be particularly frustrating to athletes and their representatives.

Overcrowded doping control stations, full bladders, and frayed tempers meant that DCOs were often overwhelmed by experienced athletes who entered the processing room before it had been properly prepared for them. On several occasions the previous athlete's residual urine and completed forms had not been removed, the refractometer had not been cleaned and the list of medications declared by the previous athlete remained in view on the processing table.

When unsure about elements of the sample collection process, DCOs would either refer to their training manual or seek assistance from their colleagues in the waiting room. A most distracting means of obtaining advice occurred when DCOs called out to their colleague over a partition into the adjacent processing room. When discussions failed to produce a quick answer, frustrated athletes often interjected with their own suggestions as to what should happen next. On occasion officials were uncertain as to how to proceed with unanticipated or unusual circumstances e.g. the appearance of a batch of older style Berek Kits without accompanying numbered stickers.

As the Games progressed, the IO team observed a significant improvement in the ease with which the DCOs were able to control the sample collection sessions and complete the paperwork.

### PARTIAL SAMPLE PROCESS

The partial sample process caused significant disquiet amongst athletes and their representatives. On no occasion were DCOs observed to explain the tamper evident nature of the partial sample sealing strip. Following the sealing of the partial sample, athletes were instructed to leave the processing room. The DCO told them that their sample must remain in the processing room. When athletes questioned the security of the sample, they were told that the DCO would keep it under observation. On at least one occasion, an athlete representative refused to allow the sample out of her sight. After some confusion and heated conversation, the IOCMC representative allowed her to remove the partial sample from the processing room.

## ADDITIONAL ENTITLEMENTS OF ATHLETES UNDER THE AGE OF 18

The IO team observed sample collection sessions for several athletes under the age of 18. Contrary to the specific requirements of the IST on no occasion was their right to have a representative observe the witnessing of their sample explained to them.

## INCONSISTENCIES

As the Games progressed, inconsistencies in the conduct of sample collection sessions became evident to athletes. Some examples which drew comments from athletes or their representatives included:

- i) The packaging of Berlinger bottles into the plastic transport bags. Some DCOs insisted that athletes undertake this process, other DCOs completed it themselves, others assisted the athletes in this task.
- ii) The placement of the partial sample sealing strip: some DCOs placed the strip over the individual A bottle, others placed it over the foam packaging box.
- iii) The testing of specific gravity. Most DCOs used a pipette to place the urine on the refractometer, others used a syringe, and others poured directly from the beaker onto the refractometer.
- iv) The use of mobile phones. Some DCOs did not allow the use of mobile in the waiting areas, others only prevented their use in the processing areas
- v) The right of athletes to leave the doping control station after they had checked in. Some DCOs allowed the athlete to leave without an explanation, others allowed departure when a suitable explanation was provided, others indicated that it was not possible to leave the station at all.
- vi) The sixth sample number sticker included in the Berlinger kits. Some DCOs tore it up, others gave it to the athletes with the words, "this is for you", and others used all six stickers to adhere to the transport envelopes at the conclusion of the session.

## TOROC STAFF AND VOLUNTEERS

Although the roles of TOROC doping control staff were clearly delineated in the operational guide, it appeared to the IO team that there was a degree of overlap and confusion amongst TOROC staff about their roles. On the whole DCOs performed their designated roles. The roles of escorts, escort team leaders and site team leaders seemed to differ between doping control stations. Escorts in particular were often unsure about their role in explaining the notification process to athletes and in completing the notification form.

## IOC MEDICAL COMMISSION

The role assumed by the IOCMC representative(s) varied considerably. Some IOCMC representatives were present only for parts of the sample collection process. Others were more actively involved and reviewed the setting up of the station, the selection of the athletes, the notification process, the collection of the sample and the preparation of transport forms; they offered assistance and guidance that was constructive and appropriate and responded to athletes' questions and concerns in a way that was sensitive and supportive. One IOC representative who chose not to participate in many aspects of the doping control process insisted to TOROC staff that he sign every notification form and doping control official record even when it was clear that he had not participated in a particular sampling process. The IO team questions the validity of an IOCMC member signing a form to indicate that all processes have been properly followed in such a case. Other IOCMC officials involved themselves in the sampling processes in ways that seemed neither helpful nor appreciated by doping control staff.

## IF REPRESENTATIVES

The role of IF representatives varied depending on the sport. As noted above, IF representatives were observed to play a helpful role in the selection and ensuring the effective notification of athletes. Some IF representatives chose to observe the sample collection sessions in their entirety.

## INTERNATIONAL EXPERTS

The role of the international expert group from South America lacked clarity. The basis for their presence was not clearly understood. The IO Team was never advised of their specific role or responsibilities; their role was neither documented nor described in any of the doping control materials prepared by TOROC and the IOC; their responsibilities were not explained to athletes, athlete representatives or the IF representatives. The IO team noted that an inconsistent range of activities were undertaken by this group. Some were helpful and unobtrusive in the processing room, particularly in the early sessions where DCOs were noted to be inexperienced and unfamiliar with the processes. As the Games progressed, some members of the international expert group opted to take control of various sessions, disregarding the processes being followed by the DCOs concerned. The international experts were often dressed in a manner that seemed inappropriate for the doping-control setting and which detracted from the professional environment that was sought in the doping control stations. Their approach was often confusing to the athletes and disempowering for the DCOs. At a session on the second last day of the Games an international expert was observed to witness the

provision of the sample but it was the DCO who signed that the sample had been properly witnessed.

Several athletes commented on the excessive number of people present in the processing room during sample collection. On one occasion, the IO team member observed in addition to the DCO, the athlete and the athlete representative, an IOCMC rep, an IOCMC staff member, an IF representative, an international expert and the IO member themselves in a small processing area.

### BLOOD SAMPLE COLLECTION

There were occasions when phlebotomists did not wear gloves during sample collection – this was considered inappropriate and inconsistent with prevailing health and safety standards.

During one blood collection session the lid of the Berlinger bottle which contained the vacutainer tube broke. Following some consideration of a number of options as to how to deal with this problem the athlete opted to leave the bottle as it was and completed a supplementary report. This was an unanticipated issue which was handled to the athlete's satisfaction.

The pre-test stabilisation of an athlete's posture was not controlled consistently through the imposition of a minimum 10 minutes rest prior to blood sample collection. This was not in compliance with WADA Standards and/or IOC Rules.

In all sample collections observed by the IO team the athlete remained seated, however, the option to lie down was offered.

Athletes were not provided with sufficient explanations of the procedures involved with blood collection, including explanations of the various tests being carried out, the reasons for the different sample collection kits and also the volume of blood being collected. In fact, it was apparent that the phlebotomists may not have been clear themselves as to the reasons for the differing sampling strategies.

Athletes were rarely advised regarding the preference for the collection of blood from the non-dominant arm (this may have arisen out of confusion within the guiding regulations as to whether it was obligatory to use the non-dominant arm). There was occasionally a departure from the TOROC regulations in terms of the placement of the samples in the fridges. This was carried out by the DCO or phlebotomist contrary to article 5.6 in the ADRIOC.

One athlete was extremely uncomfortable with handling the blood samples and asked the DCO to deal with the sealing etc. The DCO's refusal demonstrated a lack of empathy for the athlete, and was contrary to a recommendation in the WADA guidelines for blood sample collection.

### RECOMMENDATIONS

For the future we recommend the following:

- i) Ensure that all members of the doping control team in an Olympic Games setting have significant training and substantial experience with doping control practice and are familiar with all the elements of the International Standard for Testing;
- ii) Ensure that a much greater emphasis is placed on providing DCOs with real or simulated "in-field" experience prior to the Games;
- iii) Ensure that DCOs have a much broader understanding of "why" they are undertaking certain activities, rather than simply knowing the "what and how" of sample collection;
- iv) Ensure, by a documented process of evaluation, that DCOs have the skills, experience and confidence that will enable them to firmly lead and control the sample taking session;
- v) Review and clarify the necessity for, and the potential roles and responsibilities of, the "International Experts".
- vi) Consider the development of guidelines for IF and IOCMC representatives regarding their roles and responsibilities, with particular guidance concerning their participation in sample collection procedures involving athletes from their own country;
- vii) Ensure that the DCO's role includes the introduction of those authorized individuals in attendance in the processing room;
- viii) Ensure that a consistent approach is developed for the provision of information and guidance to athletes about all aspects of the blood sampling process.
- ix) Ensure that all doping control officials adhere to the highest health and safety standards in the conduct of their duties.

