



# Report of the Independent Observers

XXIX Olympic Games, Beijing 2008



# REPORT OF THE INDEPENDENT OBSERVERS, XXIX OLYMPIC GAMES, BEIJING 2008

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# 1. INTRODUCTION AND ACKNOWLEDGEMENTS

This is the 5<sup>th</sup> time that the International Olympic Committee (IOC) has invited an Independent Observer Team (IO Team) to attend the Olympic Games and Olympic Winter Games and therefore its role of observing and reporting after the event on the various steps in the doping control activities is known to the Organising Committee, the National Olympic Committees and International Federations in particular.

At the outset of this report of the IO Team, we would like to state for the record that the IOC and the dedicated staff and volunteers of the Beijing Organising Committee for the Games of the XXIX Olympiad (BOCOG) are to be highly commended on the organisation of the doping controls at the Olympic Games in Beijing 2008.

Doping controls have become a standard element of the organisation at the Olympic Games and major sports events, but the task of organising “successful” doping controls is in truth a thankless one requiring skillful handling. The goal is to conduct the session efficiently and without complaints, but difficult circumstances are inevitable with the mix of victorious, jubilant Olympic champions and despondent fourth place finishers meeting up for the first time post-competition, not to mention frustrated Athletes and officials when the Athlete cannot provide a sample for many hours. The doping control teams in Beijing showed themselves to be sensitive to the demeanour of the Athletes and tried to conduct the procedures as unobtrusively as possible.

During the course of the IO Team’s observations, which covered all sports and venues in Beijing, very few Athletes that were tested responded that they had not undertaken a urine doping control previously. According to the collective experiences of the IO Team, this is considerably fewer than at previous editions of the Olympic Games, which is an indication that the global effort in the fight against doping has advanced significantly in terms of the Athletes exposure to doping controls.

Following the adoption of the World Anti-Doping Code in 2003 and its implementation by the sports movement prior to the XIX Olympic Games in Athens 2004, the Rules, Regulations and Procedures have standardised and become more familiar to the Athlete and team officials. The Independent Observer Team (IO Team) had the impression in Beijing that Athletes and accompanying medical personnel or officials were at ease with the procedures, thanks to their consistency as a result of the Code and International Standards.

The IO Team’s report is submitted with the intention of providing constructive comments on the doping controls that took place during the course of the Olympic Games in Beijing and the results management process. A number of recommendations accompany the report which are respectfully designed to assist the organisation of future events.

In concluding this brief introduction, the IO Team would like to express its respects to the International Olympic Committee for its support of the IO Team’s work in Beijing, to the World Anti-Doping Agency and particularly the two members of staff seconded to the IO Team, Shannan Withers and Tom May, to the Beijing Olympic Organising Committee for its assistance and finally special thanks to the employees and families of the members of the IO Team for their backing whilst we dedicated ourselves to this responsible task for three weeks.

## 1.1 EXECUTIVE SUMMARY

An Independent Observer Team (IO Team) was appointed to attend the Olympic Games in accordance with an agreement established between the International Olympic Committee (IOC) and the World Anti-Doping Agency (WADA). The Terms of Reference provided for the review of relevant documentation, attendance at the event venues to carry out observations and assessments of the various steps including test distribution planning, notification, sample collection and handling, as well as the subsequent Laboratory reporting and results management procedures.

Areas that were not part of the scope of the IO Team’s mandate were the pre-Games and Out-of-Competition programmes, the International Federation’s blood screening programmes and observation in the WADA accredited Laboratory which was handled by laboratory experts from the IOC Medical Commission (IOC-MC). The results management of the tests analysed at the Laboratory in Beijing from the pre-Games and Out-of-Competition programmes was however part of the IO Team’s assignment.

In total 4,770 tests were carried out as part of the doping control programme from 27 July until 24 August 2008, which was the largest ever testing programme for an Olympic Games. The tests included 3,801 urine and 969 blood tests. Urine tests included 817 EPO tests, and blood tests covered 471 human Growth Hormone (hGH) tests. The Beijing test figures show an increase of 32.5 % compared to the previous summer Games in 2004 in Athens. Tests were conducted at 41 doping control stations, 34 located in Beijing and seven in the co-host cities. Of the total number 1,462 were pre-Games/Out-of-Competition tests. 61 results were subject to a TUE.

Nearly half of the National Olympic Committees (NOCs) present in Beijing did not provide whereabouts information for their Athletes to enable the most effective pre-Games and Out of Competition testing programme. Information about the require-



ments and tools to facilitate the provision of whereabouts information should be made available to the NOCs in the future.

The various sections of the IO Team's report provide details about the organisation of the doping control procedures and recognise the IOC and the Beijing Olympic Organising Committee (BOCOG) for the dedicated work of the staff and volunteers in the doping control teams. The facilities at most of the doping control stations were of the highest standard, creating a comfortable environment for conducting the doping control sessions.

Even though this report contains comments in regard to various occurrences observed by the IO Team, we would like to state for the record that no departure from the IOC-Anti-Doping Rules (IOC-ADR), Technical Procedures or International Standards were observed that would invalidate the doping control results reported from the tests at the Olympic Games in Beijing.

All the disciplinary proceedings conducted during the Games and their administration were managed efficiently and professionally by the IOC. Furthermore, the IO Team applauds the position of the IOC-DC and IOC-EB to actively investigate the role of the team coach/medical personnel in the doping cases.

An area that left room for improvement was the administrative reporting of the Laboratory. Additionally there is considerable potential to make the results management administrative work more efficient and less susceptible to mistakes through multiple administrative systems used by BOCOG and the IOC. Since the development over the past few years of ADAMS, a secure integrated administrative programme specifically for doping control management, its use at the Olympic Games would make the processes much more efficient for all parties.

This is underlined by the fact that once the Laboratory had apparently delivered all reports to the IO Team, it transpired that around 300 test results were missing in comparison to the doping control forms. The IO Team therefore checked the status of the receipt of these Laboratory results with the IOC-MC, but at the time of the delivery of this report on 19th September 2008, the IOC had not been able to finish processing the test results from the Laboratory. They believed however, that they too may be missing some reports.

Consequently the IO Team reserves the right to submit further comment to this particular issue once the IOC has been able to cross-check all doping control report forms and test results from the Laboratory.

Regrettably there were technology problems with the on-line therapeutic exemption system (TUE) in the crucial period just before the Games. Nevertheless this did not disguise a lack of understanding of the TUE and aTUE process in many NOCs, who appeared not to be aware of the Rules and procedures to follow.

Until now the role of the Independent Observer Team introduced at the Olympic Games in Sydney 2000, has been to observe the doping control procedures and note any issues that occurred in a post-Games report. The IO Team in Beijing is of the opinion that the role of the IO Team could serve a more effective purpose through observing the doping control procedures and monitoring compliance, but also supporting the IOC Medical Commission and the Organising Committee by means of providing any observations on a daily basis that may contribute to improving the procedures throughout the Games.

## 2. SCOPE OF THE INDEPENDENT OBSERVER PROGRAMME (IO)

The IO programme was established at the 2000 Olympic Games in Sydney to enhance Athlete and public confidence at major events by randomly monitoring and reporting on all phases of the doping control and results management processes in a neutral and unbiased manner. A succinct post-event report is published summarising the conduct of the doping control procedure and where necessary, suggesting areas for improvement at future events.

With the introduction of the World Anti-Doping Code (the Code) in 2003, the IO programme was then expressly included under the roles and responsibilities assigned to WADA: *Article 20.7.7 - To conduct an effective IO Program.*

The International Olympic Committee, International Paralympic Committee, International Federations and Major Games Organisers were also specifically assigned by the Code (*Articles 20.1.5; 20.2.5; 20.3.7; 20.6.3 respectively*) to authorise and facilitate the IO programme.

### 2.1 SCOPE OVERVIEW

In accordance with the agreement signed between the International Olympic Committee, as the ruling body for the Olympic Games, and the World Anti-Doping Agency (WADA), as facilitator of the Independent Observer programme, the IO Team's Terms of Reference provided for observation of aspects of the doping control activities including, in particular: the selection of competitors, notification of doping control, sample taking procedures, transport and chain of custody of samples, procedure of therapeutic justification; and results management process including all hearings.

### 2.2 DETAILED SCOPE

With regard to the doping control process, the IOs observed certain aspects of the following areas:

- a) The system for processing, authorising, maintaining records and reviewing applications for therapeutic use exemptions (TUEs), including abbreviated TUE authorisations;
- b) Test distribution planning, including the determination of the total number of tests for the event, the allocation of tests per sport, discipline and event, and the selection of Athletes;

- c) Preparation of facilities for doping control;
- d) Equipment and doping control documentation;
- e) Procedures relating to the notification of competitors selected for doping control;
- f) Procedures relating to the escorting of competitors selected for doping control;
- g) Sample collection procedures at the Doping Control Station (applies to both blood and urine testing);
- h) Sample collection procedures where a competitor fails to comply with the request to provide a sample, or reports to the Doping Control Station later than required pursuant to the IOC Anti-Doping Rules ("the Rules");
- i) Completion of paperwork, including notification, doping control and chain of custody forms;
- j) Sample storage and transportation;
- k) Chain of custody of samples; and
- l) Information about recruitment and training of doping control officials and chaperones.

With respect to any subsequent Test Result Management processes, the IOs were involved in or informed about the following areas:

- a) Post-sample collection review of all Athlete doping control forms, including those of control samples;
- b) Review of Laboratory test results;
- c) Review of all DCO reports, including notification of failures to comply, and review of any additional irregularities noted by doping control officials, Laboratory staff or others;
- d) Attending B sample analysis, where possible<sup>1</sup>;
- e) Attending meetings of a Doping Control Review Committee when determining whether a potential doping offence has occurred<sup>2</sup>;

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1. *The IO Team did not attend any analysis of the B Samples, but had been duly notified about the time and location.*

2. *To the knowledge of the IO Team, no meeting of a Doping Control Review Committee took place to determine whether a potential doping offence had occurred. In order to ensure an expedited procedure as provided for under article 7.2.2 of the IOC Anti-Doping Rules, the IOC Medical Director, on behalf of the Chairman of the IOC Medical Commission reviewed the adverse analytical findings declared in the Laboratory report and verified that there had been no apparent departure from the International Standard for Testing or the International Standard for Laboratories (see paragraph 4.1 for further information).*

- f) Receipt and review of the notification of hearing dates given to the competitor;
- g) Attending all hearings of the IOC Disciplinary Commission and receipt of copies of relevant documents including sanction recommendations and decisions;
- h) Receipt of the notification of IOC Executive Board Meeting dates given to the NOC;
- i) Attending all meetings of the IOC Executive Board relating to doping cases and receipt of copies of relevant documents including decisions; and
- j) Attending appeals before CAS or any other judicial body<sup>3</sup>.

## 2.3 INDEPENDENT OBSERVER TEAM

- 2.3.1 The IO Team was composed of individuals from all over the world (six continents) with specific experience in various aspects of doping control. Members included sports and doping control administrators, medical doctors, lawyers, doping control experts and a former Athlete. All IO Team members signed a confidentiality agreement and a Code of Professional Conduct. The activities of the IO Team were supported by the World Anti-Doping Agency (WADA), whereby its work is completely independent of any body.
- 2.3.2 Prior to arrival in Beijing, the IO Team received detailed written information about the assignment including an IO Manual, the IOC Anti-Doping Rules and Technical Procedures Relating to Doping Control and organised a preparatory conference call between the members.
- 2.3.3 The assignments by the IO Team were scheduled so that all sports carried out in Beijing were observed at least once<sup>4</sup>. Sports that can be classified as higher risk were visited more frequently. A list of all the observation assignments is attached in Appendix A<sup>5</sup>. During the Games, the IO Team met every morning to review the previous day's observations from the various events and look ahead to the upcoming day's assignments.

- 2.3.4 The role of the Independent Observer (IO) team was strictly to observe the doping control and results management procedures and note any issues of non-compliance with the Rules and Procedures for inclusion in a post-Games report.

The IO Team members did not get involved in the doping control process or provide any advice or direction. Advice was requested by team doctors, coaches and Athletes on several occasions to help clarify various issues which were sometimes based upon language difficulties. At times it felt somewhat constrained not being able to try and assist to solve the problem, however the IO Team members adhered to their observation role.

- 2.3.5 The IO Team in Beijing made every effort to conduct its observations and tasks as discreetly as possible, in order not to create any form of pressure on the doping control personnel and potentially affect their work.

## 2.4 AREAS NOT PART OF THE IO SCOPE

### 2.4.1 Laboratory

Observation of the work of the WADA accredited Laboratory was not part of the IO Assignment in Beijing. The reason for this was that the Laboratory is independent of the owner of the Olympic Games, the IOC and the Organising Committee BOCOG. And the Laboratory has been granted accreditation by WADA who receives the results of all adverse analytical findings, as provided for in the International Standard for Laboratories. Furthermore, the Laboratory was supported by 17 highly experienced international WADA accredited Laboratory directors and technicians who were carrying out the analyses, as well as supporting the operation. Additionally the Laboratory's work was overseen by members of the IOC Medical Commission, who are themselves WADA accredited Laboratory Directors.

Comments to the Laboratory reporting are mentioned later in this report under paragraph 3.10 Laboratory Services.

3. None of the doping cases during the Olympic Games were appealed to the ad-hoc division of CAS in Beijing.

4. The IO Team only observed sports carried out in Beijing, thereby Equestrian and Sailing were not part of the assignment.

5. Observation of BMX Cycling did not take place due to a change to the programme caused by the weather; but Mountain Bike was at the same venue.



## 2.4.2 Pre-Games / Out-of-Competition testing

The pre-Games / Out-of-Competition testing programme was carried out by a collaborated effort between the IOC, WADA and BOCOG, known as the Task Force. The group coordinated the available whereabouts information and carried out testing on Athletes from 27<sup>th</sup> July 2008, both in Beijing, China and other locations including outside of China.

Observation of the pre-Games testing programme was not part of the IO Assignment, however a number of IF and NOC officials commented on it to members of the IO Team during the Games, notably the provision of whereabouts information. The pre-Games testing programme was also addressed during the NOC Team Doctors Meeting on 7<sup>th</sup> August 2008. Consequently, the IO Team feels that it is within the framework of its activities to refer to this subject in its report. This follows under the section on Test Planning under paragraph 3.5.

The IO Team did observe two doping control sessions from the pre-Games / Out-of-Competition testing programme at the Polyclinic and the observations are reported under paragraph 3.5.5.

## 2.4.3 International Federation pre-competition blood screening

Four IFs carried out pre-competition blood screening, IAAF (Athletics), UCI (Cycling), FISA (Rowing), UIPM (Modern Pentathlon). This testing was outside of the scope of the IOC-WADA-BOCOG pre-Games Testing or In-Competition Testing. The four IFs used the same testing protocol and the results were used for their own information purposes, which may have been used for potential target testing of Athletes with suspicious blood values.

Modern Pentathlon was the only IF that used the pre-competition blood screening in Beijing to determine a no-start for Athletes whose

haematocrit exceeded their rules of 50 for men and 47 for women or haemoglobin values of 17 dl/g for men and 16 dl/g for women.

## 2.5 MEETINGS WITH THE IOC AND BOCOG

In order to prepare for the IO assignment and establish channels of communication and procedures during the Games, a number of meetings, respectively discussions took place with the following persons:

- Professor Arne Ljungqvist, Chairman of the IOC Medical Commission.
- Dr. Patrick Schamasch, IOC Medical Director.
- Chen Zhiyu, BOCOG Doping Control Manager; He Xuan, BOCOG Doping Control International Relations.
- Dr. Moutian Mu, Director of the WADA Accredited Laboratory.
- NOC Physicians Meeting.
- Professor Ken Fitch, Chairman of the IOC-MC TUE Committee.
- IOC Medical and Administrative Staff: Cherine Fahmy (Results); Clare Lobb (TUEs); Susan Greineg (Disciplinary hearings).

Towards the end of the Games, several members of the IO Team met the IOC Director General at his request to respond to questions about the Independent Observer programme.

## 2.5.1 Communication with the IOC and BOCOG

- 2.5.1.1 During the Olympic Games in Beijing, it was necessary for the IO Team to communicate regularly with the IOC Medical Department, BOCOG Doping Control and the Director of the WADA Accredited Laboratory, in order to collect doping control protocol forms, results delivery as well as to check on timings relating to the doping control test plan. The communication was at

## Comments and Issues to Meetings with the IOC and BOCOG (2.5)

- I. Other than the Meeting of the IOC-MC on the final day of the Olympic Games, the IO Team was otherwise not invited to attend the first two meetings of the IOC Medical Commission or any of the daily informal meetings of the IOC-MC, the IOC-MC and BOCOG Doping Control or discussions in the IOC-MC TUEC.
- II. In relation to adverse analytical findings the IO Team received all documentation in a timely manner and was invited to observe hearings and meetings, but the IO Team was not able to observe if there were any discussions in the IOC-MC relating to doping issues, such as the organisation of the controls or discussions in the IOC-MC TUEC relating to a/TUE applications.

## Recommendations to Meetings with the IOC and BOCOG (2.5)

- a) The contract between the International Olympic Committee and the Independent Observer programme provides for the attendance of an independent observer at the meetings of the IOC-MC, sub-committee meetings and the IOC TUEC.

all times professional, courteous and helpful and the IO Team would like to extend its thanks to all persons concerned.

- 2.5.1.2 The IO chair also communicated two observations to the IOC Medical Director during the course of the Olympic Games in Beijing, which the IO Team believed were important to bring to his attention. These are mentioned under the section Sample Collection Session, at paragraph 3.8.

- 2.5.1.3 One of the doctors in the IO Team met with the Chairman of the IOC-MC TUE Committee to review the applications and following on afterwards he was invited to attend (part of) the final IOC Medical Commission meeting.

### 3. DOPING CONTROLS AT THE XXIX OLYMPIC GAMES, BEIJING

#### 3.1 APPLICABLE RULES

3.1.1 The applicable Anti-Doping Rules for the XXIX Olympic Games in Beijing consist of the:

- Olympic Charter.
- IOC Anti-Doping Rules (IOC-ADR).
- International Standard for Testing incorporated into the IOC-ADR.
- International Standard for Testing.
- International Standard for TUEs.
- International Standard for Laboratories.
- Technical Procedures Relating to Doping Control, Beijing 2008, Appendix 3 of the IOC-ADR.
- World Anti-Doping Code 2008 Prohibited List

Rule 44 of the Olympic Charter states “The World Anti-Doping Code is mandatory for the whole Olympic Movement.”

3.1.2 The IOC Anti-Doping Rules applicable to the XXIX Olympic Games in Beijing, the Technical Procedures Relating to Doping Control and the World Anti-Doping Code 2008 Prohibited List were distributed to the National Olympic Committees, International Federations and other interested parties three months before the Opening of the Games, on 7<sup>th</sup> May 2008, together with an explanatory letter from the IOC Director

General and a list of substantive amendments and adaptations to the IOC Anti-Doping Rules compared to the version applicable to the XX Olympic Winter Games in Torino 2006.

Furthermore, the documentation was freely available on the IOC Website under :

[www.olympic.org/uk/organisation/commissions/medical](http://www.olympic.org/uk/organisation/commissions/medical)

#### 3.2 RESPONSIBILITIES FOR DOPING CONTROLS

Chapter 1 of the Technical Procedures Relating to Doping Control defines the various responsibilities of the different parties:

*“The IOC Medical Commission (IOC-MC) is responsible for overseeing the Doping Control Program on behalf of the IOC.*

*The Beijing Organizing Committee for the Games of the XXIX Olympiad (BOCOG) and, more specifically, BOCOG Medical Services, are responsible to setting up the infrastructure to enable the Doping Control Samples to be collected and analyzed in accordance with the Rules. The primary objective of BOCOG Doping Control Program is to ensure the safe Chain of Custody of both the Athlete and the Sample throughout the Doping Control process.*

*The IOC Medical Director and the Head of BOCOG Doping Control Program provide the link between IOC-MC and BOCOG Medical Services.”*

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#### Comments and Observations to Applicable Rules (3.1); Responsibilities for Doping Controls (3.2); Guides and Documentation (3.3)

- Since the IOC Anti-Doping Rules applicable to the XXIX Olympic Games in Beijing had been reviewed by WADA for Code compliance, the observations of the IO Team are limited to the practical implementation of the applicable Rules and guides.
- In the explanatory letter to the IOC-ADR that contained a list of substantive amendments and adaptations compared to the version applicable to the XX Olympic Winter Games in Torino 2006, there were no specific references made to the changes compared to the XXIX Olympic Games in Athens. This information would also have been relevant, since nearly half of the participating NOCs at the Summer Games did not take part in the Olympic Winter Games 2006 and at some NOCs, different individuals are managing the Summer and Winter Games information and teams.
- There was lack of clarity with the Rules relating to Therapeutic Use Exemptions (TUEs), and this will be raised under paragraph 5.1. of the section, Other Areas.

#### Recommendations to Applicable Rules (3.1); Responsibilities for Doping Controls (3.2); Guides and Documentation (3.3)

- The International Olympic Committee Medical Commission reviews the Organising Committee's training manual to ensure consistencies with the applicable Rules and Technical Procedures;
- The Organising Committee produces the same level of detail in the booklet “Brief Doping Control Procedure” for blood testing as for urine testing, as well as an illustrated poster for the blood testing procedures.

### 3.3 GUIDES AND DOCUMENTATION

3.3.1 BOCOG produced several booklets and illustrated guides in English and French to explain the doping control procedures to all participants:

- The Technical Procedures Relating to Doping Control, Beijing 2008 (which was included by the IOC as Appendix 3 to the IOC-ADR).
- Brief Doping Control Procedures – BOCOG Doping Control Programme.
- Prohibited List 2008.
- Poster showing the doping control procedures in visual form on the walls of each Doping Control Station and Processing Rooms.
- BOCOG Doping Control Programme Information Booklet (for BOCOG doping control staff, IOC Medical Commission, IOs).

3.3.2 For the purposes of the training of the BOCOG doping control personnel and volunteers, BOCOG produced a training manual. This documentation was only produced in Chinese and was therefore not provided to the IO Team. It appeared however as though there were a few minor inconsistencies contained in the training manual in relation to the published Technical Procedures Relating to Doping Control and some of the sample collection

procedures at the different venues, based on the observations of the IO Team. For example, the requirement for the Athlete to make a 360 degree turn with their shirt above their chest and pants beneath their knees before providing the urine sample, was not mentioned in the Technical Procedures, but was requested at all venues. It must be stated however, that minor differences in procedures at various venues did not affect the Athletes since they carried out testing at one and the same venue (with the exception of football). Specific issues will be mentioned under the section Sample Collection Session at paragraph 3.8.

3.3.3 BOCOG also produced a pocket-size Doping Control Programme Information Booklet which was provided to the doping control staff, IOC Medical Commission and the IO Team. It contained information on each of the venues, the name, photo and contact details of the doping control venue manager, event information, a small map of the location of the doping control station and the time required to reach the venue from the Olympic Family hotels. Additionally there was a list and photos of the members of the IOC Medical Commission and the Independent Observers. It was a very useful booklet for which we express thanks and suggest that future OCOGS produce a similar form of easy to reference information.



Illustration 1 - Technical Doping Control Procedure Poster (3.3.1)

### 3.4 DOPING CONTROL WORKFORCE

3.4.1 The BOCOG Venue Doping Control Workforce consisted of a Venue Doping Control Manager, a Venue Coordinator, Doping Control Officers, Blood Collection Officers (where blood testing took place), Chaperone Coordinator(s) and Chaperones. In total there were 917 persons involved in the Venue Doping Control Workforce, broken down as follows:

- Venue Doping Control Managers, 54 (professionals) - experienced international DCOs from CHINADA
- Venue Coordinator, 34 (volunteers) - DCOs from CHINADA
- Chaperone Coordinator, 35 (volunteers) - DCOs from CHINADA
- Doping Control Officers and Blood Collection Officers, 197 (volunteers) - doctors from local hospitals
- Chaperones, 581 (volunteers) - English speaking university students
- Overseas DCOs, 10 (professionals) - experienced international DCOs
- Overseas DCOs, 6 (volunteers) - international DCOs
- Additionally, translators supported the chaperones and DCOs as necessary.

3.4.2 After a rigorous selection process which involved an examination and language test followed by initial training and a further examination, the training programme for the above groups was planned as follows:

- Venue Doping Control Managers, November 2006, April 2007: 2 sessions of 3 days
- Venue Coordinator, April 2007: 1 session of 3 days
- Chaperone Coordinator, April 2007: 1 session of 3 days
- Doping Control Officers and Blood Collection Officers, April 2007: 7 sessions of 3 days
- Chaperones, May, June and July 2007: 15 sessions of 3 days
- Overseas DCOs, Training upon arrival

3.4.3 In the opinion of the IO Team, the training of the doping control personnel and volunteers was exceptional. The careful attention to the procedures and the diligence with which they worked was exemplary. The discipline of all the doping control workforce is to be highly commended, especially the restraint of the chaperones from the notorious issue of requesting autographs and photos from the Athletes—particularly when volunteers from other areas of the organisation were doing so.

A total of 16 international DCOs assisted the doping control procedures during the Olympic Games in Beijing. They were typically assigned to the venues with larger quantities of testing, and/or sports where their experience could be best used.

3.4.4 The achievement of training nearly 1000 persons in the Doping Control Workforce is thanks in no small part to the training as well as the transfer of knowledge provided by the International Olympic Committee's Medical Department and the World Anti-Doping Agency (WADA) who provided a three month intern programme for the BOCOG Doping Control Manager, Chen Zhiyu and two members of Chinese anti-doping programme.

### 3.5 TEST PLANNING

The scope of the work for the IO Team was the period of the Games in Beijing and therefore we cannot report directly on the test planning that was undertaken before the Games, but only on the impact of the planning of the In-Competition Testing as it affected the Olympic Games.

Details of the number of tests carried out are mentioned in Appendix B. The IOC decided to significantly increase the total number of tests from the Olympic Games in Athens, from 3,000 to 4,500. Following the recommendations of the Task Force conducting the pre-Games / Out-of-Competition testing, the number of these tests was increased further, resulting in a total number of tests of 4,600<sup>6</sup>. Additionally further tests were carried out during the course of the in-competition testing at the Games in Beijing due to the Rules in some sports that require a doping control in the event that a World, Olympic or Continental record is broken or where official timing clarifications resulted in competition positions being changed post-notification of Athletes (e.g. marathon swimming). The final number of tests was therefore 4,770 and the breakdown of the testing statistics is included in Appendix B.

6. Source: IOC website, 25th August 2008.



## 3.5.1 Whereabouts Provision and Compliance

During the NOC Team Doctors Meeting, the IOC Medical Director stated to all participants that more than 110 NOCs had not fulfilled their obligations in regard to the provision of whereabouts as defined in the IOC-ADR.

The IOC-ADR clearly states the responsibilities in this regard:

*"5.5 Athlete Whereabouts Requirements*

*5.5.1 The IOC requires each NOC after consulting with the relevant International Federations to identify a Registered Testing Pool of those Athletes who are potentially going to compete in the Olympic Games. The NOC must provide the IOC with detailed information no later than the date of the opening of the Olympic village for the Olympic Games, namely, 27 July 2008 about the intended location of their Athletes during the Period of the Olympic Games. Failure to do so may be considered as an anti-doping rule violation pursuant to article 2.4. The NOC may revise its Registered Testing Pool from time to time.*

*The NOCs are expected to monitor and manage the whereabouts information during the Period of the Olympic Games for all Athletes in the Registered Testing Pool specifying on a daily basis the locations and times where the Athlete or Team will be residing, training and competing. Athletes shall update this information as necessary so that it is current at all times. Failure to do so may be considered as an anti-doping rule violation pursuant to article 2.4. The ultimate responsibility for providing whereabouts information rests with each Athlete, however, it shall be the responsibility of each NOC to obtain whereabouts information as requested by the IOC.*

*5.5.2 Any Athlete in the Registered Testing Pool who is unavailable for Testing:*

*5.5.2.1 on two separate occasions during the Period of the Olympic Games; or*

*5.5.2.2 on one occasion during the Period of the Olympic Games in the event that such Athlete was unavailable for Testing on*

*two other occasions in the 18 month period prior to the missed test during the Period of the Olympic Games shall be considered to have committed an anti-doping rule violation pursuant to Article 2.4.*

*For each attempt, a Doping Control Officer shall visit the locations during the times specified by the Athlete for that date and time and shall stay no less than two hours at such location.*

*5.5.3 Whereabouts information provided pursuant to Article 5.5.1 shall be shared with WADA and other Anti-Doping Organisations having jurisdiction to test an Athlete on the strict condition that it be kept confidential and be used only for Doping Control purposes. Any NOC which fails to provide minimum Athlete whereabouts information as identified in article 5.5.1 may be subject to sanctions, in particular pursuant to Article 11 of these Rules."*

3.5.2 After the reminder issued by the IOC Medical Director at the NOC Team Doctors Meeting on 7<sup>th</sup> August 2008, the number of NOCs providing whereabouts information increased, but there were nevertheless approximately 102 NOCs (half the total participating NOCs) who did not provide whereabouts. During the Games, the IOC did not take any further action against those NOCs who were non-compliant with the Athlete Whereabouts Requirements of the IOC-ADR, however the IOC Medical Director and Doping Control Administrative Coordinator informed the IO Team that the NOCs concerned will receive written notification about their non-compliance after the Games.

3.5.3 The IO Team observed that some NOCs were not aware of the changes to the IOC-ADR requirements for the provision of whereabouts since the Olympic Games 2004 in Athens. At that time, the doping control officers would arrive at an NOC's headquarters to request the delegation's assistance in locating Athlete(s). This system was changed by the IOC for the Olympic Winter Games in 2006 in accordance with the Code and International Standards "whereby unannounced out-of-competition testing is prioritised".

3.5.4 On the positive side, however, the success of the pre-Games/Out-of-Competition Testing programme and the work of the Task Force

could be seen in the pre-Games doping controls which led to two positive doping cases: Fani Chalkia (GRE), 2004 Olympic Champion in 400m hurdles tested positive for the prohibited substance, steroid Methyltrienolone, in Japan and Maria Moreno (ESP), Cyclist, tested positive for erythropoietin (EPO), during the pre-Games testing programme at the Athlete's Village. Details are described under Results Management, Cases, paragraph 4.

### 3.5.5 Pre-Games Testing at the Polyclinic

Testing conducted was based on limited whereabouts information. The BOCOG staff member observed by the IO Team locating the Athlete, only had details of the NOC administration office within the Olympic Village accommodation, the Athletes name and sport. Nevertheless the chaperone used initiative to conduct no notice testing, by not disclosing the name of the Athlete at the NOC administration office through requesting a complete list of the accommodation details for all Athletes in the particular sport. The Athlete was located in her

bedroom and advised the chaperone that she was about to undertake a gym session at the village and could she do this prior to providing the sample. The chaperone encouraged her to undertake the doping control and then go training, but the Athlete decided to check-in at the doping control station, go training whilst being chaperoned and return for the test afterwards. The entire procedure was in full accordance with the Rules and Procedures.

### 3.5.6 Planning In-Competition Testing

3.5.6.1 Each sport on the programme of the Olympic Games had agreed doping control protocols signed by the IOC, IF and BOCOG that defined the number of Athletes to be tested and the type of tests for each competition. The type of test referred to whether analysis would be carried out for standard urine only or additional urine EPO, and blood. In the case of Athletics, a number of tests additionally underwent IRMS analysis, irrespective of the T/E ratio<sup>7</sup> exceeding 4.

## Comments and Observations to Test Planning (3.5)

- I. The planning of the in-competition testing at Rowing on the first day of the finals foresaw 28 urine EPO and 28 blood tests. This was an extremely high number relative to the capacity of the Rowing doping control station with three urine processing rooms and one for blood. BOCOG had originally proposed to use the Canoe doping control station as well, located approximately 5 minutes walking distance, but BOCOG reported that the IF preferred to remain in one doping control station. Unfortunately the testing session took several hours (up to 4) for the majority of Athletes, due to the long waiting time with most arriving within one hour of each other. The venue doping control manager tried to find solutions to speed up the procedures for the Athletes and immediately acted on the suggestion of the IF representative to transform his office into an additional blood processing room, since it had the necessary infrastructure in place. For the following day, the solution with the use of the Canoe doping control station was implemented and the teams were divided between the two stations as a matter of convenience for the team doctors accompanying their Athletes.

## Recommendations to Test Planning (3.5)

- a) The lack of adherence to the Rules for the provision of whereabouts information needs to be addressed. Despite the significantly increased number of tests and work of the IOC-WADA-BOCOG Task Force to carry out targeted pre-Games testing, this was undermined by the amount of missing whereabouts information. Information about the whereabouts requirements for the pre-Games testing period and during the Games needs to be better communicated to the NOCs and tools to facilitate the provision of whereabouts information should be made available to the NOCs to do so. Collaboration should be established between the NOCs and their NADO, who is handling this work on a year-round basis or the Regional Anti-Doping Organisation (RADO) to support the process.
- b) The subject of the provision of whereabouts should be included in the list of highlighted areas in the letter from the IOC Director General to the NOCs that was sent 3 months prior to the Games in Beijing with the applicable Rules, underlining the importance of the pre-Games / Out-of-Competition testing programme and any consequences that the NOCs may be subject to in the event of non-compliance. Earlier distribution of this communication by the IOC in the future will assist and/or address any lack of compliance with the provision of whereabouts at an earlier stage prior to the beginning of the pre-Games / Out-of-Competition testing programme.
- c) The work of the IOC-WADA-BOCOG Task Force continues to evolve with target testing including the specific menu of substances and methods tested. Collaboration with the IFs, who are conducting testing during the years between the Olympic Games, should be sought to obtain intelligence information and targets for testing.
- d) EPO testing is carried out on all Athletes selected for doping control in the sports where the use of EPO is known, and not only the medallists. Similarly, IRMS analysis is used in a more targeted approach over more sports.
- e) Since a sufficient quantity of blood was collected during In-Competition testing (4 vials), it would be opportune to analyse for hGH in certain sports as well.

<sup>7</sup> IRMS analysis was carried out on all samples with a T/E ratio more than 4.

- 3.5.6.2 BOCOG and the IOC defined a Doping Test Plan for all sports, of standard urine, EPO, blood testing, breath alcohol, and IRMS for Athletics, considering an appropriate testing coverage taking into account the specificities of the sport and/or the capacity of the Laboratory.
- 3.5.6.3 In the case of urine EPO analysis, the tests were limited to an agreed number in different sports which varied and consisted of the winner or all of the medallists, in some cases there were also random selections and Athletes who broke World, Olympic or Continental records and in some cases National records in Swimming and Athletics, which is a requirement in order to validate the record. In relation to the number of tests carried out, the number of samples subject to EPO testing was relatively low, notably in the sports where the use of EPO has been detected.
- 3.5.6.4 Blood testing was conducted for HBOCs and blood transfusion for in-competition testing and HgH for pre-Games testing.
- 3.5.6.5 The IO Team received a copy of the Doping Test Plan several days in advance of the Olympic Games, which also assisted with the administrative planning of the IO Team's observations.
- 3.5.6.6 The regulations for conducting the draw or selection of random Athletes was defined by the IF sport-specific procedures and was not mentioned in the doping control protocols or other documentation observed by the IO Team. For example in (a) Football, a doping control is also immediately carried out on any player who receives a red card [after being sent off the pitch]. The purpose of this is to ensure that a player does not purposely try to get sent off in order to avoid a doping control; (b) In Volleyball and Handball, those substitutes who do not take to the court but were on the team list are excluded from the random selection process.
- 3.5.6.7 The majority of team sports, namely Basketball, Football, Handball, Softball, and Volleyball had both team doctors or medical staff representatives present when the draw for the random selections was conducted. This served the purpose of checking that the team line-up on the printed document was correct and reinforced the team representative's confidence in the procedure for the draw.
- 3.5.6.8 In all sports observed by the IO Team, the IF and BOCOG had clearly discussed the procedures for the random Athlete selection in detail and all parties involved in the draw or selection were familiar with the protocol used.



### 3.6 NOTIFICATION OF ATHLETES

3.6.1 The notification of Athletes may appear to be a straightforward process, but in the environment of the Olympic Games, it is one of the really challenging tasks in the organisation of the doping control procedure. The various problems that can occur include language difficulties, intimidation by the sense of occasion, nervousness to approach famous sports stars, disappointed unapproachable Athletes, protective coaches, uninformed competition officials, demands of the media.

At the Olympic Games in Beijing, the IO Team would like to applaud the chaperones, who carried out their task with diligence and success.