## VI - SECURITY AND POST TEST ADMINISTRATION

*“A process to secure the sample, protect its integrity and transport it to the laboratory while ensuring that the ‘chain of custody’ remains intact and is appropriately documented.”*

This section of the International Standard is designed to ensure the security of all samples, and the preparation of accompanying documentation, prior to their transport to the laboratory. The procedures for these Games established that samples should be secured on-site after collection until they were prepared for transport to the laboratory. The IO Team observed that the efficient completion of Sample Collection Documentation for transport and distribution was occasionally an issue. Generally the Doping Control Stations were well equipped to ensure the security of collected samples and during the period of the Games DCOs improved their efficiency and accuracy in completing and preparing the necessary documentation.

The process for the distribution of paperwork required that the DCO complete five envelopes (designated for the distribution to the IOC (two envelopes), WADA, TOROC and the Laboratory) and which contained the relevant documents derived from the notification and sample collection processes, along with any supplementary or additional sample-collection reports.

Requiring that samples be immediately transferred to a locked refrigerator following collection ensured the integrity of the collected samples on-site. It was observed that this process was generally followed and coordinated between the DCOs and the security personnel assigned to Doping Control Stations. There were a few occasions where the refrigerators were not appropriately locked, and/or the designated area for the storage of samples, sample collection documentation, and sample collection equipment was not appropriately secured or monitored. On no occasion were these issues considered to have compromised the integrity of the samples.

Some inconsistencies in the handling of blood samples were noted by the IO Team. Following collection, samples were temporarily secured before being centrifuged. Prior to, and following this process there was no documented chain of custody and no documentation to verify that this process had been completed on site. Prior to the refrigeration of samples, (during their temporary storage in the Doping Control Station) the Bereg bottles containing the test tubes were removed from the Styrofoam boxes. They were replaced in the Styrofoam boxes prior to transport to the laboratory. No chain of custody or verification process was developed for the DCO to follow when re-sorting and re-packaging the samples at the end of a session and prior to transport. It is important to note that the integrity of the samples themselves was never compromised in any way as the athlete had already locked the Bereg-Kit itself.

TOROC and the IOC were clear in describing in their documents the processes for ensuring sample security in the station. On some occasions it was observed that athletes were invited to witness the DCO securing their sample in the locked refrigerator in order to provide a greater sense of confidence.

The security of the Doping Control Station itself was the responsibility of the assigned security guard. The effectiveness of the security guard in preventing unauthorized access to the Doping Control Station was often limited because of the fact that in virtually all stations they were positioned within the station, sometimes removed from the doorway area; they would attempt to intervene only after an individual had already gained access to the station. A far more effective approach would have positioned the security guard outside the station where the access of unauthorized persons could easily be prevented.

It was observed on several occasions that at times when there were no athletes in the station, but before sampling sessions had concluded, the monitoring of the station was lax. On three such occasions known to the IO team, TOROC media personnel were allowed into the Doping Control Station.

For each session a DCO was designated as being responsible for post-test administration. They were required to sign-off on all transport documentation and complete the five envelopes required for the distribution of doping control documents. It was often the case that the DCOs would work together to ensure the accuracy of their work, which was most appropriate given the requirements for verifying and recording sample numbers and separating the paperwork into the respective envelopes.

### RECOMMENDATIONS

For the future we would recommend the following:

- i) Consider alternatives to the current systems for the distribution of Sample Collection Documentation and in particular, the development of a centralized clearinghouse approach using secure technology applications to distribute forms electronically to the relevant stakeholders during the Games period.
- ii) Ensure appropriate Chain of Custody documentation in accordance with the International Standards and Models of Best Practice which address all aspects of sample handling, storage and transfer following the conclusion of the sample collection process.

## VII - TRANSPORT OF SAMPLES AND DOCUMENTATION

*“The secure and assured delivery of an appropriately protected sample with accompanying documents to the testing facility while ensuring chain-of-custody”*

The transportation of samples from each doping control station to the laboratory in Turin operated smoothly and effectively during the Games. A nominated DCO from each station was responsible for driving with the samples to the laboratory taking full responsibility for the maintenance of the chain of custody from the time of sealing them in their transport containers to the time of fully receipted delivery at the laboratory. A considerable amount of paperwork and documentation was completed and sorted on-site, and was then, following delivery of the samples to the laboratory, hand-delivered to the TOROC co-ordination centre.

It was noted that on one occasion a DCO diverted on his route to the laboratory with samples from his own doping control station, to collect samples from a second station (which were also to be transported to the laboratory). While the chain of custody of the samples from the second doping control station was appropriately maintained and recorded on the transport form it was observed that a box containing the samples from the original doping control station remained in full public view on the rear seat of a car which was left unattended in a venue car park. This box remained in the car while the DCO went to collect the second batch of samples. We cite this instance only because it demonstrates that occasionally the security of samples can, unintentionally, be put at significant risk. Our observation of this event allows us to state emphatically that the security of these samples was not compromised.

On more than one occasion there was cause to use a second, or satellite, doping control station within one venue (Sestriere Colle) where medal winners were tested. After completion of the sample collection at this station the samples were sealed in a transport bag and then transported to the principal doping control station. There was no documented record of this transfer of samples and it was not carried out under the strictly controlled standards of transportation and maintenance of chain of custody otherwise typical of Games practice.

A special situation which is worthy of comment was the unique arrangement which was put in place for the testing of athletes who had to travel from the alpine or other distant areas to the city of Turin for the presentation of medals (having been unable to provide a sample before the required departure time). On at least one occasion this procedure was implemented. On the occasion of a test being carried out in the mobile unit on the way to the medals plaza, a completely separate set of equipment, documents, etc., was used, and the sample was transferred to the laboratory by the DCO (using the mobile unit for transport). This was a well

thought out and extremely well-executed plan to deal with a potentially troublesome doping control scenario; we offer our congratulations to those involved.

### RECOMMENDATIONS

For the future we would recommend the following:

- i) Ensure, if similar approaches for the transport of samples are contemplated, that two persons travel with the samples to the laboratory so that at no time would samples remain unattended.
- ii) Ensure that all movements of samples, at any stage of the process, are documented appropriately (this includes the movement of blood samples between collection, centrifugation, and storage).



## VIII - LABORATORY SERVICES

Laboratory services for the Games were provided in a state-of-the-art facility at the Ospedale San Luigi, Orbassano. The laboratory activities were performed by the staff of the Italian anti-doping laboratory (Laboratorio Antidoping di Roma) who temporarily relocated to Turin from September 2005 to March 2006. They were joined at the time of the Games by colleagues from other WADA-accredited laboratories with specific expertise in certain areas of analytical practice, and who participated in particular aspects of the laboratory's work. Scientists from the Lausanne WADA-accredited laboratory, for example, assumed responsibility for many of the blood analyses and worked in an area of the facility dedicated to this activity. The laboratory was equipped with the most advanced instrumentation available and the necessary ancillary equipment, reagents and standards. Extra instrumentation was in reserve in case of malfunction.

The Rome laboratory and its staff were fully accredited; the laboratory in Turin was appropriately accredited on a temporary basis for the period of the Games. The laboratory had a recognized and effective quality management system in place according to the requirements of the International Standard for Laboratories (ISL) and had participated in the WADA proficiency testing program with completely satisfactory results. A member of the IO Team was present in the laboratory almost every day, and during some part of several nights, during the Games. Each element of laboratory practice was specifically observed in a sequence consistent with the elements of the ISL.