3.6.2 The IO Team observed that the notification and chaperone process worked especially well at competition venues where the system had been closely planned with the IF and competition officials to assist the chaperones' and coordinators' understanding of the sport-specific procedures. All chaperones coordinators and some chaperones had radio contact that was also monitored by the doping control manager. From the observations of the IO Team this gave the chaperones additional

back-up and confidence to carry out their task. The chaperones had a multi-lingual notification explanation card to show to the Athlete that described the process until the Athlete reported at the doping control station in eight different languages (below).

3.6.3 BOCOG procedures for the specific cases where they had identified possible difficulties with chaperoning deserve a special mention. For example in the Athletics stadium, the notification took place, where possible, shortly after the finish line when the Athletes exited the live television zone and entered the first part of the mixed zone. The chaperone had barely a second to get the attention of the Athlete and make the notification before the intense media work began. Since the mixed zone corridors for the television interviews were extremely narrow, the chaperone was unable to accompany the Athlete and consequently a chaperone coordinator was positioned in the mixed zone with a viewing point that enabled him to observe all the notified Athletes as they passed through, as well as those who had not been notified yet.

**Notification**

中 您被选中接受兴奋剂检测，请持您的注册卡来此站。  
英 You have been selected for Doping Control. May I have your AD Card, please?  
法 Vous avez été choisi(e) pour le contrôle de dopage. Donnez-moi votre carte d'identification, s'il vous plaît.  
俄 Вы были выбраны на антидопинговый тест, дайте нам, пожалуйста, вашу AD-карту.  
西 Usted ha sido seleccionado para tomar el examen anti-doping. Deme su credencial, por favor.  
阿 أنت قد تم اختيارك لإجراء اختبار المنشطات، يرجى إعطائنا بطاقة AD الخاصة بك.  
日 こんにちは！ドーピング検査にご協力をお願いします。ADカードをお願いします。  
韩 도핑테스트를 받으실지요. ID 카드를 가져와 주십시오.

中 您需要提供尿样（尿检EPO）和血液样。  
英 You have been selected to provide urine sample(EPO if required) and/or blood sample.  
法 Il faut collecter l'urine (EPO) et/ou le sang.  
俄 Вы должны предоставить пробу мочи (с EPO) и/или пробу крови.  
西 Usted necesita proporcionar el tipo de la orina (al EPO de la fijación) y/o la muestra de la sangre.  
阿 تحتاج إلى فحص البول (EPO) وإذا لزم الأمر، فإجراء فحص الدم.  
日 尿サンプル（EPO）血サンプルをお願います。  
韩 소변을 채취하고/혹은 피를 뽑아야 합니다.

中 请在接到通知后1小时内到兴奋剂检测站报到。  
英 Please report to the Doping Control Station within one hour from the moment of notification.  
法 Il faut enregistrer à la station de contrôle de dopage en une heure à partir de ce moment.  
俄 Вы обязаны явиться на пункт сдачи проб в течение одного часа.  
西 Deve presentarse en una ora en la estación de control anti-doping.  
阿 يجب أن تتقدم في محطة المنشطات في غضون ساعة واحدة من لحظة إخطارك.  
日 チームメイト、一時間以内にドーピング・コントロール・ステーションに到着しなければなりません。  
韩 지금부터 한 시간 안에 도핑검사소에 도착해야 합니다.

**DOPING CONTROL STATION**

中 你可以选择 名本队的教练、医生、领队或队友陪同检测。  
英 You may bring your coach, team doctor, team leader, or teammate as representative.  
法 Vous pouvez demander une personne (entraîneur, docteur etc.) qui vous accompagne pendant le contrôle.  
俄 Вы можете право принять тест в сопровождении одного человека из тренерского, врачебного, руководящего состава или друга из команды.  
西 Usted puede traer un representante puede ser su entrenador, su médico o su compañero del grupo.  
阿 يمكنك أن تطلب شخصاً من مدرب، طبيب، قائد الفريق، أو زميل في الفريق.  
日 立方は同伴者（コーチ、医者さん、チームリーダー、チームメイト）を一人伴うことができます。  
韩 당신은 팀의 관계자 한 명과 함께 갈 수 있습니다.

中 你在到达检测站之前不能排尿，我将全程陪伴你。  
英 Please do not urinate until we arrive at the Doping Control Station. I will chaperone you all the time.  
法 Ne pas uriner avant d'arriver à la station de contrôle de dopage. Je vous accompagnerai toujours.  
俄 Прежде чем пробирку сдать нельзя никуда идти, я буду все время вместе с Вами.  
西 No orine hasta que lleguemos a la estación de control anti-doping, por favor. Lo acompañaré siempre.  
阿 لا يمكنك أن تسرح البول قبل أن نصل محطة المنشطات، سأرافقك في العملية كلها.  
日 ドーピング・コントロール・ステーションに到着するまで排尿してはいけません。私はずっと貴方につき添っていきます。  
韩 도핑검사소에 도착하기 전에 배뇨하지 마십시오. 도핑 검사소에 도착한 때까지 제가 당신과 동반 여행하겠습니다.

中 请填写通知单并签名。  
英 Please sign your name on the Notification.  
法 Vérifiez les informations, et signez.  
俄 Распишите на этом бланке, пожалуйста.  
西 Revise la hoja de la notificación y firme aquí.  
阿 يرجى التحقق من المعلومات وقم بالتوقيع.  
日 通知記録書の情報を確認してください。それからここでサインしてください。  
韩 검사서의 내용을 확인하시고, 서명하십시오.

Illustration II - Multi-language Notification (3.6.2)

3.6.4 A memorable incident was observed by an IO, with an extremely diligent chaperone following the letter of article 5.3.1 of the Technical Procedures Relating to Doping Control in “*where possible, be physically beside the Athlete*” as he proceeded to run behind the Athlete who was with the entire team on their

lap of honour of the hockey pitch after one of the early group stage matches. From the touchline the Athlete was in full view to observe. Another occasion saw a chaperone gathered into, or perhaps under, a successful team’s huddle after a basketball match.

### Comments and Observations to Notification of Athletes (3.6)

- I. The notification form did not contain a box to insert the Athlete’s starting number, respectively player’s shirt number. This is the easiest way to identify the Athlete, especially for chaperones who are probably not be familiar with the Athlete’s appearance alone.
- II. From the observations of the IO Team, the only competition where the notification process did not comply with the IOC-ADR was at Rowing and Canoeing. The Technical Procedures Relating to Doping Control, article 5.3.1, states that “Immediately after the completion or the determination of the final results for a Competition, the Chaperone shall present the Athlete for Doping Control with a Doping Control Notification...”

At Rowing and Canoe/Kayak, the Athletes were observed with binoculars from different standpoints on the shore for a period of approximately 30 to 45 minutes after their races before they were then notified. During this post-competition pre-notification period after the heats, the Athletes docked at the mixed zone and passed through it, before returning to their boats and undergoing a warm down. In some cases Athletes also decided to dock at the spectator area to meet family and friends. In the finals, the medal ceremony took place at another pontoon after doing the mixed zone interviews. Even though the notification did not fully comply with the IOC-ADR Technical Procedures Relating to Doping Control, that being said BOCOG made efforts to observe the Athletes as from immediately after the competition. An alternative would have been for the chaperones to use a bicycle along the tow path, whilst using a boat would have been dangerous with other races and training taking place continuously.

The problem with the notification process was emphasised at Rowing when one Athlete who had been selected for doping control in an early heat could not be located by the chaperone, was therefore not notified and returned to the Olympic Village without knowledge that he had been selected for a doping control. An unannounced doping control was carried out on the Athlete in question at the Polyclinic at the Olympic Village an hour after his return there.

- III. Rules regarding notification for testing at the end of an Athlete’s competition schedule for that day, were not always observed. The Technical Procedures Relating to Doping Controls, article 5.3.1 Notification of Athletes, stated that “If an Athlete is participating in further Competitions on the same day, reasonable efforts shall be made so that he/she will be notified at the end of his/her competition schedule for that day”. The examples observed by the IO Team are as follows:
  - a) At Tennis the rule was followed, e.g when a player had a singles and doubles matches on the same day;
  - b) At Swimming, the Athletes were notified immediately after they “qualified” for a doping control and chaperoned thereafter which is the usual procedure in the sport;
  - c) At Track Cycling and Wrestling the Athletes and their representatives complained about being notified before the end of their competition schedule that day. Since the Athlete is then under the obligation to provide the first urine sample after notification for doping control, in some cases this impeded their competition preparation for further heats or rounds;
  - d) At Softball however, the planning was made to test both teams in each of the semi-finals and then both teams in the 3rd-4th place match that took place later the same evening and notification already took place after the first match. With knowledge of the competition schedule, it would have been preferable in the test planning to test only the winning teams in the semi-final who progressed to the final that took place the next day, and test both losing semi-final teams in the evening 3rd-4th place match.
- IV. It was observed by the IO Team (e.g. Volleyball) that the Athletes frequently wanted to hydrate after competition and it would have been helpful for the chaperones to carry a waist bag cooler with sealed drinks to offer to the Athletes when they were fulfilling various media obligations and meeting family and friends during the period of up to one hour after notification whilst they were being chaperoned prior to checking in at the doping control station.
- V. A situation occurred whereby the name of the Athlete listed on the official competition list was different to that recorded on her accreditation tag. This resulted in a new notification form having to be completed in the doping control station. The name on the official competition sheet was the Athletes full name and on her accreditation was her preferred name. BOCOG’s requirement for the doping control form was the name from the Athlete’s accreditation.
- VI. At a number of venues, the Athletes were not advised of their right to complete post-match activities prior to going to the doping control station and missed out on the team talk, warm down and such like. In some sports (Basketball, Football) it was the express wish of the IF that the Athletes proceeded immediately to doping control and arranged in this way with the venue doping control team.
- VII. In the climatic conditions in Beijing, Athletes were often going from very warm temperatures and high humidity to an air-conditioned cool doping control station. The Technical Procedures to the Anti-Doping Rules stated under article 5.3.1 that “the Athlete shall be discouraged from taking a bath or shower...”. However, during the course of the IO Team observations there were a number of Athletes who insisted on having a shower prior to the sample collection session and there were no problems reported by the chaperones.

VIII. Folders holding Notification forms had no cover for confidentiality and to protect the paperwork in case it rains (one for London!). (continued p.18)

### 3.7 PREPARATION FOR THE SAMPLE COLLECTION

- 3.7.1 Preparations by BOCOG for the sample collection were meticulous and the education of all persons involved in the doping control process was extremely thorough.
- 3.7.2 The doping control stations were well located in the venues, clearly signposted, well laid out

and equipped. There was a wide range of cooled and room temperature soft drinks available, a television with access to all Olympic channels, reading material, booklets with information about the doping control session in English and French. In the waiting room as well as the processing rooms there were posters showing the sample collection process with pictograms and photographs.



### Illustration 3 - Doping Control Stations (3.7.2)



#### Illustration 4 - Multi-language Urine Collection (3.7.2)

## Comments and Observations to Notification of Athletes (3.6) (continued from p.17)

- IX. Some chaperones did not have watches and relied on the Athlete's own watch to record the time the notification took place.
- X. Whilst the diligence of the chaperones in notifying and keeping their Athletes under observation was to be applauded, it is nevertheless a challenge for chaperones (and their clipboards) to try to remain as discreet as possible during the post-competition activities and especially on the television transmission. The chaperones and all those working with the anti-doping organisation were dressed the same as other volunteers with a small armband depicting their doping control function, which enabled them to blend in more to the general organisation. The IO Team fully recognises it is a challenging and skillful balance to find between notifying and chaperoning the Athlete and remaining discreet in doing so.

### Recommendations to Notification of Athletes (3.6)

- a) The notification form includes a place for the Athlete's start number, respectively player's number.
- b) Chaperone coordinators should have a good level of experience in the sport.
- c) At sports where it may not be possible to notify the athletes immediately after the completion of the competition due to the logistics, a solution needs to be implemented to observe the Athletes post-competition and pre-notification to ensure that no possible manipulation occurs. (e.g. Rowing referred to above at Comments to Notification , II).
- d) The chaperone coordinator liaises with the IF technical official(s) located in the vicinity of the location of the notification and introduces the chaperone, to ensure the chaperone's role is understood. Similarly, communication with the Olympic Broadcast representative in the specific competition area identified for notification is established, to run through the plan for notification and chaperoning, in order to find an effective, yet discreet solution.
- e) Chaperones should carry sealed drinks to provide to the Athletes throughout the chaperoning.
- f) IFs exchange information about their sports-specific notification procedures, in order to exchange knowledge and experiences.
- g) Athletes should be permitted to fulfil post-competition activities, such as a warm-down, team debrief, etc. during the one hour period before registering at the doping control station.
- h) For Athletes competing more than once on the same day, consideration should be given to applying sports-specific Rules, whether to notify the Athletes after they first qualify for doping control (e.g. winning a competition, breaking a world record, etc.) since one procedure is not the best solution for all sports.



3.7.3 At each of the competition venues the size of the waiting room and number of processing rooms was adapted to the sport's requirements. At most venues there was one doping control station, with several stations at the following venues: Rowing/Canoeing—3 stations, Baseball, Shooting and Cycling—2 stations. The number of processing rooms varied according to the sport, with the majority of doping control stations having at least two rooms.

At the Polyclinic in the Olympic Village the doping control station had 8 processing rooms.

3.7.4 Urine and blood Berek kits produced by Berlinger which are universally recognised as being of a high quality were used for sample collection. The IO Team did not observe any irregularities with the kits at any stage of the proceedings. The only question that arose concerned the non-use of the plastic bags which are provided in the kit box. Some DCOs responded when asked by an Athlete, that they were not required in Beijing, without offering any form of explanation. Others informed the Athlete that they are only required when the sample is being shipped by air. On a few occasions the Athlete was permitted to use the plastic bags if they so wished.

In some countries plastic bags and absorbant pads are required in order to fulfil the UN3373 regulation on transport of biological materials (as was the case in Italy for the Olympic Winter Games, 2006 in Torino). Where applicable, Category B infectious substances assigned to UN 3373 must be packed in accordance with:

- for road transport - ADR Packing Instruction 650
- for air transport - IATA Packing Instruction 650



Illustration 5 - Berek Kits for Urine Sample (3.7.4)



Illustration 6 - Berek Kits (small) for Blood Collection (3.7.4)

3.7.5 The sample collection documentation consisted of a notification form and a doping control form. The doping control form documented everything about the sample collection session on one and the same form, including details of urine and blood samples, additional details for a partial sample collection and a second sample collection in the event of a dilute first sample. The doping control form did not contain "Consent for Research". Whilst this is not a requirement in the current IST, it has been practised for a number of years by many ADOs. Similarly the name of the Athlete's coach and doctor were not requested whilst both are included on the

Illustration 7 - Doping Control Form (3.7.5)

“international” WADA doping control form, and will be required information on the doping control forms (below) according to the new IST valid from 1<sup>st</sup> January 2009.

An additional paper was provided to the Athlete entitled “Medical Declaration” in order that they could list any medications they were taking. Generally this paper was provided whilst the Athlete was in the waiting room and it usefully stated: “List any prescription or non-prescrip-

*tion medications or supplements including vitamins and minerals taken over the past 7 days [include dosage where possible]”.* The handing out of the Medical Declaration form and its completion whilst the Athlete was waiting was very helpful and saved a lot of time during the sample collection process.

In the event of any special incidents during the doping control session, a supplementary report was completed.

### Comments and Observations to Preparation for the Sample Collection (3.7)

- I. At the Hockey venue, the blood processing was carried out in a screened-off area of the waiting room behind the registration desk, which did not provide the requisite level of privacy for the Athlete.
- II. The toilets in the Softball doping control station were small and uncomfortable for an Athlete and a chaperone together (definitely no room for 360 pirouettes in there! [see III of the Comments to 3.8.1]).
- III. The processing rooms at Boxing were small, particularly when an IOC, IF or IO representative was in attendance. Similarly the blood processing room at Water Polo was very small and it also served as the doping control venue manager’s office at other times. The IO Team observed the ‘phone ringing twice during one blood sample collection session.
- IV. The number of doping controls was significantly higher, 30%, than at the Olympic Games in Athens 2004, that had, in principle, provided the benchmark information regarding the number of processing rooms at each venue. Additionally the number of doping controls typically increased during the Games in the latter competition stages with semi-finals and finals, especially in team events. The IO Team observed several occasions when the waiting times in the doping control station were excessive (i.e. Athletics, Cycling, Football, Rowing, Marathon Swimming).
- V. The IO Team observed a few Athletes and representatives who commented that they were not comfortable with the sample number stickers that had to be attached to each copy of the doping control form. Their concern was that the stickers could potentially be removed, whereas writing on a carbon-copy paper could not be changed. Especially for the blood samples, the stickers were very fiddly for Athletes to stick correctly onto the small vials and the IO Team saw a number of stickers that were damaged and couldn’t be used. There was also concern expressed about how any remaining stickers were disposed of securely, as there was no procedure in place (spare stickers were calculated into each kit).

The IO Team was informed that the bar codes on the stickers and typed numbers were necessary in order to scan the doping control forms into the IOC result management system.

A recommendation to this issue follows with other aspects of the paperwork under the section Post Test Administration, paragraph 3.7.

- VI. At two doping control stations, the use of mobile phones was not permitted in the waiting room, even though the Technical Procedures Relating to Doping Control did allow this (article 5.1.2).

### Recommendations to Preparation for the Sample Collection (3.7)

- a) The Organising Committee needs to carefully calculate the amount of time that a session may take for all Athletes based on the competition schedule and plan the facilities so that the duration of the controls is not excessive with Athletes forced to wait for long periods to use the processing room(s). A solution with temporary screens and cubicles that still afford the Athlete sufficient privacy would be useful to create more processing rooms at peak testing times.
- b) The doping control forms should contain the Consent for Research option and the name of the Athlete’s coach and doctor.
- c) Provision for flexible Athlete transportation (T3) needs to be made in the event that the doping control session finishes late and there are no shuttles to the Athletes Village.

### 3.8 SAMPLE COLLECTION SESSION

#### 3.8.1 Urine Sample Collection

The mystique surrounding different ways of conducting doping controls has lessened since the adoption of the World Anti-Doping Code in 2003. Accompanying Standards to the Code mean that the procedures around the world in all Olympic and numerous other sports have become standardised and thus Athletes and officials are much more familiar with the processes than may have been the case in the past.

3.8.1.1 The quality of the facilities and the application of the DCOs enabled the sample collection sessions to be conducted at a very high level. The DCOs were calm, methodical and thorough at every step of the session. Two DCOs, in general, one female and one male conducted every session and there was always one DCO in the processing room when the other DCO was observing the Athlete providing the urine sample. Interaction between the two DCOs generally served to speed up the administrative completion of the doping control form.

#### Comments and Issues to Urine Sample Collection (3.8.1)

Several incidents were observed by the IO Team that challenged the DCOs and at times were referred to the Doping Control Managers but were solved well in the majority of cases:

- I. In some cases the meticulous thoroughness of the DCOs in checking and re-checking the details on the doping control form led at times to a rather lengthy and slow process, especially for those speaking slightly less fluent English. This was more common early on in the Games, and improved as the DCOs became more familiar with the procedures. It would have been useful for the DCO to show the Athlete the small hand-book that showed the doping control process in such cases or the illustrated poster on the wall of each processing room.
- II. A general issue observed by the IO Team was the time taken to clarify the first name and last name of the Athletes. On all accreditation cards except for the Chinese Athletes, the names were written, first name, then last name. For the Chinese Athletes it was the reverse.
- III. There were occasions at the Games in Beijing when Athletes were not accompanied by a team doctor or other official during the sample collection session or in the waiting room. At times, the Athletes were understandably emotionally distraught having not fulfilled their Olympic goal and the IO Team observed some incidents of highly emotional Athletes. Lengthy waiting times, partial and dilute samples added to their disposition and occasionally a few Athletes took out their feelings on innocent DCOs and others in the doping control station.
- IV. When the DCO explained the provision of the urine sample according to article 5.5.1 of the Technical Procedures Relating to Doping Controls, the Athlete was told to turn 360 degrees after raising their shirt over the chest and pants below the knees. A few Athletes commented that this was humiliating. This procedure was not mentioned in the Technical Procedures Relating to Doping Controls.
- V. In China tampons are mostly unknown and the DCO observing the provision of the urine sample was concerned that a form of manipulation device may have been used. Thanks to the understanding of different cultures by an experienced Athlete, the question was solved. The IOC Medical Director was duly informed so as to alleviate any issues thereafter.
- VI. At Triathlon the Athletes were requested to provide 120 ml, when the Rules stated that 110 ml was sufficient. Similarly at Weightlifting and at Football, the Athlete was requested to provide additional urine, when the amount provided was exactly 110ml and 75ml respectively.
- VII. The IO Team observed several irregular incidents with partial samples:
  - i) An Athlete insisted on retaining his partial sample in the beaker with him on returning to the waiting room.
  - ii) Two Athletes were permitted to keep their partial samples in the beaker and not transfer them to the partial sample kit, then "topping up" the partial sample in the same beaker. In so doing there was a risk of the Athlete spilling the already provided urine from the beaker.
  - iii) An Athlete who delivered a partial sample left the open beaker of urine in the processing room under observation of the Athlete's representative and a DCO instead of completing a partial sample when she returned to the toilet to attempt to provide additional urine.
- VIII. After giving a dilute sample, generally the DCO did not inform the Athlete not to drink any more fluids. Since the Technical Procedures stated that in the event of a dilute first sample the Athlete was only required to give one additional sample irrespective of its specific gravity, it appeared as though neither the DCOs nor the Athletes were concerned about ensuring a specific gravity of more than 1.005.
- IX. An Athlete apparently became faint after providing a urine sample and dropped the beaker into the toilet thus losing the urine. This information was not observed at first hand by the IO Team, but seen during its daily review of the doping control forms and supplementary reports and this observation was thereafter communicated to the IOC Medical Director in case it had not been brought to his attention.
- X. The IO Team did not observe the calibration of the refractometer often. It was generally cleaned with cotton buds or tissues between sessions. At the Badminton and Rhythmic Gymnastics venue it was calibrated with distilled water between every sample collection session. The IO Team observed a number of incidents of DCOs re-checking the refractometer in the final days of the Games - it appeared as though the battery in the device may have run down leading to possible malfunctioning.
- XI. The DCOs had not been instructed how to handle a TUE or aTUE if presented at the doping control session, that they should note this in the comments section on the doping control form.

3.8.1.2 There were minor differences with the way in which the sample collection sessions were carried out between venues. We refrain from defining these as inconsistencies, since there were no departures from the International Standard. There was also latitude for the IF to advise BOCOG of its sport-specific procedures with which the Athletes are familiar.

3.8.1.3 According to the Technical Procedures Relating to Doping Controls of the IOC-ADR, the amount of urine required was 75 ml for a standard sample and 110 ml for an EPO sample. The DCOs generally informed the Athlete they needed to provide at least this amount, "but more is better".

### 3.8.2 Blood Sample Collection

Blood testing was carried out in certain sports, as defined in each of the sports Doping Control Protocols for HBOCS and blood transfusions. The process involved collecting blood in two kits each with an A and a B vial to enable the analyses for the different tests. hGH testing was only conducted in pre-Games testing according to the observations of the IO Team.

#### Comments and Issues to Blood Sample Collection (3.8.2)

- I. At Modern Pentathlon the blood sampling was very poor on the second day for the women's competition and two Athletes veins were damaged. One Athlete had the needle inserted into the tendon which caused much discomfort.
- II. There are different opinions about the use of the tourniquet. Generally it was left on throughout the blood sampling session. Several doctors stated that this is not in accordance with the International Standard of medical procedures whereby it should only be used until the vein is located, the needle is inserted and blood begins to flow. Others mentioned that they leave it on throughout the blood sampling session and prefer this method.
- III. Prior to blood sampling the Athletes were not generally given a choice of using butterfly needles, which are widely used in order to reduce both discomfort and the risk of vein injuries. Similarly, a choice of disinfectants for the arm was not offered in case of allergies, only an open bottle of disinfectant using cotton buds was used at each venue. The IO Team was informed that butterfly needles and disinfectant wipes were available at all doping control stations undertaking blood sampling and the option to use either should have been offered to the Athletes. At the Modern Pentathlon venue however, butterfly needles and disinfectant wipes were not available.
- IV. The vials were not always gently inverted prior to their storage.
- V. Not all blood processing rooms had beds for the Athletes to lie down in case of feeling faint.
- VI. In most venues (Track Cycling, Football, Athletics, Boxing) the blood vials were not removed from the polystyrene box to store in the refrigerator before shipping to the Laboratory.
- VII. The IO Team observed one Athlete who complained to the IF Medical representative that he had been tested for blood on five consecutive days, which he felt was not fair and had caused haematomas in his arm.

#### Recommendations to Urine and Blood Sample Collection (3.8.1 and 3.8.2)

- a) For the DCO to show the Athlete the information documents, such as illustrated handbooks and posters in case of language difficulties or misunderstandings.
- b) The presence of a team doctor or official to accompany an Athlete to doping control, should be strongly encouraged, especially those who are emotionally upset after their competition.
- c) One standard amount of urine, instead of a different amount in the eventuality of EPO analysis, would avoid confusion and eliminate giving out a signal about the specific analysis of certain substances.
- d) The blood collection officers (BCOs) need to be experienced at blood sampling on Athletes.
- e) An option to use butterfly needles and choice of method of disinfection should be offered to the Athlete.
- f) The cooling procedures for blood samples should be harmonised in all venues in accordance with the International Standard and Laboratory requirements.

### 3.9 SECURITY, POST TEST ADMINISTRATION AND TRANSPORTATION

- 3.9.1 Security of the samples began with access to the doping control station. All venues were manned with a professional security officer outside who strictly controlled access. Persons with a special Doping Control Station accreditation-style pass were given access which was held for the period of the Games by the BOCOG Doping Control Workforce, members of the IOC Medical Commission and the IO Team. Athletes selected for doping control were given such passes on notification in exchange for their accreditation that was held by the chaperone. Typically the Athlete's representative received a doping control pass on arrival at the doping control station.
- 3.9.2 Registration at the doping control station took place immediately on entry. The registration desk was located right at the entrance at all venues, which caused a jam in the doorway at some stations that had a narrow entrance way. However with this set-up, unauthorised persons never had the opportunity to get too far into the doping control station. At most venues, registration by signing in and out of the doping control station was only required on first arrival and final departure and it was possible to leave the station during this period. At Table Tennis, it was necessary to sign each time any person entered or exited the doping control station.
- 3.9.3 At the conclusion of the doping control session, the paperwork was processed with the completed Sample Collection Documentation comprising the Athlete selection criteria, doping control notification, doping control official record form, supplementary report (if

used), chain of custody and at Swimming and Athletics potentially test application(s) for confirmation of national or regional record. The colour-coded copies for the Laboratory, BOCOG, the IOC and the IOs were distributed appropriately into the same colour-coded envelopes. The four above-mentioned envelopes were taken afterwards to the BOCOG control centre, located adjacent to the Laboratory for further distribution to BOCOG Doping Control, and the IOC, from whom the IO Team collected its envelope on a daily basis.

- 3.9.4 After completion of the paperwork and packing the samples into the special cases, the samples and the paperwork were carried from the doping control station by the Venue Doping Control Manager with two or three assigned members of the venue doping control team to the waiting transportation vehicle that was accompanied inside by armed guards. The assigned members of the venue doping control team travelled with the armed vehicle and performed the handover of the sample shipment to the Laboratory.
- 3.9.5 Observation of the handover to the armed transportation for the sample was carried out on a number of IO Team assignments and this procedure ran smoothly. Transportation to the Laboratory was only observed once since the IO Team did not have access inside the gates of the Laboratory. The procedure for delivery of samples to the Laboratory was explained to the IO Team by an international DCO who carried it out several times and underlined the high level of security at all stages. On arrival at the Laboratory the DCO removed all the samples from the polystyrene containers and these were checked off against the chain of custody documentation.

#### Comments and Issues to Security, Post Test Administration and Transportation (3.9)

- I. At one venue, Weightlifting, it was observed by the IO Team in the first days that the entrance to the venue doping control manager's office was left open. This was also the case at Track Cycling, but during the observations of the IO Team, the adjoining waiting rooms at both venues were always occupied with chaperones and the staff at the registration desk had a clear view of anyone entering the waiting room from the manager's office.
- II. At several doping control stations, the IO Team observed the keys to the refrigerator that contained the urine or blood samples left on top of it. From the observations of the IO Team, this only occurred when a DCO remained in, or at door of the processing room.
- III. The completion of the chain of custody forms and envelopes was a time-consuming process that was carried out fastidiously by the appointed members of the doping control venue team. The lengthy task was especially due to placing the sample code stickers on each of the chain of custody forms as well as on the envelopes. Even though the IO Team did not observe any irregularities with the completion of the documentation, there was a relatively high risk for mistakes to have occurred with the number of forms, envelopes and stickers coupled with a high number of extremely late finishes to the sample collection sessions after long days for the doping control venue team.

#### Recommendations to Security, Post Test Administration and Transportation (3.9)

- a) An electronic clearing system to process the documentation is introduced, in order to reduce the manual workload and therefore potential for errors.
- b) Electronic registration in and out of doping control stations would be an upgrade to consider being able to record all movements in and out of the station.





Illustration 7 - Transportation of the Samples (3.9.4-5)

### 3.10 LABORATORY SERVICES

As previously mentioned, observation of the work of the WADA accredited Laboratory was overseen by members of the IOC Medical Commission, many of whom are themselves WADA accredited Laboratory Directors. It was therefore not part of the IO Assignment in Beijing.

3.10.1 The manager of BOCOG Doping Control Services provided details to the IO Team about the Laboratory testing capacity. The Beijing Laboratory operated during Games time with employees divided into three shifts to ensure that the Laboratory was capable of receiving and analysing the samples seven days a week, 24 hours a day. The analytical capacity of the Laboratory was for 280 samples per day.

3.10.2 Contact between the IOs and the Laboratory was therefore limited to receipt of test results. The Laboratory Director insisted on written confirmation from the IOC that the IO was authorised to receive the results simultaneously, as is provided for in the terms of reference for the Independent Observers. After the

first two days of the Games this confirmation was forthcoming and the results were sent to the IO secure fax number. Some confusion arose with the Laboratory Director since the IO secure fax number was transmitted through Montreal to the IO computer in Beijing. The International Standard for Laboratories also requires that the Laboratory sends the results to WADA Results Management (adverse analytical findings) and this number is located at the WADA Office in Montreal. As a consequence, the Laboratory Director thought that he need only send the results once to Montreal for both groups—the Independent Observers and WADA. The IO chair explained to him in writing that the IO is independent of WADA and the secure number of the IO Office actually arrived in Beijing, but via a Montreal number and that the IO Team required all results.

3.10.3 Adverse analytical finding reports from the Laboratory were received by the IO Team in a relatively timely manner, in advance of the receipt of the copy notification from the IOC to the Athlete regarding the disciplinary proceedings.

### Comments and Issues to Laboratory Services (3.10)

- I. A delay in the Laboratory's reporting at the start of the Games was apparently caused by the need to re-analyse a number of samples, where the DCO had only selected the "EPO" box and not the "Standard" box on the doping control form as well. As a result the Laboratory only analysed these samples for EPO and not for the standard substances, which it should have done as a matter of course according to article 5.2.6.10 of the International Standard for Laboratories.

By providing boxes to tick on the doping control form about the substances that were being analysed, such as EPO or hGH, the Athletes and/or the support staff were thereby informed about what was not being analysed in that sport generally.

- II. In the second week of the Games, the Laboratory Director informed the IO chair that he had been unable to connect to the IO secure fax. Thereafter, the delivery of the results was inconsistent for approximately 4 days and there did not appear to have been a malfunction of the secure fax. *(continued on p.25)*

### Comments and Issues to Laboratory Services (3.10) *(continued from p.24)*

- III. Especially from the first days' testing at the Games, the negative results were not received in the 24 hour general time-frame that was foreseen in the Technical Procedures Relating to Doping Control, whereby the reporting timeframe did improve during the course of the Games. On Day 11 of the Games, a list of results that the IO had not received from Days 1 to 4 was sent to the Laboratory Director. No response was received and the results continued to arrive sporadically. On Day 14 another communication was sent with the updated list of results that had not been received by the IOs.
- IV. Once the Laboratory had delivered all reports to the IO Team it transpired that approximately 300 test results were missing. In our opinion, this was due to the administrative weaknesses relating to the Laboratory's reporting procedures. The IO Team therefore checked with the IOC-MC as to whether they had received the test results that the IO Team appears to be missing, but at the time of the delivery of this report on 12th September 2008, the IOC had not been able to finish processing the test results from the Laboratory. They believed however, that they too may be missing some reports.
- Consequently the IO Team reserves the right to submit further comment to this particular issue once the IOC has been able to cross-check all doping control report forms and test results from the Laboratory.
- V. The Information Exchange Sheet that was sent by the Laboratory to the IOC-MC to determine whether an Athlete had an aTUE in advance of issuing the Laboratory report had not been sent to the IO Team systematically. Only two Information Exchange Sheets containing 5 test results out of approximately 61 a/TUE confirmations were received during the Games were received by the IO Team<sup>8</sup>.
- VI. As a consequence of the use of the Information Exchange Sheets, the Laboratory reported samples that were confirmed by the IOC-MC as being subject to an aTUE as "negative". This is not in accordance with the International Standard for Laboratories, article 5.2.6.6 and 5.2.6.8 that require the Laboratory test report declares an Adverse Analytical or Atypical Finding. Such reporting is particularly important for Threshold Substances, in order that follow-up investigations can be managed and compared with other test results from the Athlete:
- 5.2.6.6. A single, distinct Test Report shall be generated to document the Adverse Analytical Finding(s) or Atypical Finding(s) of an individual Sample. The Laboratory Test Report shall include, in addition to the items stipulated in ISO/IEC 17025:2005, the following:*
- Test results (for Threshold Substances: the mean value, units, uncertainty details and reporting threshold shall be included);*
- 5.2.6.8. The Laboratory should qualify the result(s) in the Test Report as an Adverse Analytical Finding or "No Prohibited Substance(s) on Test menu detected". For substances requiring follow-up and that cannot be confirmed as coming from an exogenous source, the Laboratory shall qualify the result as an Atypical Finding in the Test Report.*
- VII. Once all Laboratory results had been received after the Olympic Games in Beijing, it transpired that the result for one of the quality control samples had not been sent to the IO during the Games. This is a concern as it contained a prohibited substance and should have been reported as an adverse analytical finding.
- VIII. The IO Team was informed by an IOC-MC Laboratory observer that the WADA accredited Laboratory in Beijing was unable to test for insulin. The IOC Medical Director was of the opinion that the WADA accreditation of the Laboratory determines which substances are tested. General practice, however, is for the client to decide on the test menu directly with the Laboratory. Nevertheless, all samples will be stored for 8 years to enable eventual re-testing, should the IOC deem this to be necessary in any cases.

### Recommendations to Laboratory Services (3.10)

- a) During the process undertaken by WADA to accredit the Laboratory for the Olympic Games, verification is required that the Laboratory is equipped to analyse all substances on the Prohibited List. Should the Laboratory not have the equipment or know-how to handle any substances or methods on the Prohibited List, the IOC (the Client) must be informed in order that it can review this with the Laboratory.
- b) It would be preferable for the doping control form not to indicate specifically which substances will be analysed in order that the Athletes and support staff are under the impression that any sample can be analysed for all substances and methods on the Prohibited List. Information to provide to the Laboratory about the type of analyses could be included on the chain of custody documentation.
- c) That the Laboratory Directory has an administrative assistant to handle the distribution of the results reporting.
- d) Simultaneous receipt of results to the IO Team is confirmed to the Laboratory by the IOC Medical Commission in advance of the Games.

8. Since the IO Team has not received the results of approximately 300 tests, the exact number of samples subject to an a/TUE cannot be precisely stated.

## 4. RESULTS MANAGEMENT

The IOC Results Management of alleged anti-doping rule violations at the Olympic Games is defined in Articles 7 and 12 of IOC-ADR. An expedited process is in place to ensure that any adverse analytical finding by the Laboratory is reviewed immediately and if there appears to be a violation of the anti-doping Rules, then the disciplinary procedure is undertaken in the time-frame of 24 hours or as near as possible thereto unless extended by the IOC President.

### 4.1 RESULTS MANAGEMENT OBSERVED BY THE IO TEAM

Members of the IO Team observed the following aspects of the IOC results management process:

- a) Administration of the results from the Laboratory by the IOC;
- b) Notification by the Laboratory of two Information Exchange Sheets with the IOC after partial analysis for beta2 agonist and/or glucocorticosteroid that may commonly be subject to a/n a/TUE<sup>9</sup>;
- c) Notification of an adverse analytical finding that did not proceed beyond the initial review of the case due to an existing aTUE on file with the IOC;
- d) Notification of IOC decisions to notify Athletes or other persons of anti-doping rule violations;

- e) Notification of IOC decisions to impose provisional suspensions on Athletes or other persons;
- f) Attendance at IOC Disciplinary Commission hearings;
- g) Attendance at IOC Executive Board Meetings regarding doping cases;
- h) Receipt of IOC Disciplinary Commission and IOC Executive Board disciplinary decisions.