### TECHNICAL PROCESSES

Laboratory procedures begin with the reception of samples from the Doping Control Stations. The inspections, documentation practices, and confirmatory processes that took place at this critical point in the doping control continuum were exemplary (as were the subsequent processes of record keeping, storing, aliquoting and distributing the samples).

All such procedures complied with the relevant requirements of the ISL and the relevant WADA Technical Documents, ensuring the uninterrupted documentation of the chain of custody during all phases of analysis.

Minor irregularities were noted at the time of the delivery of samples on only three occasions: by way of example it was noted that a blood plasma sample contained two tubes instead of one. This was duly noted as required and further clarification and instructions were requested from the IOC Medical Commission: unfortunately, the oral reply received was unsatisfactory and a written response was only received two days later.

### REPORTING PROCESSES

The reporting of the results of screening tests (both blood and urine) and those of confirmatory tests (necessary in the case of a finding of the presence of a prohibited substance) were forwarded as required by the testing authority within 24 hours. All positive reports were checked by two certifying scientists as required by the ISL. The certificates of analysis conformed to the minimum requirements of the ISL and followed the guidance provided in the WADA Guideline for Certificates of Analysis. At this point, a Laboratory Documentation Package was prepared following the recommendations of the relevant WADA Technical Document and as directed in the ISL. In such a case, the report was also reviewed by two independent laboratory observers who are members of the IOCMC and who co-signed the Laboratory Documentation Package with the director of the laboratory. This documentation was delivered to the IOCMC.

It became clear early in the course of the Games that expectations surrounding the transmission of reports would prove problematic. It was required that results be sent by facsimile to the IOC and the Chair of the Independent Observers Team (for in-competition testing), and additionally to the WADA Testing Officer and the WADA report management system in the case of out-of-competition testing. This was a very inefficient and time consuming process. It must be recognized that for any one sample there could be as many as three separate Certificates of Analysis (if EPO testing had been requested) each of which required distribution as noted above.

EPO testing results had to be reported within 72 hours. The sophisticated nature of the analytical techniques needed to identify the presence of exogenous erythropoietin is such that this 72 hour timeline imposes significant pressures on the scientific staff and should be reconsidered for the future.

EPO test results which might indicate the presence of the prohibited hormone at initial screening were re-analyzed for confirmation according to the prescriptions of the relevant WADA Technical Document and any potential positive result was reviewed by a named expert (as per WADA, September, 2005). Some samples were reported as "inconclusive"; they may usefully form the basis for further testing by sport authorities.

### ANALYTICAL TESTING

The laboratory conducted testing of both urine and blood samples (taken both in- and out-of-competition) as required by the IOC, and also analyzed out-of-competition samples as requested by WADA. All



samples were analyzed for the presence of substances listed on the 2006 Prohibited List.

Analyses were conducted in accordance with contemporary analytical practices in a manner consistent with the ISL. State-of-the-art instrumentation was used in all phases of the laboratory process.

The initial analyses (screening methods) were performed using GC-MS after appropriate pre-treatment of the samples.

Different analytical procedures were applied for the detection of different categories of prohibited substances. Confirmation analyses for suspected prohibited substances detected by the screening methods employed GC-MS, GC-HRMS or LC-MS-MS. The identification criteria of the relevant WADA Technical Document were applied for qualitative tests employing chromatography and mass spectrometry.

IRMS was also employed to distinguish between endogenous and exogenous steroids, particularly for samples exhibiting elevated T/E ratios. All such testing was performed according to the requirements of the ISL.

Procedures for the detection of some S2 substances (hormones and related substances) including erythropoietin (EPO) and human chorionic gonadotropin (hCG) were carried out on appropriate, designated samples.

## BLOOD TESTING

Tests were conducted on pre-selected samples for the following blood parameters: haemoglobin; haematocrit and reticulocytes. In other selected samples testing was undertaken to detect recombinant human growth hormone and /or the transfusion of blood (homologous or heterologous).

## RESULTS

A number of adverse analytical findings (39) were reported but only one (carphedon) resulted in a sanction. In two cases the decision was made by the IOC not to proceed to a hearing or sanctioning. The IO team did not observe the discussions which surrounded these decisions but was made aware of all the relevant issues and process which took place.

Of the other 36 adverse analytical findings reported, four of these were the results of analyses of laboratory control samples put in place by the IOCMC and in 32 cases, an aTUE was on file and no further action was necessary.

During the in-competition period, ten results of elevated T/E ratios (>4) and one case of DHEA >100ng/ml were shown by IRMS analysis not to be of exogenous origin.

As noted above, some "inconclusive" reports were received following analyses for the presence of EPO. These samples could be considered to be suspicious; the electrophoretic profiles were such that the criteria for 'positivity' according to the current WADA Technical Document were not met.

## LABORATORY FACILITY AND EQUIPMENT

This two-story building was completed in September 2005 with the installation of all the state-of-the-art scientific equipment which is necessary in an anti-doping laboratory. The laboratory facility was spacious and very well illuminated with natural light. The different analytical activities were well defined and differentiated. All ISL requirements were fulfilled with respect to this well appointed facility.

The laboratory was equipped with the most advanced instrumentation available and the necessary ancillary equipment, reagents and standards. Extra instrumentation was held in reserve in case of any equipment malfunction. All the requirements of the ISL were met in regard to equipment.

## LABORATORY STAFF

Particular praise must be accorded to Prof. Francesco Botre, the Laboratory Director, and his colleagues and staff for the extremely high standard of laboratory services which were provided during the course of the Games. The core laboratory staff comprised 22 permanent scientists from the Rome laboratory, augmented by 22 "volunteers" who were final year science students recruited in August 2005 and who underwent extensive practical laboratory training on-site. Eight analysts were hired on temporary contracts and were trained both in Rome and at the satellite laboratory to become proficient in sample preparation and screening analysis. Prior to and during the Games period 26 specialist scientists, including four anti-doping laboratory directors, assisted and advised the laboratory staff. The operations of the laboratory were extremely efficient, of an exceptionally high standard and provided an excellent example of international co-operation. The team of laboratory scientists worked around the clock so as to ensure the uninterrupted delivery of laboratory services necessary to meet the analytical and reporting timelines established by the testing authority.

We were pleased to note that many of the recommendations made following the Olympic Games in Athens and the Winter Games of Salt Lake City had been implemented in Turin. In particular we noted that decision processes with defined acceptance criteria were in place; all "B" sample analysis procedures were well conducted and the documentation package was very well explained to athlete representatives; the independent observers were accorded unfettered access

to the laboratories and the staff were extremely helpful and co-operative; the IO team leader received copies of all reports on a daily basis; any decision on the rejection of a sample for analysis was the responsibility of the Testing Officer; control samples were sent at appropriate intervals throughout the period of the Games; the reception and sample reception areas were secure and extremely well organized.

## RECOMMENDATIONS

For the future we would recommend the following:

- i) Consider the development of an efficient, coordinated electronic reporting process for the delivery of the reports of laboratory analyses to the appropriate individuals and bodies
- ii) Review the requirements for the reporting of EPO analyses, or other processes whose sophisticated nature may require special time considerations.
- iii) Continue to ensure that in the period prior to the Games there is appropriate time for the introduction and performance testing of all scientific instruments.
- iv) Ensure whenever an issue is raised by laboratory officials, that written instructions or clarifications are received promptly from the responsible testing authority.

## IX – RESULTS MANAGEMENT

*“The distribution of the results of the laboratory analysis to the responsible testing authority (in this case the IOCMC) and the appropriate review of these results and initiation of any actions necessary.”*

*and*

*“The conduct of hearings, development and delivery of decisions and the conduct of any subsequent appeals of those decisions.”*

The IOC Results Management process with regard to alleged anti-doping rule violations occurring at the Olympic Games is set out in Articles 7 and 12 of ADRIOC and can be summarized as follows.

In the first instance, a laboratory adverse analytical finding is reported directly to the Chair of the IOC Medical Commission with copies of the finding provided simultaneously in confidence to the Chair of the Independent Observer Program and to the WADA Clearing House.