### 4.2 ADMINISTRATION OF THE RESULTS FROM THE LABORATORY BY THE IOC

On a daily basis, one of the two WADA staff members on the IO Team, together most days with the IO chair collected the doping control forms from the IOC Medical Department. The results recording system by the IOC is managed in such a way to protect the confidentiality of the information to the greatest extent possible, so that only one member of the administrative staff is handling doping protocol forms, receiving Laboratory results and entering these into the IOC results database. The database can only be accessed additionally by the IOC Medical Director. Furthermore, the IOC Medical Department administrative assistant for results management has other tasks associated with the IOC Medical Commission to fulfil.

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### Observations and Comments to Administration of the Results (4.2)

- I. Whilst the IOC is to be commended for keeping the number of persons that have access to the doping control results and Athlete information to the absolute minimum, the IO Team observed that would have been a serious risk of a breakdown in the system if the administrative assistant became ill, notwithstanding the fact that this person cannot have a day off during a one month stint which may lead to tiredness and possible mistakes in the manual elements of the work associated with inputting doping control forms and result processing. The administrative assistant worked extremely diligently, but the fact that the number of tests and therefore the associated paperwork have increased by more than 30% since Athens 2004 from 3'000 to more than 4'700 compounded the situation.
- II. The IO Team observed that the IOC results administration did not include a review of the doping control forms and notably any comments by the Athlete on the form. This also applied to the supplementary report form.
- III. The administrative work associated with doping controls at the Olympic Games could be substantially reduced through the use of a secure integrated administrative programme, such as the Anti-Doping Administration and Management System (ADAMS), which would also reduce the risk of the present repetitive manual processes for repeated data entry. The IO Team had members familiar with the use of ADAMS in various capacities, including at the Pan-American Games in 2007 which can be compared to the Olympic Games in terms of the tasks relating to the anti-doping organisation requirements that included whereabouts information, test distribution planning, record of the doping control sessions, Laboratory reporting, TUEs and statistical reporting to various stakeholders.

### Recommendations to Administration of the Results (4.2)

- a) That the IOC considers seconding an anti-doping administrator from an Anti-Doping Organisation to support the results management administration at the Olympic Games.
- b) The use of a secure integrated administrative programme to handle the administrative doping control tasks at the Olympic Games is investigated by the IOC.

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9. The two sheets contained 5 test results out of approximately 61 test results subject to an aTUE.

### 4.3 ADVERSE ANALYTICAL FINDINGS—PROCEDURES

#### 4.3.1 Notification by the Laboratory of the Information Exchange Sheet

The IOC Medical Director received the Information Exchange Sheet which was used for the Laboratory to communicate with the IOC after partial analysis for beta2 agonist and/or glucocorticosteroid that may commonly be subject to an aTUE. On receipt, the IOC Medical Director confirmed by telephone to the Director of the Laboratory that the necessary aTUE was on file. The Laboratory then reflected the existence of the aTUE as confirmed by the IOC on its results report. This system therefore alleviated the requirement to undertake an initial review in the results management process by reporting an adverse analytical finding. However, in most cases, the final result for these samples was reported 5-10 days after the date of collection.

Of the two Information Exchange Sheets received by the IO Team, the Athletes in question were listed on the list of approved aTUEs that had been provided by the IOC-MC-TUEC.

Further details about the Laboratory reporting concerning samples subject to an aTUE have been elaborated under item V. of Comments and Issues to Laboratory Services (3.10) of this report.

#### 4.3.2 Elevated T/E ratios, IRMS negative, forwarded to IFs after Games for review with files and/or follow-up testing (rule)

In the course of the review of the Laboratory results received by the IO Team, there were approximately 100 samples where the T/E ratio exceeded the reporting level of 4 and another 40 samples reported elevated levels of other reportable substances, each of which subsequently each had a negative IRMS test. As a consequence they are therefore not considered as an adverse analytical finding. The IOC Medical Director informed the IO Team, that the IFs would be sent a copy of the test results for elevated T/E samples following the conclusion of the Olympic Games. It would then be the responsibility of the respective IF to investigate the status of the Athletes in question, whether there is a case history on file, or if follow-up testing is required, as provided for in the International Standard for Testing.

Nevertheless, the elevated T/E ratios were reported by the Laboratory as negative, and not as Atypical and without mentioning the T/E values, which is not in accordance with the International Standard for Laboratories (see item V. of Comments and Issues to Laboratory Services (3.10) above).

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

The IOC Medical Director notified the IO chair of one adverse analytical finding that did not proceed beyond the initial review of the case, simultaneously with the chairman of the IOC TUEC, due to the Athlete having an aTUE on file at the Olympic Games in Athens 2004. The NOC concerned provided the IOC Medical Director with the necessary documentation shortly after being informed of the situation and an aTUE was subsequently granted retroactively. It was however not made clear to the IO Team whether up-to-date information was submitted or if the aTUE was granted using the same documentation as was submitted 4 years earlier. In either case the IO Team would like to express its concern about way in which this case was handled.

#### 4.3.4 Adverse Analytical Findings leading to doping cases

During the course of the Olympic Games in Beijing there were nine doping cases. All involved adverse analytical findings as a result of the analyses at the WADA accredited Laboratory in Beijing and Tokyo in the case of one pre-Games test. The procedures that were followed are as follows:

4.3.4.1 The Director of the Laboratory reported adverse analytical findings directly to IOC Medical Director, following his designation by the Chair of the IOC Medical Commission (IOC-MC). He identified the Athlete or other person concerned and conducted an initial review of the facts to determine whether there is a potential violation of the IOC-ADR. This involved verification as to whether the Athlete had a therapeutic use exemption (TUE) or an abbreviated TUE (aTUE) on file for the substance reported. If this is not the case, he reviewed as to whether there has been any apparent departure from the International Standard for Testing or the Standard for Laboratories, that may have undermined the validity of the finding.

4.3.4.2 Following this initial review, the IOC Medical Director notified the IOC President of the existence of the adverse analytical finding with a summary of the essential details of the case. The IOC President immediately set up a Disciplinary Commission to

hear the case consisting of three members of the IOC Executive Board or Juridical Committee and chaired by the Chairman of the IOC Juridical Commission. Thereafter the IOC President notified the Athlete of the nature of the alleged anti-doping rule violation, of the Athlete's right to request the B sample analysis and of the Athlete's right to a hearing specifying in the hand-delivered notification letter, its date, time and location. The Athlete's Chef de Mission, the relevant International Federation and the Independent Observer chair were sent a copy of the IOC notification at the same time. Once the Athlete or other person has been notified of the anti-doping rule violation, the Chairman of the Disciplinary Commission had the power to impose a provisional suspension on the Athlete or other person until a final decision has been pronounced by the IOC Disciplinary Commission or the IOC Executive Board, after a hearing by the IOC Disciplinary Commission. It is at the discretion of the IOC President whether the IOC Disciplinary Commission issues a decision itself or submits a recommendation to the IOC Executive Board. If the Athlete or other person elects to attend the hearing, he or she may be represented by up to three persons including a lawyer and/or doctor. The International Federation and Independent Observer programme were also invited to attend the hearing. After the hearing, the IOC President promptly notified the decision of the IOC Disciplinary Commission or the decision of the Executive Board to the Athlete, the chef de mission, the International Federation, the Independent Observer and WADA.

- 4.3.4.3 The entire disciplinary procedure described above is to take 24 hours from the notification by the IOC to the Athlete, unless such time is extended by the IOC President. The IOC decision may be appealed to the Court of Arbitration for Sport (CAS) within 21 days of its receipt by the appealing party. Appealing parties may be the Athlete, the International Federation or other Anti-Doping Organisation (ADO) or WADA. An ad-hoc division of CAS was on hand in Beijing to handle appeals that could be submitted immediately, after communication of the decision of the IOC. The proceed-

ings of the ad-hoc division of CAS in Beijing were also to be completed within 24 hours of the lodging of an appeal (unless extended due to exceptional circumstances by the President of the ad-hoc division).

Details of the cases that were notified during the Olympic Games in Beijing are described under Case Management, paragraph 4.5.

#### 4.4 IOC DISCIPLINARY PROCEEDINGS

##### 4.4.1 Notification of IOC decisions to notify Athletes of anti-doping rule violations

Throughout the period of the Olympic Games in Beijing, there were nine adverse analytical findings that resulted in the IOC's prosecution of an anti-doping rule violation under its Rules. The IO Team was given proper and timely notice of each of the cases by fax, by means of a copy of the notification letter sent by the IOC President to the respective Athletes.

Two of these adverse analytical findings were reported by the Laboratory on the last day of the Olympic Games in Beijing and another one after the Closing of the Games. The notification by the IOC President to the Athletes in these three cases, stated that the hearing would take place at the IOC in Lausanne, and details would be communicated in due course.

##### 4.4.2 Attendance at IOC Disciplinary Commission hearings

The IO Team was invited to and attended six IOC Disciplinary Commission hearings in Beijing and three in Lausanne after the conclusion of the Olympic Games in Beijing. No other IOC Disciplinary Commission hearings were convened during the course of the Games.

##### 4.4.3 Attendance at IOC Executive Board Meetings

In two of the cases, the IOC Executive Board reviewed the recommendation of the IOC Disciplinary Commission. The IO Team was invited and observed the IOC Executive Board's meeting at which the cases were reviewed.

##### 4.4.4 Receipt of IOC Disciplinary Commission decisions or recommendations to the IOC Executive Board

The IO Team received the IOC Disciplinary Commission and Executive Board decisions in a timely manner in all cases and the IOC's doping disciplinary administration is recognised for their efficient work.



In the case of Liudmyla Blonska (UKR, Athletics), the Chairman of the Disciplinary Commission imposed a provisional suspension on the Athlete after the hearing by the IOC Disciplinary Commission and before the final decision was pronounced by the IOC Executive Board, since the Athlete was scheduled to participate in a further competition the same evening.

#### 4.4.5 Appeals to the Ad-Hoc Division of the Court of Arbitration for Sport

It should also be mentioned that none of the decisions of the IOC Disciplinary Commission or IOC Executive Board were appealed to the Ad-hoc Division of CAS in Beijing.

## 4.5 DOPING CASES

### 4.5.1 The Case of Maria Moreno (ESP, Cycling)

#### 4.5.1.1 *Brief Summary of Relevant Procedural and Substantive Facts*

Ms Maria Moreno (the "Athlete") provided a blood and urine sample on July 31, 2008, in Beijing, China at the Athlete's Village as part of the pre-Games testing programme. This sample was specifically requested for erythropoietin (EPO) analysis.

The IO Team, confirmed that on August 9, 2008, pursuant to Article 7.2.1 of the IOC-ADR, the Head of the WADA accredited Laboratory in Beijing, China reported the urine sample as an adverse analytical finding ("AAF") to the IOC-MC Medical Director Dr. Patrick Schamasch, containing EPO, a prohibited substance under the 2008 WADA Prohibited List. The B sample was not performed by the time of the IOC-DC hearing.

In accordance with Article 7.2.2 of the IOC-ADR, the IOC-MC Medical Director determined that the A sample belonged to the Athlete, and confirmed that the results did constitute an AAF. It was also confirmed that there was no departure from the International Standard for Testing or the International Standard for Laboratories that would undermine the validity of the AAF.

Following notification from the IOC-MC, the IOC President, by letter dated August 9, 2008, established a three person IOC Disciplinary Commission (IOC-DC). It was determined, without

explanation, in accordance with Rule 23.2.4. of the Olympic Charter and Article 7.1.4 of the IOC-ADR that the decision of the IOC-DC would constitute the decision of the IOC.

Pursuant to Article 7.2.5 of the IOC-ADR, the IOC-DC notified by letter dated August 10, 2008, the Athlete, the Chef de Mission of the Spanish NOC and the Head of the Independent Observer Programme of the adverse analytical finding. The notification letter also set forth the other topics as required by IOC-ADR 7.2.5, including notification that the Athlete had a right to have representative(s) including, but not limited to, legal counsel, present with her at the IOC-DC hearing.

The Athlete did not attend the IOC Disciplinary hearing but provided a written statement.

The Athlete through her written statement denied intentionally taking a prohibited substance but offered no explanation how the substance entered her urine. She complained about the notification process and claimed tampering of her sample but offered no significant evidence of either.

The Athlete's NOC provided a written submission and appeared in person and provided live, recorded testimony before the IOC Disciplinary Commission.

The International Federation also had two representatives present at the hearing.

Following its deliberations outside of the presence of the IO Team in accordance with the IOC-ADR, the IOC-DC promptly issued a written decision unanimously rejecting the Athlete's arguments and concluding that the Athlete had committed an anti-doping rule violation in that the presence of a prohibited substance was in her urine sample.

#### 4.5.1.2 *Conclusion of the Handling of Disciplinary Procedures in the Maria Moreno Case*

All aspects of the IOC-ADR were followed appropriately and provided a full and fair opportunity for the Athlete to confront the allegations and the evidence that served as the basis of the anti-doping Rules violation prior to the IOC-DC's decision to exclude the Athlete from the Olympic Games and to cancel the Athlete's Olympic identity and accreditation.

Name of Athlete	NOC, Sport	AAF-Substance	Provisional Suspension	Decision
Maria Morena	ESP, Cycling	EPO		IOC Disciplinary Commission
Thi Ngan Thuong Do	VIE, Gymnastics	Furosemide		IOC Disciplinary Commission
Jong Su Kim	PRK, Shooting	Propranolol		IOC Executive Board on recommendation of the IOC Disciplinary Commission
Fani Chalkia	GRE, Athletics	Methyltrienolone		IOC Disciplinary Commission
Liudmyla Blonska	UKR, Athletics	Methyltestosterone	IOC Disciplinary Commission	IOC Executive Board
Igor Razoronov	UKR, Weightlifting	Nandrolone		IOC Disciplinary Commission
Vadim Devyatrovskiy	BLR, Athletics	Testosterone		IOC Disciplinary Commission
Ivan Tsikhan	BLR, Athletics	Testosterone		IOC Disciplinary Commission
Adam Seroczynski	POL, Canoe Kayak	Clenbuterol		IOC Disciplinary Commission

#### 4.5.2 The Case of Thi Ngan Thuong Do (VIE, Gymnastics)

##### 4.5.2.1 Brief Summary of Relevant Procedural and Substantive Facts

Ms Thi Ngan Thuong (the “Athlete”) provided a urine sample on August 10, 2008, following her competition in the Women’s All-Around qualification for Artistic Gymnastics where she placed 59<sup>th</sup>.

The IO Team, confirmed that on August 13, 2008, pursuant to Article 7.2.1 of the IOC-ADR, the Head of the WADA accredited Laboratory in Beijing, China reported the urine sample as an adverse analytical finding (“AAF”) to the IOC-MC Medical Director Dr. Patrick Schamasch, containing furosemide, a prohibited substance under the 2008 WADA Prohibited List. The B sample was not performed at the time of the IOC-DC hearing but was completed subsequent to the hearing and confirmed the A sample finding.

In accordance with Article 7.2.2 of the IOC-ADR, the IOC-MC Medical Director determined that the A sample belonged to the Athlete, and confirmed that the results did constitute an AAF. It was also confirmed that there was no departure from the International Standard for Testing or the International Standard for Laboratories that would undermine the validity of the AAF.

Following notification from the IOC-MC, the IOC President, by letter dated August 13, 2008, established a three person IOC Disciplinary Commission (IOC-DC). It was determined, without explanation, in accordance with Rule 23.2.4. of the Olympic Charter and Article 7.1.4 of the IOC-ADR that the decision of the IOC-DC would constitute the decision of the IOC. Additionally, as permitted by Article 7.2.13 of the IOC-ADR, the IOC President, without explanation, determined that the procedure may extend beyond the 24 hour time limit set by Article 7.2.13 of the IOC-ADR.

Pursuant to Article 7.2.5 of the IOC-ADR, the IOC-DC notified by letter dated August 13, 2008, the Athlete, the Chef de Mission of the Vietnamese NOC, the International Federation and the Head of the Independent Observer Programme of the adverse analytical finding. The notification letter also set forth the other topics as required by IOC-ADR 7.2.5, including notification that the Athlete had a right to have representative(s) including, but not limited to, legal counsel, present with her at the IOC-DC hearing.

The Athlete did attend the IOC-DC hearing and provided live, recorded testimony before the IOC-DC and responded to questions posed by the IOC-DC members. The Athlete admitted taking a weight loss pill. She claimed

that other Athletes informed her about these pills and she took them to lose weight for appearance reasons and not to enhance her performance.

The Athlete's NOC (through its Chef de Mission) and Coach appeared in person and provided live, recorded testimony before the IOC-DC.

An International Federation (IF) representative was also in attendance. He stated that the IF had sent a notice to all National Federations which was then posted on the IF website warning of the dangers and prohibition of the drug furosemide. Neither the Athlete nor the NOC representative or Coach acknowledged being aware of this notice.

Following its deliberations outside of the presence of the IO Team in accordance with the IOC-ADR, the IOC-DC promptly issued a written decision unanimously concluding that the Athlete had committed an anti-doping rule violation in that the presence of a prohibited substance was in her urine sample.

#### 4.5.2.2 *Conclusion of the Handling of Disciplinary Procedures in the Thi Ngan Thuong Do Case*

Again, all procedural aspects of the IOC-ADR were followed appropriately and allowed for a full and fair opportunity for the Athlete to confront the allegations and evidence that served as the basis of the anti-doping Rules violation prior to the IOC-DC's decision to exclude the Athlete from the Olympic Games and to cancel the Athlete's Olympic identity and accreditation.

### 4.5.3 The Case of Jong Su Kim (PRK, Shooting)

#### 4.5.3.1 *Brief Summary of Relevant Procedural and Substantive Facts*

Mr Jong Su Kim, ("Athlete") from the People's Republic of Korea provided a urine sample on August 9, 2008, following his competition in the Men's 10m Air Pistol in which he placed 3<sup>rd</sup> and won the bronze medal. He competed again and was tested again subsequent to this event on August 12, 2008 in the Men's 50m Air Pistol in which he placed 2<sup>nd</sup> and won the silver medal.