The Chair of the IOC Medical Commission (IOCMC), with the assistance of the IOC Medical Director, immediately identifies the athlete or other person concerned and proceeds to conduct an initial review of the facts in order to determine whether there is a case for the IOC to proceed. This initial review involves a two-step process. First, the Chair of the IOCMC verifies whether the athlete has a therapeutic use exemption (TUE) on file for the substance which has been reported. If there

is no TUE on file, the Chair of the IOCMC determines whether there has been any apparent departure from the International Standard for Testing or the International Standard for Laboratories in the case such as may undermine the validity of the finding.

In the case of a potential anti-doping rule violation that does not derive from an adverse analytical finding, the Chair of the IOCMC conducts a review of all available facts in order to determine if there is sufficient evidence to proceed with the case.

If, following this initial review, the Chair of the IOCMC decides that there is a case for the IOC to proceed, he immediately notifies the IOC President of the existence of the adverse analytical finding or of the other anti-doping rule violation, together with a summary of the essential elements of the case.

Upon such notification, the IOC President immediately sets up a Disciplinary Commission to hear the case consisting of three members and chaired by the Chairman of the IOC Juridical Commission.

Once the Disciplinary Commission is established, the IOC President notifies the athlete or other person concerned of the nature of the anti-doping rule violation that has been committed, of the athlete's right to request the B sample analysis in the case of an analytical finding and of the athlete's right to a hearing (specifying in the notification letter the date, time and location the hearing is to take place). The athlete's or other person's chef de

STEP IN THE PROCESS (ADVERSE ANALYTICAL FINDING)	RESPONSIBLE PERSON	▶▶	NOTICE TO
1. Notification of 'A' sample finding	Laboratory Director	▶▶	Chairman IOCMC
2. Initial review of finding	Chairman IOCMC		
3. Decision to proceed with case	Chairman IOCMC	▶▶	IOC President
4. Appointing Disciplinary Commission	IOC President		
5. Notification of Adverse Finding	IOC President	▶▶	Athlete, Chef de Mission, IF, IO
6. Request for 'B' sample analysis	Athlete	▶▶	IOCMC
7. Decision on Provisional Suspension (if applicable)	Disciplinary Commission	▶▶	Athlete
8. Hearing of athlete	Disciplinary Commission		
9. IOC Decision	IOC President	▶▶	Athlete, Chef de Mission, IF, IO, WADA
TIME LINE: Entire procedure (Steps 1-9): 24 hours from conclusion of the 'A' Sample analysis, unless time extended by decision of IOC President			
10. Right of appeal to CAS	Athlete, IF/ADO, WADA	▶▶	CAS
TIME LINE: 21 days from receipt of the decision by the appealing party			
11. CAS Hearing	CAS	▶▶	Public Document

mission, the relevant International Federation and a representative of the WADA Independent Observer Program are sent a copy of the IOC notification at the same time. It is the responsibility of the chef de mission to notify the athlete's National Anti-Doping Organization of the matter in confidence.

Once the athlete or other person has been notified of the anti-doping rule violation, the Chairman of the Disciplinary Commission has the power to impose a provisional suspension on the athlete or other person until a final decision in the case has been pronounced.

If the athlete or other person elects to attend the hearing, he may be represented by up to three persons of his choice (including a lawyer and/or doctor). The International Federation and Independent Observer program are also invited to attend the hearing.

After the hearing, the IOC President promptly notifies the decision of the Disciplinary Commission Table to the athlete or other person, the chef de mission, the International Federation, the Independent Observer and WADA.

The entire disciplinary procedure described above is to take 24 hours from the conclusion of the sample analysis or, in the case of a non-adverse analytical finding, from the first notification of the matter to the athlete, unless such time is extended by the IOC President.

The IOC decision may be appealed to CAS within 21 days of its receipt by the appealing party. The appealing parties may be the athlete or other person, the relevant International Federation or other Anti-Doping Organization or WADA.

### **SUMMARY OF RESULTS MANAGEMENT PROCESSES OBSERVED BY IO TEAM**

During the period of the Olympic Games, IO Team Members observed the following aspects of the IOC results management process:

#### ***Notification of adverse analytical findings that did not proceed beyond the initial review of the case by the Chairman of the Medical Commission due to an existing TUE on file with the IOC***

During the period of the Olympic Games, the Chair of the IO team was notified by the Laboratory of 33 adverse analytical findings (including one control sample) reported to the IOC for substances for which Abbreviated Therapeutic Use Exemptions (aTUEs) are routinely granted. None of these cases were followed by the IOC beyond the initial review stage. On the last day of the Games, the Chair of the IO Team was given copies of the aTUEs on file at the IOC which justified the decision not to proceed in each case. It was not possible for us therefore, to determine whether any aTUEs were granted in a retroactive fashion.

Whilst there is no suggestion that the TUE management at the Olympic Games was carried out other than in accordance with IOC Rules, the IO Team would nevertheless recommend for the future that the IO team be provided in each case with a written copy of the applicable aTUE or TUE on file at the IOC on the same day as the adverse analytical finding for the athlete is reported by the laboratory. This was the specific procedure agreed between the IOC and WADA in advance of the Games but it was not followed by the IOC during the Games. It was not possible for us therefore, to confirm that all TUEs were granted appropriately and in a timely way, and not retroactively.

#### ***Notification of IOC decisions to notify athletes or other persons of anti-doping rule violations***

Throughout the period of the Olympic Games, there was only one adverse analytical finding that resulted in the IOC's prosecution of an anti-doping rule violation under its Rules. This was the case of the Russian biathlete, Olga Pyleva, who tested positive for the prohibited substance, carphedon. The IO team considers that it was given proper and timely notice of the *Pyleva* case upon receipt by fax of a copy of the notification letter sent by the IOC President to the athlete on 15 February 2006.

#### ***Notification of IOC decisions to impose provisional suspensions on athletes or other persons***

Ms Pyleva was similarly the only athlete who was the subject of a provisional suspension imposed at the Olympic Games. The IOC decision to impose a provisional suspension in her case was said to be out of fairness to the other athletes competing in the Women's 7.5km sprint biathlon event on Thursday 16, February 2006 which was to take place before Ms Pyleva's hearing for the carphedon violation could be convened. Again, the IO Team considers that it was given proper and timely notice of the IOC's decision by fax of a copy of the notification letter sent by the IOC President to the athlete on 15 February 2006.

#### ***Attendance at IOC Disciplinary Commission hearings***

The IO team was invited to, and did attend, the IOC Disciplinary Commission hearing in the *Pyleva* case on 16 February 2006. No other Disciplinary Commission hearings were convened during the course of the Games.

#### ***Receipt of IOC Disciplinary Commission disciplinary decisions***

The IO team received timely notice of the Disciplinary Commission's decision in the *Pyleva* case which was notified to all parties shortly after the hearing on 16 February 2006.

## SUMMARY OF RESULTS MANAGEMENT PROCESS NOT OBSERVED BY IO TEAM

The IO Team was not invited to and did not observe the following aspects of the IOC results management process at the Games:

### *IOC decisions not to proceed with adverse analytical findings beyond the initial review stage by the Chairman of the Medical Commission*

The IO team was notified of two adverse analytical findings that occurred during the Olympic Games that were not pursued by the IOC beyond the initial review stage (step 2 above). The Chair of the IO Team was informed verbally by the Chairman of the IOC Medical Commission of the IOC decision not to proceed in each case, together with the reasons for the decision. The IO Team was not however invited to observe any part of the deliberation process that led to the IOC decisions being taken. The nature of the issue common to both cases was described above. Given the importance of this part of the doping control process, the IO team recommends that this approach must be revised in the future to allow full observation.

### *IOC decisions to impose provisional suspensions on athletes*

Although the IO team was notified in the one case that arose of the IOC's decision to impose a provisional suspension on Ms Pyleva, this was only after the IOC decision had been made on the evening of 15 February 2006. The IO Team was not invited to and did not attend any part of the deliberation process that led to the IOC's decision being taken.