The IO Team, confirmed that on August 13, 2008, pursuant to Article 7.2.1 of the IOC-ADR, the Head of the WADA

accredited Laboratory in Beijing, China reported the urine sample as an adverse analytical finding ("AAF") to the IOC-MC Medical Director Dr. Patrick Schamasch, containing Propranolol, a prohibited beta-blocker under the 2008 WADA Prohibited List. The B sample was performed and confirmed the finding of the A sample. Subsequent to the hearing, the Athlete's sample from his August 12, 2008 competition was analysed and reported as containing Propranolol.

In accordance with Article 7.2.2 of the IOC-ADR, the IOC-MC Medical Director determined that the A sample belonged to the Athlete, and confirmed that the results did constitute an AAF. It was also confirmed that there was no departure from the International Standard for Testing or the International Standard for Laboratories that would undermine the validity of the AAF.

Following notification from the IOC-MC the IOC President, by letter dated August 13, 2008, established a three person IOC Disciplinary Commission (IOC-DC). It was determined, without explanation, in accordance with Rule 23.2.4. of the Olympic Charter and Article 7.1.4 of the IOC-ADR that the IOC Executive Board (IOC-EB) would make the final decision in the case and that the IOC-DC would only provide a proposal on the case to the IOC-EB following its hearing. Additionally, as permitted by Article 7.2.13 of the IOC-ADR, the IOC President, without explanation, determined that the procedure may extend beyond the 24 hour time limit set by Article 7.2.13 of the IOC-ADR.

Pursuant to Article 7.2.5 of the IOC-ADR, the IOC-DC notified by letter dated August 10, 2008, the Athlete, the Chef de Mission of the Democratic People's Republic of North Korea, the International Federation and the Head of the Independent Observer Programme of the adverse analytical finding. The notification letter also set forth the other topics as required by IOC-ADR 7.2.5, including notification that the Athlete had a right to have representative(s) including, but not limited to, legal counsel, present with her at the IOC-DC hearing.



In addition to submitting a written statement, the Athlete did attend the IOC-DC hearing and provided live, recorded testimony before the IOC-DC and responded to questions posed by the IOC-DC members.

In addition to submitting a written statement, a delegation on behalf of the Athlete appeared in person and provided live, recorded testimony before the IOC-DC.

The International Federation also had a representative present for the hearing.

The Athlete denied knowingly taking any prohibited substance but could not prove how the prohibited substance entered his urine. He did acknowledge taking a Korean medicine for heart pains that was provided to him by a team doctor. The product as shown not to have any prohibited substance on the label and the doctor confirmed to the Athlete that it did not contain a prohibited substance.

The IOC-Executive Board (IOC-EB) convened a meeting which the IO Team attended. Following a presentation of the case by the Chairman of the IOC-DC to the IOC-EB and being presented with a written recommendation of the IOC-DC, the IOC-EB voted to adopt the IOC-DC recommendation and concluded that the Athlete had committed an anti-doping rule violation in that the presence of a prohibited substance was in his urine sample.

#### 4.5.3.2 *Conclusion of the Handling of Disciplinary Procedures in the Jong Su Kim Case*

Again, all procedural aspects of the IOC-ADR were followed appropriately and allowed for a full and fair opportunity for the Athlete to confront the allegations and evidence that served as the basis of the anti-doping Rules violation prior to the IOC-DC's recommendation and ultimate decision by the IOC-EB to exclude the Athlete from the Olympic Games and to cancel the Athlete's Olympic identity and accreditation and to withdraw the medals and diplomas won by the Athlete.

#### 4.5.4. The Case of Fani Chalkia (GRE, Athletics)

##### 4.5.4.1 *Brief Summary of Relevant Procedural and Substantive Facts*

Ms Fani Chalkia (the "Athlete") provided a sample on August 10, 2008, in Fukui, Japan as part of the pre-Games testing programme. Given that the Athlete's urine sample had a low specific gravity, three additional samples were collected.

On August 16, 2008, pursuant to Article 7.2.1 of the ADR, the Head of the WADA accredited Laboratory in Tokyo reported two of the samples as an adverse analytical finding ("AAF") to the IOC-MC Medical Director Dr. Patrick Schamasch, containing Methyltrienolone, an anabolic steroid prohibited under the 2008 WADA Prohibited List. The B sample was performed and confirmed the Laboratory finding for the presence of Methyltrienolone in the Athlete's samples. The Athlete did not attend or have a representative attend the B sample analysis.

In accordance with Article 7.2.2 of the IOC-ADR, the IOC-MC Medical Director determined that the A sample belonged to the Athlete, and confirmed that the results did constitute an AAF. It was also confirmed that there was no departure from the International Standard for Testing or the International Standard for Laboratories that would undermine the validity of the AAF.

Following notification from the IOC-MC, the IOC President, by letter dated August 16, 2008 established an IOC-DC. It was determined in accordance with Rule 23.2.4. of the Olympic Charter and Article 7.1.4 of the IOC-ADR that the decision of the IOC-DC would constitute the decision of the IOC. Additionally, as permitted by Article 7.2.13 of the IOC-ADR, the IOC President, without explanation, decided that the procedure may extend beyond the 24 hour time limit set by Article 7.2.13 of the IOC-ADR.

Pursuant to Article 7.2.5 of the IOC-ADR, the IOC-DC notified by letter dated August 16, 2008, the Athlete, the Chef de Mission of the Greek NOC, the International Federation and the Head of the Independent Observer Programme of the adverse analytical

finding. The notification letter also informed the recipients of the matters as required by IOC-ADR 7.2.5, including notification that the Athlete had a right to have representatives including legal counsel present with her at the IOC-DC hearing.

The Athlete submitted a written explanation denying that she had used Methyltrienolone or any other prohibited substance; raising her suspicions that third parties tampered with her sample; claiming she had been tested extensively in the past and was always negative; and, that she was investigating the possibility of testing her nutritional supplements.

The Athlete did not attend the IOC Disciplinary hearing.

The Athlete's NOC (through the Chef de Mission) appeared in person and provided live, recorded testimony before the IOC Disciplinary Commission. Through its written submission and live testimony, the NOC informed the IOC-DC, in relevant part, that: upon receipt of the IOC notification, the Athlete was suspended by the NOC and asked to exit the Athlete's Village; the Athlete voluntarily left Beijing for Athens; and, that the NOC fully supports strict anti-doping policies and desires to cooperate with all anti-doping agencies.

Upon the conclusion of the hearing, the NOC voluntarily returned to the IOC-DC the accreditation card of the Athlete.

The International Federation had two representatives present for the hearing.

Following its deliberations outside of the presence of the IO Team in accordance with the IOC-ADR, the IOC-DC unanimously concluded that the Athlete had committed an anti-doping rule violation in that the presence of a prohibited substance was in her urine samples. The IOC-DC also noted that the Athlete's coach was not appointed by the NOC but was the personal coach of the Athlete and also in the past has had one other Athlete tested positive for a prohibited substance. The IOC-DC confirmed in its decision that it would report the matter to the competent Greek authorities to investigate possible violations of Greek law, in particular by the Athlete's coach, George Panagiotopoulos.

#### 4.5.4.2 *Conclusion of the Handling of Disciplinary Procedures in the Fani Chalkia Case*

All aspects of the IOC-ADR were followed appropriately and allowed for a full and fair opportunity for the Athlete to confront the allegations and evidence that served as the basis of the anti-doping Rules violation prior to the IOC-DC's decision to exclude the Athlete from the Olympic Games and to cancel the Athlete's Olympic identity and accreditation.

Additionally, the IOC-DC pursued an appropriate inquiry pursuant to Article 7.2.11 to discover evidence of the possible involvement in the anti-doping Rules violation by the Athlete's Coach and to confirm the commitment of the Athlete's NOC to pursue an investigation including the any violation of criminal law of the possible involvement by the Coach in the Athlete's anti-doping Rules violation.

#### 4.5.5 The Case of Liudmyla Blonska (UKR, Athletics)

##### 4.5.5.1 *Brief Summary of Relevant Procedural and Substantive Facts*

Ms Liudmyla Blonska (the "Athlete") provided a urine and blood sample on August 16, 2008 following her finish in the Women's Heptathlon Final, in which she finished 2<sup>nd</sup> and won the silver medal.

On August 19, 2008, pursuant to Article 7.2.1 of the IOC-ADR, the Head of the WADA accredited Laboratory in Beijing reported the Athlete's sample as an adverse analytical findings ("AAF") to the IOC-MC Medical Director Dr. Patrick Schamasch, containing Methyltestosterone, an anabolic steroid prohibited under the 2008 WADA Prohibited List. The B sample was performed and confirmed the Laboratory finding for the presence of Methyltestosterone in the Athlete's sample. The B sample analysis was completed and confirmed the analysis of the A sample. The Athlete did attend the B sample opening and analysis.

In accordance with Article 7.2.2 of the IOC-ADR, the IOC-MC Medical Director determined that the sample belonged to the Athlete, and confirmed that the results did consti-

tute an AAF. It was also confirmed that there was no departure from the International Standard for Testing or the International Standard for Laboratories that would undermine the validity of the AAF.

Following notification from the IOC-MC, the IOC President, by letter dated August 20, 2008, established a three person IOC Disciplinary Commission (IOC-DC). It was determined, without explanation, in accordance with Rule 23.2.4 of the Olympic Charter and Article 7.1.4 of the IOC-ADR that the IOC Executive Board would pronounce the final decision in the case and that the IOC-DC would only provide a proposal on the case to the IOC-EB following its hearing. Additionally, as permitted by Article 7.2.13 of the IOC ADR, the IOC President, without explanation, determined that the procedure may extend beyond the 24 hour time limit set by Article 7.2.13 of the IOC-ADR.

Pursuant to Article 7.2.5 of the IOC-ADR, the IOC-DC notified by letter dated August 20, 2008, the Athlete, the Chef de Mission of the Ukrainian NOC, the International Federation and the Head of the Independent Observer Programme of the adverse analytical finding. The notification letter also informed the recipients of the matters as required by IOC-ADR 7.2.5, including notification that the Athlete had a right to have representatives including legal counsel present with her at the IOC-DC hearing.

The Athlete attended the hearing and provided live recorded testimony before the IOC-DC. The Athlete denied intentionally taking any prohibited substance and claimed to be shocked that a prohibited drug was in her system. She did not prove how the prohibited substance entered her system. She testified that her husband, Sergii Blonskyi, is also her coach and that he was completely responsible for her diet and training. She indicated that had been having relational difficulties. The Athlete also claimed to be shocked when her sample in 2003 for which she served a two year suspension was reported as positive. She never proved how the prohibited substance from the 2003 sample entered her body.

The International Federation had two representatives present for the hearing.

The IOC-DC initiated a short recess to discuss the evidence. The IOC-DC returned and announced that it had unanimously decided to issue a provisional suspension of the Athlete pending the final decision by the IOC-EB since she was entered to compete again during the Olympic Games. This provisional measure was done in accordance with IOC-ADR Article 7.2.7 and was in the best interest of clean sport and other Athletes given the circumstances of the case.

Following the conclusion of the hearing and out of the presence of the Athlete and the IF representative, the IOC-DC was informed by the NOC that the Athlete's Coach had been asked to return to the Ukraine and that the Ukraine Nation Athletics Federation would hold a special meeting regarding the status of the Coach in the coming weeks. The IOC-DC requested that the NOC report back the results of that special meeting.

On August 22, 2008, the IOC-EB/IOC-EB met to determine the final outcome in the case. All members present of the IOC-EB voted to adopt the recommendation of the IOC-DC and thus confirmed that the Athlete had committed a doping violation. The IOC Executive Board disqualified the Athlete's 2<sup>nd</sup> place result in the Women's Heptathlon Event, excluded her from the Beijing Olympic Games and cancelled her accreditation and withdrew her medal and diploma won in the Games.

#### 4.5.5.2 *Conclusion of the Handling of Disciplinary Procedures in the Liudmyla Blonska Case*

All aspects of the IOC-ADR were followed appropriately and allowed for a full and fair opportunity for the Athlete to confront the allegations and evidence that served as the basis of the anti-doping Rules violation prior to the IOC-DC's decision to exclude the Athlete from the Olympic Games and to cancel the Athlete's Olympic identity and accreditation.

Additionally, the IOC-DC pursued an appropriate investigation pursuant to Article 7.2.11 to discover evidence of the possible involvement in the anti-

doping Rules violation by the Athlete's Coach and to confirm the commitment of the Athlete's NOC to Rules follow up on this matter and report back to the IOC on the status. The IOC-DC also indicated that the case of the coach might be examined in the event he applied for an accreditation for future Olympic Games.

#### 4.5.6 The Case of Igor Razoronov (UKR, Weightlifting)

##### 4.5.6.1 *Brief Summary of Relevant Procedural and Substantive Facts*

Mr Igor Razoronov (the "Athlete") provided a urine sample for doping control on August 18, 2008, following his 6<sup>th</sup> place finish in the Mens' 105kg Weightlifting event.

On August 22, 2008, pursuant to Article 7.2.1 of the IOC-ADR, the Head of the WADA accredited Laboratory in Beijing reported his sample as an adverse analytical findings ("AAF") to the IOC-MC Medical Director Dr. Patrick Schamasch, containing Nandrolone, an anabolic steroid prohibited by the 2008 WADA Prohibited List. The Athlete did not request the B sample analysis.

In accordance with Article 7.2.2 of the IOC-ADR, the IOC-MC Medical Director determined that the A sample belonged to the Athlete, and confirmed that the results did constitute an AAF. It was also confirmed that there was no departure from the International Standard for Testing or the International Standard for Laboratories that would undermine the validity of the AAF.

Following notification from the IOC-MC, the IOC President, by letter dated August 22, 2008, immediately established an IOC-DC. It was determined in accordance with Rule 23.2.4. of the Olympic Charter and Article 7.1.4 of the ADR that the decision of the IOC Disciplinary would constitute the decision of the IOC. Additionally, as permitted by Article 7.2.13 of the IOC-ADR, the IOC President, without explanation, decided that the procedure may extend beyond the 24 hour time limit set by Article 7.2.13 of the IOC-ADR.

Pursuant to Article 7.2.5 of the IOC-ADR, the IOC Disciplinary Commission notified by letter dated August 22, 2008, the Athlete, the Chef de Mission of the Ukrainian NOC and the Head of the Independent Observer Programme of the adverse analytical finding. The notification letter also informed the recipients of the matters as required by IOC-ADR 7.2.5, including notification that the Athlete had a right to have representatives including legal counsel present with him at the IOC-DC hearing.

The Athlete did not submit any written defence or attend the IOC Disciplinary hearing.

The Athlete's NOC (through its Chef de Mission) provided live, recorded testimony before the IOC Disciplinary Commission.

The International Federation had a representative present for the hearing.

Following its deliberations outside of the presence of the IO Team in accordance with the IOC-ADR, the IOC-DC unanimously concluded that the Athlete had committed an anti-doping rule violation in that the presence of a prohibited substance was in his urine samples.

##### 4.5.6.2 *Conclusion of the Handling of Disciplinary Procedures in the Igor Razoronov Case*

All aspects of the IOC-ADR were followed appropriately and allowed for a full and fair opportunity for the Athlete to confront the allegations and evidence that served as the basis of the anti-doping Rules violation prior to the IOC-DC's decision to exclude the Athlete from the Olympic Games and to cancel the Athlete's Olympic identity and accreditation.

#### 4.5.7 Hearings Arising After the Close of the Olympic Games

The following cases will be heard after the end of the Olympic Games in Beijing. In all three cases, the IOC-EB delegated its powers to the IOC-DC pursuant to Rule 23.2.2.4 of the Olympic Charter, including measures and sanctions to be pronounced in the event that the Athlete(s) are found to have committed a violation of the IOC-ADR.

Since this report is submitted prior to the IOC-DC hearings in these three cases, in the event that there are circumstances surrounding any of the cases which require comment by the IO Team, we reserve the right to add this as soon as possible after the communication and publication of the decision by the IOC.

#### 4.5.8 The Case of Vadim Devyatovskiy (BLR, Athletics); and

#### 4.5.9 The Case of Ivan Tskihan (BLR, Athletics)

On the last day of the Olympic Games, notifications were sent by the IOC to Vadim Devyatovskiy and Ivan Tskihan advising both Athletes of adverse analytical findings for the prohibited substance testosterone following the Men's Hammer Event that took place on 17<sup>th</sup> August in which the Athletes finished 2<sup>nd</sup> and 3<sup>rd</sup> respectively. Due to the proximity to the closing on the Games and the strong likelihood that the Athletes were no longer in Beijing since their competition had taken place 7 days earlier, the IOC informed the NOC of Belarussia that the hearings before the IOC-DC would take place in Lausanne and the date would be communicated in due course. Thereafter, on 2<sup>nd</sup> September the IOC confirmed to the Athletes the date of the hearings for 21<sup>st</sup> September.

#### 4.5.10 The Case of Adam Seroczynski (POL, Canoe)

The notification from the IOC to the NOC of Poland in Adam Seroczynski (POL, Canoe) was sent on 2<sup>nd</sup> September, advising the Athlete of an adverse analytical finding for the prohibited substance, Clenbuterol following the Kayak Double (K2) 1000m Men Final on 22<sup>nd</sup> August in which the Athlete finished 4<sup>th</sup>. In the same communication, the IOC informed the Athlete and the NOC of Poland that the hearing before the IOC-DC would take place in Lausanne on 21<sup>st</sup> September.

#### 4.5.11 The Case of Ekaterini Thanou (GRE, Athletics)

During the 2004 Olympic Games in Athens, Greece, the IOC decided to preclude Greek sprinter, Ekaterini Thanou, for alleged anti-doping rule violations from participation in the 2004 Olympic Games and all subsequent Olympic Games following a review of the case again in the event the Athlete attempted to obtain an subsequent Olympic Games accreditation. Given that the Athlete sought an accreditation for participation in the Beijing Games, as previously decided, the IOC reviewed whether or not to allow the Athlete to obtain this accreditation for the alleged anti-doping Rules violation that arose during the 2004 Olympic Games. This case was not part of the IO Team observation as it was outside the terms of reference for the Beijing Games Doping Control Process.

### Comments to IOC Disciplinary Proceedings (4.4) and Doping Cases (4.5)

- I. The disciplinary proceedings conducted by the IOC at the Olympic Games in Beijing 2008 and their administration were managed efficiently and professionally. The hearings allowed for a full and fair opportunity for the Athlete to confront the allegations and evidence that served as the basis of the anti-doping Rules violation.
- II. In two of the cases, it appeared as though the NOC and the coach were speaking on behalf of the Athlete and thereby conducting the Athlete's defence.