### *IOC Disciplinary Commission deliberations*

The IO team was not invited to participate in the deliberations of the Disciplinary Commission that took place following the hearing of Ms Pyleva on 16 February 2006.

## NO OBSERVATION OF IF RESULTS MANAGEMENT AT THE GAMES

It was not part of the IO Team's mandate to observe the process by which International Federations recognized IOC decisions at the Games concerning their particular sport. It should be noted that the IOC only has jurisdiction as regards the eligibility of athletes competing at the Olympic Games. Beyond disqualification of an athlete from the Olympic Games, the matter is routinely referred to the athlete's International Federation to "recognize" the IOC decision and to take any follow up action that may be required in respect of a violation of the Federation's Rules. In this regard, the IO team learned that, following the IOC's decision to

disqualify Ms Pyleva from the Games on 16 February 2006, the International Biathlon Union (IBU) convened a hearing in Turin of its own disciplinary commission and duly banned the athlete from competition under IBU Rules for a period of two years.

For the sake of completeness, it should be noted that it was not part of the IO team's mandate to observe the decision-making process of the International Ski Federation (FIS) which led to the imposition of 5-day start prohibitions on a number of athletes during the course of the Games on grounds of their having unacceptably high blood haemoglobin values. The IO team did however, with the consent of the parties involved, attend the single case in which an athlete sought to challenge the legality of her 5-day start prohibition before the Court of Arbitration for Sport (see section below on the *Evi Sachenbacher* case).

### *Olga Pyleva case*

#### Summary of Facts

Ms Pyleva, a Russian biathlete, finished in second place in the Women's 15km Individual Biathlon event on Monday 13 February 2006. A urine sample provided by her following the event disclosed the presence of carphedon, a banned stimulant on the Prohibited List. The adverse analytical finding was notified by the laboratory to the IOC at approximately 19:30hrs on Wednesday, 15 February 2006. A Disciplinary Commission was established and the athlete was immediately notified in the evening of 15 February 2006 of a hearing to take place the following afternoon at 14:00hrs on Thursday, 16 February 2006. The athlete confirmed that she wished to have the B sample analyzed and the B sample analysis was scheduled for 10am on Thursday, 16 February 2006.

At the hearing on Thursday 16 February 2006, the athlete explained that she had suffered a foot injury a month before the Games and had been prescribed a medicine called phenotrophile by her personal doctor in Russia in order to alleviate the pain. On her arrival in Turin, the pain had resurfaced and she had taken the medicine on 3 consecutive days prior to her event on 13 February 2006. Phenotrophile was sold in Russia as a vitamin and manufactured by a Russian vitamin manufacturer. The athlete explained that this was why she had not listed phenotrophile on her Doping Control Form but had instead made a generic reference to having taken "polyvitamins". The Russian Team Doctor, Dr Nikolay Durmanov, informed the Disciplinary Commission that the Russian Olympic Committee had known that phenotrophile contained carphedon and had requested the manufacturer on several occasions to indicate on its packaging that a prohibited substance was contained in its ingredients but this had not happened. Dr Durmanov admitted that the presence of carphedon in Ms Pyleva's sample was a violation of the Rules.

Following the end of the hearing, the Disciplinary Commission deliberated in private session and concluded that the athlete had committed a doping violation. The decision was conveyed on the evening of 16 February 2006 and it was confirmed that the athlete was disqualified from the Women's 15km Individual event and excluded from the Olympic Games. The Russian NOC was ordered to return the athlete's silver medal.

### Handling of disciplinary cases by the IOC

Before commenting on the specific procedures applied to this case, the IO team would highlight a small but significant change in the IOC's policy as regards the hearing of disciplinary cases at the Olympic Games. Under previous versions of ADRIOC, all decisions in disciplinary matters were taken by the IOC Executive Board, albeit on the recommendation of the IOC Disciplinary Commission which had heard the case and with the benefit of the Disciplinary Commission's draft decision before it. The role of the IOC Executive Board in this regard was formerly described as conducting a "plausibility check" (see Athens IO Report, page 70). Whether or not this was in fact the case, the additional step of convening an Executive Board meeting before announcement of the IOC's decision was considered to give rise to a number of practical constraints and the IO team's conclusion from the Athens Games was that, overall, the disadvantages of the additional step in the procedure outweighed the advantages. Its recommendation in the circumstances was that the IOC results management procedure be "streamlined" (see Athens IO Report, page 71).

The IOC, in its new version of ADRIOC, has adopted the thrust of the IO Team's recommendation by re-defining the extent of the IOC Executive Board's role in the decision-making process at the Games. Article 7.1.6 now provides for the delegation of powers from the IOC Executive Board to the Disciplinary Commission, including, notably, the power for the Disciplinary Commission to decide upon measures and/or sanctions:

*"7.1.6 In all cases of anti-doping rule violations arising upon the occasion of the Olympic Games for which the IOC Executive Board has delegated all its powers to the Disciplinary Commission, the Disciplinary Commission will decide on the measure and/or sanction to be pronounced. Such decision, which the Disciplinary Commission shall promptly communicate to the IOC President and the IOC Executive Board shall constitute the decision of the IOC".*

This new Rule is compared to previous versions of the ADRIOC which stated (Article 7.2.12 of the Athens version of the ADRIOC) that "based upon the report of the Disciplinary Committee, the IOC Executive Board shall decide upon the case".

The delegation of power by the IOC Executive Board to the Disciplinary Commission is nothing new, such delegation being enshrined in the IOC Charter (Rule 23.2.2.4). What is new is that the additional step in the results management procedure – namely, the IOC Executive Board meeting to decide upon the Disciplinary Commission's recommendation in a disciplinary case – has now been removed in the majority of cases i.e., unless the IOC President decides when establishing the Disciplinary Commission at the outset that the decision in the case is to be taken by the IOC Executive Board. In the IO Team's opinion, this is a definite improvement to the IOC results management procedure. It means first and foremost that the disciplinary body that has heard the evidence in a case and which is therefore in the best position to evaluate it, is the body that is taking the decision. This is consistent with basic legal principles. It also means that IOC decisions will, in most cases, be expedited which, in the context of an Olympic Games, can only serve as an advantage. It is also sensible, however, that the IOC Executive Board retains the right through the IOC President to determine, where appropriate, that individual cases should still be referred for decision making to the IOC Executive Board. This will be particularly significant for example, when issues of IOC policy are to be determined.

### Time limits

Article 7.2.13 of ADRIOC states that "the entire disciplinary procedure shall not exceed 24 hours from (i) in the case of an adverse analytical finding, the conclusion of the sample analysis (i.e. on the A sample)..." . Whilst the IO team believes that this time limit was observed in the *Pyleva* case, it would note in passing that there is the potential for ambiguity in determining the precise time when an A sample analysis is deemed to have been "concluded". Does the reference in Article 7.2.13 mean the time when the analytical procedures are complete or does it mean when the A sample result has been conveyed to the Chairman of the IOC Medical Commission? There could conceivably be a significant difference between the two and, since the consequences of failing to complete the process within the stipulated 24 hour period are potentially serious (notwithstanding the IOC President's power to extend the time limit where need be), the IO Team believes that this wording needs to be reviewed and strengthened.

### Provisional suspension

As stated above, Ms Pyleva was informed at the same time as the IOC's notification to her of the adverse finding on the evening of 15 February 2006 that she was provisionally suspended from competition with immediate effect pending the outcome of the Disciplinary Commission's decision. This meant that she was unable to participate in the Women's 7.5km Sprint Event in Biathlon that was due to take place before the Disciplinary Commission could be convened in the



afternoon of 16 February 2006. The IOC decision was said to have been taken because it would otherwise have been “unfair towards the other competitors that she participates in the said event.”

Under the Code (Article 7.5), the decision whether or not to provide for provisional suspensions lies with the Signatory and there are certainly understandable policy grounds in seeking to ensure both that the integrity of athletic competitions is maintained and that the retrospective annulment of results and redistribution of medals should wherever possible be avoided. That said, however, the rights of athletes whose lifetime goal it is to compete at the Olympic Games must also be safeguarded. The IO team notes in this regard that IOC Rules do not envisage any form of explanation from the athlete in response to the doping charge before the provisional suspension is imposed (even one where the time limits may be considerably commuted to take into account the fact of an imminent competition). Ms Pyleva was given no opportunity to be heard on the matter and, indeed, received notice of her provisional suspension only after it had already been imposed. IOC Rules do on the other hand provide that provisional suspensions may be appealed to CAS in accordance with ADRIOC Article 12. The IO team notes that this right of appeal was not drawn to Ms Pyleva’s attention when notifying her of the interim decision on 15 February 2006 and that this is in contrast to the IOC’s practice to notify athletes after the final decision of the Disciplinary Commission that they have 21 days in which to appeal the decision to CAS. The athlete should have been appropriately advised. Given how little time there was between the notification of Ms Pyleva’s provisional suspension on the evening of 15 February and the holding of the 7.5km event at midday on 16 February, there may possibly have been time constraints in proceeding to a CAS Appeal on the provisional suspension issue (notwithstanding the round-the-clock availability of the CAS) but the right of appeal to athletes must clearly be given in all cases.

### The principle of fairness

Article 8 of the Code sets out some basic principles relative to ensuring a fair hearing process for athletes asserted to have committed an anti-doping rule violation. These are not intended to supplant a Signatory’s own disciplinary rules, rather to ensure that each Signatory provides a hearing process that is consistent with the principles of fairness, (notwithstanding that a hearing may need to be expedited on the eve of or during a particular event): these principles include a fair and impartial hearing body; the right to be represented by counsel; the right to present evidence and the right to receive a timely written, reasoned decision.

**Fair and impartial tribunal** - Article 7.3.1 of the ADRIOC makes it clear that the members of the Disciplinary Commission must be impartial: “no person may be a member of the IOC Disciplinary Commission if he (i) has

the same nationality as the athlete or other person concerned (ii) has any declared or apparent conflict of interest with such athlete, the National Olympic Committee or International Federation of such athlete or any person whatsoever involved in the case or (iii) in any way whatsoever does not feel himself to be free and independent”. In the *Pyleva* case, it should be noted that the German Chairman of the Disciplinary Commission, Dr Thomas Bach, stood down from the Panel on grounds that a German athlete stood to gain from Ms Pyleva’s disqualification in the event that she was found to have committed a doping violation. He was replaced as Chairman by Mr. Denis Oswald and Mrs Gunilla Lindberg was appointed by the IOC President as the third member of the Commission for the case. In this way, the IOC took the required steps to ensure that the impartiality of the Commission was preserved.

**Right to legal representation** - Article 7.2.6 of the ADRIOC is clear in safeguarding an athlete’s right to legal representation at a hearing before the IOC Disciplinary Commission: “the athlete or other person may be accompanied or represented at the hearing by persons of their choice (e.g., lawyer, doctor etc), with a maximum of three for each athlete or person”. The question is whether and how such a right can be exercised given the tight 24-hour time frame which the ADRIOC envisages for completion of the disciplinary procedure. If the right to legal representation is but in name only, there may be a risk that the fairness of the disciplinary procedure is compromised. Some athletes may be fortunate enough to have access to their own legal representative on site or to legal representation through their National Olympic Committee but many will not and will not readily be in a position to obtain legal representation at such short notice. Ms Pyleva was herself not legally represented at the hearing before the IOC Disciplinary Commission on 16 February 2006. The IO team recommends that, given the importance of the right to legal representation, some of the practical aspects of how an athlete might exercise such a right in an Olympic Games environment be studied for the future. The IO Team simply notes in passing that a panel of local lawyers acting on a *pro bono* basis is traditionally placed at the disposal of athletes who wish to challenge decisions at the Games before CAS and one possibility may simply be to extend the availability of such a panel to athletes appearing before the Disciplinary Commission.

**Right to be heard** - Ms Pyleva was present at the hearing of the Disciplinary Commission and gave a full and frank account in defense of the charge against her. Her personal coach also spoke at some length on her behalf. The IO team considers that the athlete’s right to be heard was appropriately respected in this case.

**A timely, reasoned decision** - The decision in Ms Pyleva’s case was issued, after the deliberation of the Disciplinary Commission, in the early evening of Thursday, 16 February 2006 within the stipulated 24

hour time period from notification of the A sample result. The decision was well structured and accurately represented the evidence submitted at the hearing. The decision noted moreover that “the [Russian] Delegation confirmed, at the beginning of the hearing of the Disciplinary Commission, that the disciplinary procedure with respect to the alleged anti-doping rule violation, in accordance with Article 7 of the Rules, had been respected”. Copies of the decision were simultaneously notified to the athlete, the Russian NOC, the IBU, WADA and the Chair of the IO team.

One matter that the IO team would raise in this context concerns the notification of the final disciplinary decision before confirmation of the athlete’s B sample result. The B sample analysis in Ms Pyleva’s case took place at 10:00hrs on Thursday 16 February 2006 and the B sample confirmation was provided by facsimile from the laboratory at 21:40hrs on 16 February. The decision concluding that Ms Pyleva had committed a doping violation on the other hand was conveyed to the athlete and all other parties at 17:05hrs on 16 February. Whilst IOC Rules do not prohibit the imposition of sanctions based on the A sample result alone, the IO Team would reiterate (see Athens Report, page 17) that there is no provision in the ADRIOC for what happens in the event that the B sample does not confirm the A sample result. The IO Team’s opinion is that it might be more prudent for the IOC to wait for the B sample result before it communicates a disciplinary decision even though this might create difficulties in meeting the stipulated 24-hour deadline in every case. The IO team recommends that this position be addressed in the next version of the ADRIOC.

**Confidentiality** - According to Article 13.1 of the ADRIOC, any person who has access to the disciplinary file or who takes part in any stage of the procedure is bound by the duty of third party confidentiality. Furthermore, Article 13.2 requires that the IOC shall make every effort to maintain confidentiality of the results of all doping controls and of the identities of persons involved in the proceedings until an anti-doping rule violation has been established at a hearing, or the hearing has been waived by the athlete or the IOC has imposed a provisional suspension. The latter provision is significant because, once a provisional suspension is announced, it usually has an external impact upon those organizing the competition and public disclosure at this point, whilst undesirable, is difficult to avoid from a practical point of view.

News of Ms Pyleva’s doping charge first broke in the press on the morning of Thursday, 16 February and the IOC was subsequently obliged to confirm that a provisional suspension had been imposed and a disciplinary procedure was in course. It is unclear from whom the information was first leaked but evidence suggests that it most likely came from within the athlete’s entourage. In any event, since the provisional suspension had been imposed by the Disciplinary Commission on Wednesday, 15 February, the confidentiality period under IOC Rules had by that time expired.

**Appeal to CAS** - The athlete did not appeal the IOC’s decision to CAS nor did she appeal, to the IO Team’s knowledge, the subsequent decision of her international federation, the IBU, to ban her for two years.

Although there were no appeals to CAS from doping decisions at these Games, the importance of the presence of CAS at the Games should not, in the IO team’s opinion, be underestimated. CAS has now developed a considerable reputation as a fair and independent arbitral body and the mere presence of CAS at the Games (enhanced by the quality of the arbitrators appointed to its ad hoc Panel) ensures, in the IO team’s opinion, that disciplinary procedures are more likely to be followed in accordance with rules of natural justice. In this regard, the strength of the reputation that precedes CAS should be regarded as a powerful asset in itself and one that continues to serve the international sports community well.

### Evi Sachenbacher case (CAS)

On Saturday, 11 February 2006, the IO team attended the appeal brought before CAS by the German cross-country skier, Ms Evi Sachenbacher, against the decision of the International Ski Federation to impose a 5-day start prohibition on her following a health screen test revealed that she had an elevated haemoglobin count. Although strictly speaking such a case did not fall within the scope of the IO Team’s mandate at the Games, both parties (FIS and the athlete) consented to the IO presence at the hearing. The IO Team limits its comments to the procedures that were followed at the hearing and does not comment on the merits of the case or of the so-called start prohibition rule which gave rise to the appeal.