### Recommendations to IOC Disciplinary Proceedings (4.4) and Doping Cases (4.5)

- a) It is recommended that the IOC provides a brief explanation in the event the time period is extended by the 24 hour limit provided for in Article 7.2.13. While the Rules were followed in all observed cases, since there is no requirement for an explanation this would add transparency.
- b) Similarly, there is no requirement in the ADR for the IOC to explain why in some cases the IOC-DC takes the decision and in some cases the IOC-EB takes the final decision. It would be useful to have some explanation in the event this occurs. During these Games, the IOC Executive Board took the decision in each case that implicated Olympic medals. This seems to be the reason but clarity on this point would allow for more openness and understanding particularly by those Athletes whose case was not decided by the IOC Executive Board.
- c) The IO Team applauds the position of the IOC-DC and IOC-EB to further investigate the role of the team coach/medical personnel in the doping cases and recommends this line continues to be aggressively pursued in the future.

## 5. OTHER AREAS

### 5.1 THERAPEUTIC USE EXEMPTIONS

- 5.1.1 Athletes with legitimate medical conditions who require treatment with otherwise prohibited substances may apply for a Therapeutic Use Exemption (TUE). Generally TUEs are provided for Athletes in the national registered testing pool by the National Anti-Doping Organisation (NADO) whilst international level Athletes apply to their respective International Federations.
- 5.1.2 In the case of the Olympic Games, the IOC Medical Commission (IOC-MC) establishes a TUE Committee to consider any such applications during the course of the Games. The IOC-MC also applies additional criteria to govern the use of common asthma medications during the Olympic Games, and assigns a panel of doctors to review the diagnosis of Athletes suffering from asthma.
- 5.1.3 The IOC-MC TUEC had developed an on-line system for submitting aTUE and TUE applications, that was already in use for the Olympic Winter Games in Torino 2006.
- 5.1.4 In the case of asthma medications, all Athletes are required to submit to the IOC bronchial provocation test either by providing the necessary data from a test undertaken or by undertaking a test in Beijing. A link-up with a local hospital had been arranged for this purpose.
- 5.1.5 The chairman of the IOC-MC TUEC reported at the conclusion of the Olympic Games as follows (summarised):
- “Of the total of 40 TUE applications submitted, all except one were approved. The Athletes were from 19 NOCs and 17 IFs.
  - 813 applications were submitted for the use of beta 2 agonists (IBA).
  - 781 were approved, 147 of which were for Athletes already granted for the Olympic Games in Athens, 2004. 711 of the 781 approved applications also took inhaled corticosteroids (ICS), as did 16 of the rejected IBA applicants. An additional 121 Athletes submitted aTUE applications for ICS.
  - 271 TUEs were acknowledged for the use of injected corticosteroids (injCS). This number was substantially lower than Athens 2004, since the reporting threshold has been increased from 1 ng/mL in 2004 to 30 ng/mL in 2008.”
- 5.1.6 In the opinion of the IO Team there was, however, a lack of clarity in the IOC-ADR and the Technical Procedures Relating to Doping Control as to whether Athletes with existing TUEs or aTUEs had to re-submit an application or not, which is commented in this section below (III). During the pre-Games meeting with NOC Team Doctors on Thursday 7<sup>th</sup> August, the Chairman of the IOC-MC TUEC informed the team doctors that he would always be available to clarify their queries.
- 5.1.7 The IOC Anti-Doping Rules (IOC-ADR) state (emphasis added):
- “4.3.2 *It is expected that most Athletes entered to compete in the Olympic Games who require a TUE will have already received the TUE from their International Federation or the relevant Anti-Doping Organisation in accordance with the IF Rules. These Athletes are required to notify any other relevant Anti-Doping Organisations of their receipt of a TUE. Therefore it is required that, no later than the date of the opening of the Olympic village for the Olympic Games, namely, 27 July 2008 the International Federation or the relevant Anti-Doping Organisation concerned must also notify the Athlete’s NOC, WADA and the IOC Medical Commission.*
- 4.3.3 *The IOC Medical Commission shall appoint a committee of at least three physicians (the “TUEC”) to monitor existing TUEs and to consider new requests for TUEs. Athletes who do not already have an approved TUE may apply to obtain a TUE from the IOC. The TUEC shall forthwith evaluate such new requests in accordance with the International Standard for Therapeutic Use Exemptions and render a decision on such request, which shall be the final decision of the IOC. The IOC Medical Commission shall promptly inform the Athlete, the Athlete’s NOC, WADA and the relevant International Federation of its decision. Such decision shall only be valid during the Period of the Olympic Games.*



4.3.3.1 WADA, at the request of an Athlete or on its own initiative, may review the granting or denial of any TUE to an Athlete. If WADA determines that the granting or denial of a TUE did not comply with the International Standard for Therapeutic Use Exemptions then WADA may reverse that decision. Decisions on TUE's are subject to further appeal as provided in Article 13."

However the Technical Procedures Relating to Doping Control state (emphasis added):

*"In case of medical necessity, any Athlete eligible to take part in the Olympic Games must be in possession of a Therapeutic Use Exemption (TUE).*

*During the Period of the Olympic Games the IOC will be considered as an Anti-Doping Organisation, in accordance*

*with the terms of the Code, with the corresponding responsibilities in terms of TUE. Consequently, during the Period of the Olympic Games, all TUE requests from an Athlete will have to be made using the standard forms available at the IOC-MC Office in the Polyclinic and in accordance with the usual Rules of the IOC-MC (and a copy to the IF concerned for information). The TUE Applications should be submitted at the IOC-MC Office in the Polyclinic. The decisions of the IOC TUE Committee are valid during the Period of the Olympic Games only and will be forwarded to the Athlete, the IF concerned, the Athlete's NOC and WADA."*

5.1.8 Following a meeting with the chair of the IOC-MC TUEC it was confirmed that all Athletes had to re-apply for a TUE or aTUE, using the IOC on-line system wherever possible.

### Comments and Observations to Therapeutic Use Exemptions (5.1)

- I. Unfortunately the IOC-MC TUEC's online system for a TUE and ATUE during the Olympic Games in Beijing was affected by technology problems prior to the Games when the system was not operational for approximately one week, which inevitably caused a backlog in the processing of applications.
- II. At the NOC Team Doctors Meeting the day prior to the Opening of the Games there was confusion when the Chairman of the IOC-MC TUEC incorrectly presented that the use of intravenous infusions was not prohibited out-of-competition. This statement was however clarified prior to the conclusion of the meeting, that according to the Prohibited List, M2. Prohibited Methods, the use of intravenous infusions is prohibited. In an acute medical situation where this method is deemed necessary, a retroactive TUE will be required.
- III. From the information provided by the Chairman of the IOC TUEC, it appears that many NOCs are not aware of the Rules and Procedures relating to TUEs and aTUEs, and even the possibility that they may submit an application for the use of certain prohibited substances to treat legitimate medical conditions.
- IV. The International Standard for TUEs, article 4.1 states that "The Athlete should submit an application for a TUE no less than 21 days before participating in an Event", therefore applications submitted at the Games should only have been emergency TUEs. This proved not to be the case and there were non-emergency applications submitted as well.
- V. The IO Team was provided with a print out of the list of aTUEs from the IOC TUEC database on 10th August and an update on 20th August. Information about the standard TUEs issued was provided to the IO Team in a meeting with the Chairman of the IOC TUEC towards the end of the Games and the statistics of all TUEs and aTUEs were provided after the conclusion of the Games.
- VI. The IOC Medical Commission Office at the Polyclinic had a mailbox that was used for the submission of standard TUEs. A member of the IO Team requested a copy of the Standard TUE forms at the office, but was advised that there were none there and they could be downloaded from the internet.

No signage was visible to the office either outside or inside the Polyclinic unless standing next to the mailbox attached to the wall next to the office door of the IOC Medical Commission at the Polyclinic.

### Recommendations to Therapeutic Use Exemptions (5.1)

- a) Pursuant to the Code and the International Standard for TUEs (valid from 1st January 2009), the International Olympic Committee Medical Commission TUE Committee is responsible for handling only new applications that are submitted during the Olympic Games. It should nevertheless have the right to review TUEs and aTUEs that have been approved by IFs and NADOs:
- b) The NOCs should be better informed about the TUE and aTUE process, since there appear to be even some large NOCs, who were not aware of the Rules and process to be followed. Communication with the IFs and NADOs who are responsible for the handling of TUE and aTUE applications for all Athletes in the International and National Registered Testing Pools (I-RTP) at all other times than the Olympic Games should be facilitated.
- c) The use of an integrated doping administration management system would integrate the TUE applications into the system and enable access to an Athlete's existing records.

## 6. RECOMMENDATIONS OF THE INDEPENDENT OBSERVERS

Until now, at the Olympic Games in Sydney 2000, Athens 2004 and Beijing 2008 and the Olympic Winter Games in Salt Lake City 2002 and Torino 2006, the role of the Independent Observer Team has been strictly to observe the doping control procedures and note any issues that occurred in a post-Games report.

1. The IO Team members in Beijing are of the opinion that it would nevertheless be possible to observe the doping control procedures and monitor compliance, but also support the IOC Medical Commission and the Organising Committee by means of providing any observations on a daily basis that may contribute to improving the procedures throughout the Games. Since the IOC Medical Commission is not able to be present at all venues for all events and the IOC-MC members responsibilities are also in relation to the medical and health care services, a coordination of activities between the IOC-MC and the IO Team could lead to enhanced support of the doping control procedures. This model has already been used at some major events and was to be used during the 2008 Paralympic Games.

The following recommendations are included in the body of this report:

### RECOMMENDATIONS TO MEETINGS WITH THE IOC AND BOCOG (2.5)

2. The contract between the International Olympic Committee and the Independent Observer programme provides for the attendance of an independent observer at the meetings of the IOC-MC, sub-committee meetings and the IOC TUEC.

### RECOMMENDATIONS TO APPLICABLE RULES (3.1); RESPONSIBILITIES FOR DOPING CONTROLS (3.2.); GUIDES AND DOCUMENTATION (3.3)

3. The International Olympic Committee Medical Commission reviews the Organising Committee's training manual to ensure consistencies with the applicable Rules and Technical Procedures.
4. The Organising Committee produces the same level of detail in the booklet "Brief Doping Control Procedure" for blood testing as for urine testing, as well as illustrated posters for the blood testing procedures.

### RECOMMENDATIONS TO TEST PLANNING (3.5)

5. The lack of adherence to the Rules for the provision of whereabouts information needs to be addressed. Despite the significantly increased number of tests and work of the IOC-WADA-BOCOG Task Force to carry out targeted pre-Games testing, this was undermined by the amount of missing whereabouts infor-

mation. Information about the whereabouts requirements for the pre-Games testing period and during the Games needs to be better communicated to the NOCs and tools to facilitate the provision of whereabouts information should be made available to the NOCs to do so. Collaboration should be established between the NOCs and their NADO, who is handling this work on a year-round basis or the Regional Anti-Doping Organisation (RADO) to support the process.

6. It would have been helpful to identify the subject of whereabouts specifically in the list of highlighted areas contained in the letter from the IOC Director General to the NOCs that was sent 3 months prior to the Games, with the applicable Rules and underline the importance of the pre-Games / Out-of-Competition testing programme and any consequences that the NOCs may be subject to in the event of non-compliance. Earlier distribution of this communication by the IOC in the future will assist and/or address any lack of compliance with the provision of whereabouts at an earlier stage prior to the beginning of the pre-Games / Out-of-Competition testing programme.
7. The work of the IOC-WADA-BOCOG Task Force continues to evolve with target testing including the specific menu of substances and methods tested. Collaboration with the IFs, who are conducting testing during the years between the Olympic Games, should be sought to obtain intelligence information and targets for testing.
8. EPO testing is carried out on all Athletes selected for doping control in the sports where the use of EPO is known, and not only the medallists. Similarly, IRMS analysis is used in a more targeted approach over more sports.

9. Since a sufficient quantity of blood was collected during In-Competition testing (4 vials), it would be opportune to analyse for hGH in certain spots as well.

### RECOMMENDATIONS TO NOTIFICATION OF ATHLETES (3.6)

10. The notification form includes a place for the Athlete's start number respectively player's number.
11. Chaperone coordinators should have a good level of experience in the sport.
12. At sports where it may not be possible to notify the athletes immediately after the completion of the competition due to the logistics, a solution needs to be implemented to observe the Athletes post-competition and pre-notification to ensure that no possible manipulation occurs. (e.g. Rowing referred to at II of the above Comments to Notification).



13. The chaperone coordinator liaises with the IF technical official(s) located in the vicinity of the location of the notification and introduces the chaperone, to ensure the chaperone's role is understood. Similarly, communication with the Olympic Broadcast representative in the specific competition area identified for notification is established to run through the plan for notification and chaperoning, in order to find an effective, yet discreet solution.
14. Chaperones should carry sealed drinks to provide to the Athletes throughout the chaperoning.
15. IFs exchange information about their sports-specific notification procedures, in order to exchange knowledge and experiences.
16. Athletes should be permitted to fulfil post-competition activities, such as an warm-down, team debrief, etc. during the one hour period before registering at the doping control station.
17. For Athletes competing more than once on the same day, consideration should be given to applying sports-specific Rules, whether to notify the Athletes after they first qualify for doping control (e.g. winning a competition, breaking a world record, etc.) since one procedure is not the best solution for all sports.

### RECOMMENDATIONS TO PREPARATION FOR THE SAMPLE COLLECTION (3.7)

18. The Organising Committee needs to carefully calculate the amount of time that a session may take for all Athletes based on the competition schedule and plan the facilities so that the duration of the controls is not excessive, with a number of Athletes forced to wait for long periods to use the processing room(s).
19. The doping control forms should contain the Consent for Research option and the name of the Athlete's coach and doctor.
20. Provision for flexible Athlete transportation (T3) needs to be made in the event that the session finishes late and there are no shuttles to the Athletes Village.

### RECOMMENDATIONS TO URINE AND BLOOD SAMPLE COLLECTION (3.8.1 AND 3.8.2)

21. For the DCO to show the Athlete the information documents, such as illustrated handbooks and posters in case of language difficulties or misunderstandings.
22. One standard amount of urine, instead of a different amount in the eventuality of EPO analysis, would avoid confusion and eliminate giving out a signal about the specific analysis of certain substances.
23. The blood collection officers (BCOs) need to be experienced at blood sampling on Athletes.

24. An option to use butterfly needs and choice of method of disinfection should be offered to the Athlete.
25. The presence of a team doctor or official to accompany an Athlete to doping control, should be strongly encouraged, especially those who are emotionally upset after their competition.

### RECOMMENDATIONS TO SECURITY, POST TEST ADMINISTRATION AND TRANSPORTATION (3.9)

26. An electronic clearing system to process the documentation is introduced, in order to reduce the manual workload and therefore potential for errors.
27. Electronic registration in and out of doping control stations would be an upgrade to consider being able to record all movements in and out of the station.

### RECOMMENDATIONS TO LABORATORY SERVICES (3.10)

28. During the process undertaken by WADA to accredit the Laboratory for the Olympic Games, verification is required that the Laboratory is equipped to analyse all substances on the Prohibited List. Should the Laboratory not have the equipment or know-how to handle any substances or methods on the Prohibited List, the IOC (the Client) must be informed in order that it can review this with the Laboratory.
29. It would be preferable for the doping control form not to indicate specifically which substances will be analysed in order that the Athletes and support staff are under the impression that any sample can be analysed for all substances and methods on the Prohibited List. Information to provide to the Laboratory about the type of analyses could be included on the chain of custody documentation.
30. That the Laboratory Director has an administrative assistant to handle the distribution of the results reporting.
31. Simultaneous receipt of results to the IO Team is confirmed to the Laboratory by the IOC Medical Commission in advance of the Games.

### RECOMMENDATIONS TO ADMINISTRATION OF THE RESULTS (4.2)

32. That the IOC considers seconding an anti-doping administrator to support the results management administration at the Olympic Games from an Anti-Doping Organisation.
33. The use of a secure integrated administrative programme to handle the administrative doping control tasks at the Olympic Games is investigated by the IOC.

### RECOMMENDATIONS TO IOC DISCIPLINARY PROCEEDINGS (4.4) AND DOPING CASES (4.5)

34. It is recommended that the IOC provides a brief explanation in the event the time period is extended by the 24 hour limit provided for in Article 7.2.13. While the Rules were followed in all observed cases since there is no requirement for an explanation this would add transparency.
35. Similarly, there is no requirement in the ADR for the IOC to explain why in some cases the IOC-DC takes the decision and in some cases the IOC-EB takes the final decision. It would be useful to have some explanation in the event this occurs. During these Games, the IOC Executive Board took the decision in each case that implicated Olympic medals. This seems to be the reason but clarity on this point would allow for more openness and understanding particularly by those Athletes whose case was not decided by the IOC Executive Board.
36. The IO Team applaud the position of the IOC-DC and IOC-EB to investigate further the role of the team coach/medical personnel in the doping cases and recommends this line continues to be aggressively pursued in the future.

To assist this line of action by the IOC in the future, the name of the Athlete's coach and doctor will be required information on the doping control forms according to the new IST valid from 1<sup>st</sup> January 2009.

### RECOMMENDATIONS TO THERAPEUTIC USE EXEMPTIONS (5.1)

37. Pursuant to the Code and the International Standard for TUEs (valid from 1<sup>st</sup> January 2009), the International Olympic Committee Medical Commission TUE Committee is responsible for handling only new applications that are submitted during the Olympic Games. It should nevertheless have the right to review TUEs and aTUEs that have been approved by IFs and NADOs.
38. The NOCs should be better informed about the TUE and aTUE process, since there appear to be even some large NOCs, who were not aware of the Rules and process to be followed. Communication with the IFs and NADOs who are responsible for the handling of TUE and aTUE applications for all Athletes in the International and National Registered Testing Pools (I-RTP) at all other times than the Olympic Games should be facilitated. (Note - this is another area that an integrated doping administration management system can handle).
39. The use of an integrated doping administration management system would integrate the TUE applications into the system and enable access to an Athlete's existing records.

## 7. ABBREVIATIONS

With the ever increasing number of abbreviations used in anti-doping and sports organisation, a list of specific abbreviations in this report is listed here:

<b>ADAMS</b>	Anti-Doping Administration and Management System	<b>IOC-ADR</b>	International Olympic Committee Anti-Doping Rules
<b>ADO</b>	Anti-Doping Organisation	<b>IOC-DC</b>	International Olympic Committee Disciplinary Commission
<b>BCO</b>	Blood Collection Officer	<b>IOC-EB</b>	International Olympic Committee Executive Board
<b>Bt</b>	Blood transfusion	<b>IOC-MC</b>	International Olympic Committee Medical Commission
<b>CAS</b>	Court of Arbitration for Sport	<b>IOC-MC TUEC</b>	International Olympic Committee Medical Commission Therapeutic Use Exemption Committee
<b>DCO</b>	Doping Control Officer	<b>IST</b>	International Standard for Testing
<b>HBOC</b>	Hemoglobin-based oxygen carrier	<b>NADO</b>	National Anti-Doping Agency
<b>HgH</b>	Human Growth Hormone	<b>RADO</b>	Regional Anti-Doping Agency
<b>ICS</b>	Inhaled Corticosteroids	<b>TUE</b>	Therapeutic Use Exemption
<b>injCS</b>	Injected Corticosteroids	<b>aTUE</b>	Abbreviated Therapeutic Use Exemption
<b>I-N RTP</b>	International or National Registered Testing Pool		
<b>IF</b>	International Federation		
<b>IO</b>	Independent Observer		

## APPENDIX A - SUMMARY CHART OF OBSERVATIONS BY THE IO TEAM

Games Day Date	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
		08/09 Sat	08/10 Sun	08/11 Mon	08/12 Tue	08/13 Wed	08/14 Thu	08/15 Fri	08/16 Sat	08/17 Sun	08/18 Mon	08/19 Tue	08/20 Wed	08/21 Thu	08/22 Fri	08/23 Sat	08/24 Sun	
ATHLETICS																		11
ARCHERY			1				1											2
BADMINTON								1		1								2
BASEBALL						1									1			2
BASKETBALL				1		1				1			1			1	1	6
BOXING						1	1		1						1	1	1	6
CANOE-KAYAK					1						1			1	1			4
CYCLING - MOUNTAIN																1		1
CYCLING - ROAD	1	1				1												3
CYCLING - TRACK								1	1		1	1						4
DIVING		1								1								2
FENCING	1					1												2
FOOTBALL					1	1					1			1		1		5
GYMNASTICS ARTISTIC		1					1					1						3
GYMNASTICS RHYTHMIC															1		1	2
GYMNASTICS TRAMPOLINE									1									1
HANDBALL					1		1				1		1			1	1	6
HOCKEY			1				1						1			1		4
JUDO	1	1	1	1	1													4
MARATHON SWIMMING													1	1				2
MODERN PENTATHLON														1	1			2
POLYCLINIC		1			1													2
ROWING	1		1						1	1								4
SHOOTING	1		1															2
SOFTBALL													1					1
SWIMMING	1	1	1			1		1	1	1								7
SYNCHRO SWIMMING													1					1
TABLE TENNIS											1				1			2
TAEKWONDO													1		1			2
TENNIS		1							1									2
TRIATHLON											1	1						2
VOLLEYBALL-BEACH										1	1			1				3
VOLLEYBALL-INDOOR	1							1			1		1				1	5
WATER POLO					1							1		1			1	4
WEIGHTLIFTING	1	2	1	1	1			1				1						7
WRESTLING					1	1						1		1				4
		8	10	7	8	8	5	6	8	8	8	7	8	9	8	7	7	122
IOC Disciplinary Commission				1			2				1			1		1		6
IOC Executive Board				1			1				1			2		1		2
							3											8

## APPENDIX B - NUMBER OF DOPING CONTROLS

### TESTS CONDUCTED IN BEIJING, 09-24 AUGUST 2008

	08/09	08/10	08/11	08/12	08/13	08/14	08/15	08/16	08/17	08/18	08/19	08/20	08/21	08/22	08/23	08/24	Total
Pre-Comp Urine	49	41	43	60	52	10	9	2	15	9	2	11	2	0	0	0	305
Pre-Comp Blood	40	23	19	21	22	7	3	0	0	3	1	11	2	0	0	0	152
In Comp Urine	111	180	146	200	217	158	219	241	266	177	194	157	202	212	173	56	2909
In Comp Blood	7	16	3	0	17	3	6	50	52	24	15	11	30	50	45	14	343
TOTAL	207	260	211	281	308	178	237	293	333	213	212	190	236	262	218	70	3709



## APPENDIX C - INDEPENDENT OBSERVER (IO) TEAM

### **SARAH LEWIS (GREAT BRITAIN) - CHAIR**

*Secretary General, International Ski Federation (FIS)*

### **TRAVIS TYGART (USA) – VICE CHAIR**

*Chief Executive Officer*

*United States Anti-Doping Agency (USADA)*

### **SUSAN AHERN (IRELAND)**

*\*Shared position with Tim Ricketts*

*Legal Counsel, International Rugby Board (IRB)*

### **DR ABDUL WAHAB AL MUSLEH (QATAR)**

*Member, Health Care and Doping Control Committee*

*Olympic Council of Asia (OCA)*

*Chairman, TUE Subcommittee, Olympic Council of Asia (OCA)*

### **ZAKIA BARTAGI (TUNISIA)**

*Director, National Center for Medicine and Sport Science*

*Head, National Anti-Doping Unit*

### **PAOLO BORRIONE (ITALY)**

*Assistant Physician, Internal Medicine Clinic*

*San Luigi Hospital, Turin*

*Member, Italian National Olympic Committee*

*Anti-Doping Commission (CONI-NADO)*

### **PABLO FERRARI (URUGUAY)**

*Partner, Dauber-Ferrari-Grasso Law*

### **SARA FISCHER (SWEDEN)**

*Member, WADA Athlete Committee*

### **SIOBHAN LEONARD (IRELAND)**

*Manager, Irish Sports Council*

### **TOM MAY (CANADA)**

*Manager, Education and Program Development, WADA*

### **TIM RICKETTS (AUSTRALIA)**

*\* Shared position with Susan Ahern*

*Manager, Doping Control*

*International Rugby Board (IRB)*

### **SHANNAN WITHERS (AUSTRALIA)**

*Senior Manager, Executive Office, WADA*

## APPENDIX D - INDEPENDENT OBSERVER (IO) PROGRAM MANUAL

### TERMS OF REFERENCE

#### Objective

The WADA IO program aims to enhance athlete and public confidence at major events by randomly monitoring phases of the doping control and results management processes in a neutral and unbiased manner. A succinct post-event report is published summarising the conduct of the doping control procedure and where necessary, suggesting areas for improvement at future events.

The aim of the WADA IO/Audit program is to contribute to effective doping control services during major games/sporting events and to ensure programs are run in a Code compliant way. The observation/audit provides a system of evaluation to assess whether or not procedures conform to the existing documented standards and rules and to provide on-site advice, guidance or assistance as may be needed. The audit initiative differs from the original WADA IO program in that, once discrepancies or non-conformities are identified, the need for corrective action can be suggested, and improvements made in a timely manner to ensure more effective doping control services at the event.

#### Scope Overview

In liaison with the ruling body for the event, the IO team will review relevant documentation, be present at the event venue/s and carry out observations and assessments of the doping control process, including test distribution planning, sample collection and handling, laboratory analysis and results management.

#### Detailed Scope

*It should be noted that the following activities may apply for major games, while only selected activities may apply for other sporting events. This is not a definitive list – WADA may agree to additional areas in advance.*

With regard to the doping control process, the IOs may observe the following areas:

- The system for processing, authorising, maintaining records and reviewing applications for therapeutic use exemptions (TUEs), including abbreviated TUE authorisations accorded for the event;
- Test distribution planning, including the determination of the total number of tests for the event, the allocation of tests per sport, discipline and event, and the selection of athletes;
- Preparation of facilities for doping control;
- Equipment and doping control documentation;
- Procedures relating to the notification of competitors selected for doping control;
- Procedures relating to the escorting of competitors selected for doping control;

- Sample collection procedures at the Doping Control Station (applies to both blood and urine testing);
- Sample collection procedures where a competitor fails to comply with the request to provide a sample, or reports to the Doping Control Station later than required;
- Completion of paperwork, including notification, doping control and chain of custody forms;
- Sample storage and transportation;
- Chain of custody of samples;
- Agreements and arrangements made with WADA accredited laboratories; and
- Recruitment and training of doping control officials and chaperones.

With respect to any subsequent Test Result Management processes, the IOs may also be involved in the following areas:

- Post-sample collection review of all athlete doping control forms, including those of control samples (IOs to be provided with a copy of the forms);
- Review of all laboratory test results (IOs to be provided with a copy of the results);
- Review of all DCO reports, including notification of failures to comply, and review of any additional irregularities noted by doping control officials, laboratory staff or others (IOs to be provided with a copy of any relevant documentation);
- Attending B sample analysis, where possible;
- Attending meetings of a Doping Control Review Committee when determining whether a potential doping offence has occurred;
- Receipt and review of the notification of hearing dates given to the competitor;
- Attending all hearings and receiving copies of relevant documents including sanction recommendations and decisions; and
- Attending appeals before CAS or any other judicial body.

In the case of the original IO program, IOs must not present any comments on-site to doping control officials. Should there be an observed deviation from the applicable rules that could lead to a challenge to procedures and the invalidation of results, the IO member should first report the matter to the IO Chair for determination of the next steps.

In the case of an IO/Audit program, members may upon request, provide on-site information and clarification to doping control officials on the requirements of the World Anti Doping Code and International Standards. It is however, neither the intent nor purpose of the IO/Auditors to actively intervene or have a regular involvement in the doping control process.

The IO/Auditors may intervene at their own volition when there is an observed deviation from the International

Standards or applicable rules, in order to ensure immediate corrective action. Any such incident shall also immediately be reported to the IO/Audit Chair, who will liaise with the appropriate person of the responsible ruling body, to confirm the irregularity and discuss possible corrective actions to remedy and eliminate future occurrences.

### IO Teams

WADA shall, at its discretion, and based on pre-determined criteria, select and appoint individuals to serve as part of the IO team.

The IO team will be comprised of individuals possessing overall competence and expertise in the doping control process in general and/or specialists in certain areas such as sample collection, result management, laboratory analysis, experience in Olympic/ Paralympic or other major international sporting events, and individuals with medical or legal expertise.

No member of the IO team shall have been involved in any way in a doping-related offence.

All members of the IO team are subject to the IO professional code of conduct, included in which shall be a mandatory *Conflict of Interest* agreement. Any IO who has, or is perceived to have, a conflict of interest in any area of the assigned roles and responsibilities shall declare this conflict immediately to the Chair and shall not partake in the activity in question.

Also included as part of the IO professional code of conduct, shall be a mandatory *Declaration of Confidentiality*. Except as provided in the *Declaration of Confidentiality*, all information relating to the work of the IO shall remain strictly confidential. Unless authorized by WADA's Director General, no IO shall speak publicly about the work and observations of the IO team.

The size of each team will be determined by WADA in accordance with the size of the event, the aspects of the doping control process to be observed/audited, the duration of the assignment, and the extent to which partnership support funding is provided.

### IO Team Chair and Vice Chair

The Chair (and Vice Chair) of IO teams at specific events shall be appointed by the WADA Director General. The Chair shall not have a conflict of interest.

The Chair will have overall responsibility for the operations of the Independent Observers at the event and will be its public spokesperson. The Chair may delegate the Vice Chair and others to carry out duties as necessary.

### Reporting

IOs will provide a written and verbal report to their IO Chair on a daily basis on their observations of the previous day. These reports will serve as a basis for the final report (see below).

In the case of an IO/Audit program, the Chair will summarise the individual IO reports on a regular basis (perhaps daily) and provide feedback in the form of a written and/or verbal report to the Chair of the medical committee of the event. These reports shall include any non-conformity, and will recommend that corrective action be taken if required. If, following reported non-conformities and the need for corrective actions provided to the Chair of the medical committee, no corrective action is taken, or requests for clarification are not met, the IO Chair will inform WADA's Director General.

At the conclusion of an event, the IO Chair shall produce a final IO report to WADA. The final IO report will be submitted no later than one month<sup>10</sup> after the completion of all doping control activities related to the assigned event, and will include the following information:

- Report of compliance with the procedures for doping control governing the event.
- Non-conformities (if any) and corrective action taken (if IO/Audit). This will include any cases where the need for corrective action was recommended but not satisfactorily taken.
- Any other relevant information.

The final IO report will be made available by the IO Chair in the first instance to the Director General and President of WADA. It shall then be published by WADA, but only following prior release of the draft to the event owner for its comment. In particular, the event owner will be provided with seven (7) business days from receipt of the draft in order to advise WADA of any factual errors in the draft prior to its official publication.

### Funding

WADA shall determine the basis and source for the funding of the program. Where appropriate, WADA will enter into joint funding agreements with relevant major games organizations, international federations, or other responsible organizations.

<sup>10</sup> Unless otherwise agreed, and depending on the scope of the report.

**DECLARATION OF CONFIDENTIALITY**

As a member of the WADA Office of the Independent Observer, I, .....  
 declare that, by executing this declaration, I hereby agree to abide by the office of the IO's commitment to confidentiality and am bound by the terms of this Declaration.

It is understood that the nature of my involvement as an IO is such that I will have knowledge of or become aware of sensitive and confidential information from time to time, specifically, but not limited to the following:

- Selection of athletes for unannounced doping control
- Problematic and/or positive test results information on an athlete or group of athletes
- TUEs
- Laboratory results/reports
- Follow up testing
- Investigation activities
- Appeals or arbitrations related to doping infractions

I do swear or solemnly affirm that as a representative of the office of the IO, I will observe and comply with all the requirements of the office of the IO pertaining to the confidentiality of doping control information during and after the term of my involvement.

Except as required by law or as authorized in the course of my duties, I will not disclose or give to any person whatsoever any confidential information or document that comes to my knowledge or possession either directly or indirectly through my involvement as an IO.

Furthermore, I understand that breach of my obligation of confidentiality may result in possible legal action against me and in the immediate termination of my involvement with the office of the IO.

I agree, that any publication relating to my experiences as an IO which contains information not already published in the relevant IO mission report will be submitted to the Director General of WADA for permission to discuss/publish beforehand.

Name of event: .....

Dated this: ..... day of ..... year .....

Sworn or affirmed: .....  
*(IO Signature)*

Witness: .....  
*(Signature)*

## CODE OF PROFESSIONAL CONDUCT

All IO members are required to comply with an IO Code of Professional Conduct while on IO missions. A breach of this code will result in removal from the IO pool.

This code of professional conduct is more than simply a set of behaviors for people working within the office of the IO; it reflects the ideals and values of WADA, as well as a commitment to uphold these values.

The work of the office of the IO is first and foremost in the interest of athletes and the public at large. As an operation upholding sport's values and ethics, the office of the IO should lead by example; it should be committed to the highest order of professionalism, and open to public scrutiny. IOs therefore must conduct themselves with integrity, be fair and honest in dealings with others, and treat others with respect and dignity.

The code of professional conduct is as follows:

1. IOs are responsible for their actions and accountable for the consequences of their actions or inactions.
2. IOs serve the office of the IO in a discreet and professional manner.
3. At all times, IOs will act in a manner that encourages and maintains confidence in the integrity of the office of the IO among athletes, sport officials, sports organizations and the public at large.
4. The role of an IO is to observe and report observations and findings to the proper authority (individual IOs to the Chair of the team in question; the Chair of the team to WADA following the event).
5. IOs are not decision-makers.
6. IOs will conduct their relations with, and discharge their duties to, other organizations, clients, the public and media ethically, fairly, discretely and professionally both within the spirit and the letter of agreements, policies and legal requirements. IOs will treat all persons with respect, tact and courtesy in all matters connected with the office of the IO.
7. All communications with individuals or other external entities, whether oral or written, must be conducted professionally, and should be delivered in a timely, accurate and clear manner.
8. IOs must not be in a conflict of interest or permit any influence that could present conflict with the best interest of the mandate and obligations of the office of the IO. Each IO must complete a conflict of interest agreement.
9. Confidentiality of all information, whether written or verbal must be respected. Each IO is required to sign a declaration of confidentiality.
10. The IOs will work together as a team in a collegial manner and work to instil a spirit of team commitment.
11. The duties and obligations which IOs assume continue to apply after the event at which they have participated; in particular to that of confidentiality.
12. The office of the IO must use its resources (including human and material resources, funds, equipment and information) responsibly and in the best interests of their duties.



## APPENDIX E - EVENT OBSERVATION SELECTION CRITERIA

### GENERAL

As per the IO terms of reference, all (\*) aspects of the doping control process will be observed. The aspects are described in the manual.

Some additional processes will be observed on an as needed basis (e.g. "B" sample openings, hearings, appeals, etc.).

### OBSERVATION PRINCIPLES

With respect to observation of sample collection and the Games, the following principles will apply as a guideline (based on team size and expertise available):

- High Risk Sports – minimum of 50% observations *(see below)*
- Medium Risk sports – minimum of 30% observations *(see below)*
- Low Risk Sports – minimum of 10% observations *(see below)*
- Problematic doping control operations
- Confidential information received on potential use by an athlete or group of athletes
- A minimum of 20% of blood collections
- A minimum of six (6) observed events per day
- Random observation of the transport of samples to the Laboratory

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\* NB. In Beijing, the analyses conducted at the Laboratory will not be observed.

Sport	Level Assigned by IO Team	Sport	Level Assigned by IO Team
Archery	Low/Medium	Trampoline	Low
Athletics	High	Handball	Low/Medium
Baseball	Medium/High	Hockey	Low/Medium
Badminton	Low	Judo	Medium/High
Basketball	Medium/High	Modern Pentathlon	Medium
Beach Volleyball	Medium	Rowing	High
Boxing	Medium/High	Sailing	Low
Canoe / Kayak Flatwater Racing	High	Shooting	Low/Medium
Canoe / Kayak Slalom Racing	High	Softball	Low/Medium
Cycling BMX	Medium/High	Swimming	High
Cycling Mountain Bike	Medium/High	Synchronised Swimming	Low
Cycling Road	High	Tennis	Medium/High
Cycling Track	High	Taekwondo	Medium/High
Diving	Low	Triathlon	High
Equestrian	Low	Table Tennis	Low
Football	Medium/High	Volleyball	Medium/High
Fencing	Low	Weightlifting	High
Gymnastics Artistic	Low/Medium	Water Polo	Medium
Gymnastics Rhythmic	Low	Wrestling	High