### Summary of Facts

Under FIS Anti-Doping Rules, the maximum permitted haemoglobin count for females is 16.0 mg/ml. Under FIS Rule B.4 entitled “Start Prohibition”, if an athlete has a haemoglobin count equal to or in excess of 16.0mg/ml, the athlete is notified that she cannot start a competition for a period of five consecutive days, including the day on which the blood test took place. Ms Sachenbacher had a blood test on 9 February 2006 that revealed a haemoglobin count in excess of the maximum permitted level. FIS duly prohibited her from starting for a 5-day period which period included her anticipated competition in her first Olympic event on 12 February 2006. In accordance with FIS Rules, the start prohibition was not stated to be a sanction but a necessary step to protect the health of the athlete concerned.

The athlete did not attend the hearing but was represented by her Team Doctor. FIS attended the hearing through its General Secretary and Chairman of its Medical Committee.

After review of all the evidence, the CAS Panel decided that there was no justification for lifting the start prohibition imposed by FIS and the athlete's application was denied.

### Handling of case by CAS

The IO team considers that the CAS hearing was properly conducted in accordance with the applicable CAS Arbitration Rules in place for the Olympic Games. In particular, the IO team would note the following:

**Time limits** - CAS practice at the Olympic Games is to render its decision within 24 hours of the application being filed. The application in this case was filed with CAS at 16:44hrs on Friday, 10 February 2006 and the CAS decision on whether the athlete could start in her event on the Sunday morning confirmed within the requisite time period by mid-afternoon on Saturday, 11 February 2006.

**Fair hearing** - Due to the shortness of time before the hearing, there had not been an opportunity for a full exchange of documents between the parties. Some documents were therefore exchanged during the hearing itself and the Panel took an adjournment to allow the parties a full opportunity to consider all materials submitted in evidence. Both sides agreed at the end of the hearing that the procedure conducted had been a fair one and that they had had ample opportunity to put their cases to the Panel.

**Right to legal representation** - it was notable that neither party was represented at the hearing by legal counsel. The athlete's appeal had been filed through a Swiss law firm in Berne but there was no legal representative in attendance at the hearing itself. As for FIS, they commented that they would have been represented by counsel but their lawyer had been unable to obtain accreditation for the Games. Whilst the absence of lawyers in no way detracted from what was a frank and open exchange of views between the parties, it is noted that legal representation may have been of assistance to the Panel at the outset of the hearing when there was some uncertainty as to the specific nature of the relief that the athlete was seeking. On this point, the IO team notes the CAS practice to organize for a group of locally-based volunteer lawyers to be available to any party appearing before CAS at the Games and recommends for the future that this fact be better brought to the attention of those concerned, including, by way of example, a clear reference to the availability of such local representation in the CAS application form to be filed by the athlete.

**Timely, reasoned decision** - At the closure of the hearing, the parties requested that CAS make an expedited decision within 1-2 hours on whether the athlete could start in the event on the following day, Sunday, 12 February. This was required to finalize the entry lists and CAS was able to meet the deadline

imposed. CAS issued its written award the following day, 12 February 2006. In the IO team's opinion, the award was well structured and well reasoned.

### RECOMMENDATIONS

For the future we would recommend:

- i.) that the IOC provide the IO team with a copy of any aTUE or TUE on file at the time of the commencement of the Games, and others as they become available, so as to be able to explain an adverse analytical finding covered by a TUE on the same day as the finding is reported to the IOC by the laboratory
- ii.) that the IO team be given the opportunity to observe the deliberations within the IOC which lead to a decision not to proceed with an adverse analytical finding or with any other anti-doping rule violation beyond the initial review stage by the Chair of the IOC Medical Commission
- iii.) that the IOC clarify in its Rules whether the time limit for concluding an entire disciplinary procedure (Article 7.2.13 of ADRIOC) is 24 hours from the conclusion of the A sample analysis or 24 hours from the time the adverse analytical finding is reported to the Chairman of the IOC Medical Commission
- iv.) that the IOC ensure, when imposing a provisional suspension on an athlete at the Games, that the athlete be informed of his/her right to appeal such a decision to CAS
- v.) that the IOC consider for future Games how basic legal representation (possibly through a group of locally-based volunteer lawyers) might be made available to athletes who are called to attend hearings before the IOC Disciplinary Commission at short notice
- vi.) that IOC Rules provide clearly for what is to happen in the event that an athlete's B sample does not confirm the A sample result after a disciplinary decision has already been taken in an athlete's case

## X – POST GAMES REPORT

At the time of writing, the IO team had not received a copy of the IOCMC report anticipated one month after the completion of the Games, i.e. March, 2006, and which was to include a report from the Director of the Laboratory. It is impossible therefore to comment on the contents of that report and any of its recommendations or findings.

*Andrew Pipe, C.M., M.D.  
Chair, Independent Observer Team  
29 April 2006*

## APPENDIX I - IO TEAM MEMBERS

**Andrew PIPE** CM, MD, LLD, DSc

**Canada**

**Director, Prevention and Rehabilitation Centre,  
University of Ottawa Heart Institute**

*IO Team Chair*

Dr. Pipe served as the chief medical officer to Canada's 1992 Olympic Team and was supervising physician of the basketball competitions at the Athens Olympics. He is chief medical officer for the 2006 Commonwealth Games and was recently named president-elect of Commonwealth Games Canada. Pipe led the development of the Canadian Centre for Drug-Free Sport and served as its first chair. He is currently chair emeritus and medical science adviser of the organization, renamed the Canadian Centre for Ethics in Sport.

**Manikavasagam JEGATHESAN**

**Malaysia**

**Deputy President, Olympic Council of Malaysia**

Dr. Jegathesan is a medical specialist in pathology with a long standing interest in doping control. He is deputy president of the Olympic Council of Malaysia and president of the Malaysian Association of Doping Control in Sports (MASDOCS), the hon. medical adviser to the Commonwealth Games Federation, and member of the Medical and Anti-doping Commissions of the IAAF and the Olympic Council of Asia. He has served as a medical and doping control delegate at numerous international sporting events at world and regional levels, and was once sprint champion at the Asian Games and semi-finalist at the Olympic Games.

**Anne GRIPPER**

**Australia**

**General Manager, Strategy, Operations  
Australian Sports Anti Doping Agency**

Anne Gripper joined the Australian Sports Drug Agency (now the Australian Sports Anti-Doping Agency) in 1999 as Manager of Testing. Her most recent role was General Manager of Operations with responsibility for Australia's athlete testing and education program. Anne serves as the Australian representative to the International Anti-Doping Arrangement (IADA) and was an inaugural executive member of the Association of National Anti-Doping Organizations (ANADO). Gripper was a member of the task force which developed the WADA International Standard for Testing.

**Una MAY** PhD

**Ireland**

**Program Manager, Anti-Doping Unit  
Irish Sports Council**

Dr May commenced working with the Irish Sports Council in 1998 and has managed the Irish Sports Council Anti-Doping Program since 2001. She holds a PhD in Exercise Physiology (1996) from John Moores University Liverpool, and a BSc (Hons) in Sports Science (1991) also from John Moores University Liverpool. She has represented Ireland in both orienteering and mountain running.

**John MILLER**

**Great Britain**

**Head of Division III (Laboratories)  
European Directorate for the Quality of Medicines,  
Council of Europe**

Dr. Miller is a chemist and pharmacist with many years of experience in pharmaceutical analysis and the establishment of pharmaceutical reference standards. He currently serves as head of Division III (Laboratories) at the European Directorate for the Quality of Medicines, Council of Europe in Strasbourg, France. Miller is also a visiting Professor to the Department of Pharmaceutical Analysis at the University of Strathclyde, Glasgow, in the United Kingdom.

**Kate MITTELSTADT**

**USA**

**Director of Doping Control  
United States Anti-Doping Agency**

Kate Mittelstadt serves as the United States Anti-Doping Agency's (USADA) director of doping control. She has been with USADA since its inception in 2000, beginning in the role of associate director of operations and seeing the agency through its start-up phases. She took over the role of director of doping control in 2002 and oversees a division staff of 10 and a network of approximately 90 Doping Control Officers. Mittelstadt has lived in Colorado Springs for the last seven years, working first with USA Badminton and then for the US Olympic Committee's training center division.

**Neil MURRELL**

**Barbados**

**Secretary, Barbados Anti-Doping Commission**

Neil Murrell is responsible inter alia for the general management, strategic planning, and the preparation of programs for the development of the National Sports Council in Barbados. For the past six years, as secretary of the Anti-Doping Commission, he is responsible for administrative duties in addition to training, education, and the results management process.



**Paul NIOZE****Seychelles****Secretary, Seychelles National Anti-Doping Committee**

Paul Nioze serves as administrative officer to the Seychelles Amateur Athletics Federation as well as the secretary to the Seychelles National Anti-Doping Committee. Nioze has been a member of the Committee since 2003 when it was formed. He participated in the 1992 and 1996 Olympic Games and was African Champion in triple jump in 1996.

**Huw ROBERTS****Great Britain****Legal Counsel, International Association of Athletics Federations-IAAF**

Huw Roberts is the legal counsel to the IAAF. He has been with the IAAF for five years and advises the Federation on all legal-related matters. Roberts has a particular involvement in anti-doping related activities and represents IAAF in cases before the Court of Arbitration for Sport. Prior to joining the IAAF, Roberts was a senior associate at the London law firm Herbert Smith, specializing in international commercial litigation and arbitration.

**Jose VELOSO FERNANDEZ****Uruguay****Sport Physician, Chief Doping Control  
Ministry of Tourism and Sport**

Dr. Fernandez serves as medical adviser to the Uruguayan Olympic Committee, is a member of the Medical Commission of the Pan-American Sports Organization, the Medical Commission of ODESUR (South American Sports Organization), and the Panathlon Uruguayan Club. He also serves as president of the Uruguayan Sport Medicine Society, and is an expert on the issue of drug abuse for the University of the Republic, Uruguay.

**Shannan WITHERS****Australia****Senior Manager, Executive Office, WADA**

Prior to joining WADA in 2001, Shannan Withers worked for the doping control program of the Sydney Organizing Committee for the Olympic Games where she coordinated the planning and conduct of doping control programs at a number of the sports venues. Although her current work with WADA is not specific to doping control, her role is a diverse one and touches on many various aspects relating to the issue. Withers' responsibilities include managing ad-hoc projects for the director general and the executive of WADA.



## APPENDIX II – SUMMARY OF INDEPENDENT OBSERVATIONS

Games Day		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Date	Day	11-Feb Sat	12-Feb Sun	13-Feb Mon	14-Feb Tue	15-Feb Wed	16-Feb Thu	17-Feb Fri	18-Feb Sat	19-Feb Sun	20-Feb Mon	21-Feb Tue	22-Feb Wed	23-Feb Thu	24-Feb Fri	25-Feb Sat	26-Feb Sun
BIATHLON	Men	1			1		1		1			1		1		1	
	Women			1			1		1							1	
BOBSLEIGH	Men									1							
	Women											1					
BOBSLEIGH - Skeleton	Men																
	Women						1										
CURLING	Men			1	1	1	1	1		1	1		1		1		9
	Women			1	1	1	1	1	1			1	1	1			8
ICE HOCKEY	Men					2	1	1	1	1		2	1		1	1	12
	Women	1	1	2	2			1	1	1	2				1		12
LUGE	Men		1			1											2
	Women				1								1				1
SKATING - Figure	Men						1										1
	Women													1			1
SKATING - Pairs	Men										1						2
	Women			1													2
SKATING - Short Track	Men		1						1							1	3
	Women					1			1				1			1	4
SKATING - Speed	Men	1	1	1			1		1			1			1		6
	Women				1		1			1		1				1	6
SKI - Alpine (All Disc)	Men				1				1	1	1				1	1	5
	Women					1		1		1	1		1				4
SKI - Cross Country	Men				1			1					1				4
	Women		1		1		1	1	1	1			1				4
SKI - Freestyle	Men					1								1			2
	Women	1									1		1				2
SKI - Jumping	Men		1						1		1						3
	Women																0
SKI - Nordic Combined	Men	1				2						1					4
	Women																0
SKI - Snowboarding	Men						1						1				2
	Women			1				1						1			3
Laboratory		1	1	1	1	1	1		1	1	1	1	1	1		1	14
Village - Torino				1	1	1	1	1		1			2				7
Village - Sestriere			1		1	1	1	1		1				1			6
Village - Bardonecchia					1			1		1							2

[illegible]

NOC Team Directors Meeting	09-Feb	CAS Hearings	11-Feb	IOC Disciplinary Commission	16-Feb	IOC MC Meeting	23-Feb	TUE Meetings	25 Feb & 26 Feb
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APPENDIX III - SUMMARY OF DOPING CONTROLS (as provided on IOC web site during the course of the Games)

Games Day	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	
	Date																											
Day	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun		
	Pre-Games																											
urine	9	5	20	14	22	13	18	10	19	16	15	22	34	5	6	10	0	12	1	7	0	2	1	0	0	0	261	
epo	9	5	18	14	22	12	18	10	19	15	15	21	31	5	6	10	0	12	1	7	0	2	1	0	0	0	253	
hGH	6	2	16	14	17	9	14	10	8	12	12	13	9	2	1	6	0	0	1	0	0	1	1	0	0	0	154	
hbocs	0	0	0	0	0	0	0	0	0	0	3	2	0	0	0	0	0	0	0	5	0	2	1	0	0	0	13	
B/T	0	0	0	0	0	0	0	0	0	0	3	2	0	0	0	0	0	0	0	5	0	1	1	0	0	0	12	
																											428	
Post Competition																												
urine	0	0	0	0	0	0	0	0	0	0	28	53	33	44	32	56	34	62	26	48	28	62	40	42	56	14	658	
epo	0	0	0	0	0	0	0	0	0	0	10	21	9	14	8	18	4	21	7	4	10	15	10	11	20	5	187	
hGH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
hbocs	0	0	0	0	0	0	0	0	0	0	9	2	9	8	10	3	18	1	17	6	0	12	9	4	10	15	133	
B/T	0	0	0	0	0	0	0	0	0	0	9	2	9	8	10	3	18	1	17	6	0	12	9	4	10	15	133	
																												791



## APPENDIX IV - SUMMARY OF LABORATORY REPORTS/RESULTS RECEIVED BY IO TEAM

	POSITIVES	aTUES	IRMS NEGATIVE (T/E <4)	IRMS NEGATIVE (DHEA >100 ng/ml)	EPO "INCONCLUSIVES"
Pre *	-	-	2	-	5
11-Feb	1 (Control)	1	2	-	5
12-Feb	-	2	2	-	2
13-Feb	1 (Confirmed)	3	1	-	4
14-Feb	-	1	1	1	-
15-Feb	-	3 (incl 1 x Control Sample)	1	-	-
16-Feb	1 (Case closed by IOC)	4	3	-	2
17-Feb	-	-	-	-	-
18-Feb	-	3	-	-	2
19-Feb	1 (Control)	4	-	-	-
20-Feb	1 (Case closed by IOC)	2	-	-	2
21-Feb	-	1	-	-	2
22-Feb	-	2	-	-	-
23-Feb	1 (Control)	3	-	-	1
24-Feb	-	-	-	-	-
25-Feb	-	3	-	-	-
26-Feb	-	1	-	-	-
	1 (Confirmed)				
	2 (Cases Closed by IOC)	33	12	1	25
	3 (Controls)				

\* **Pre** - Whilst the IO team did not observe doping controls prior to 11 Feb, results were received from 10 Feb onwards and included results from such earlier missions which were analyzed at the Turin WADA accredited Laboratory.