

Unsuccessful Attempt Report Form

These instructions will help the **Doping Control Officer (DCO)** complete the standard Unsuccessful Attempt Report Form developed by the World Anti-Doping Agency (WADA) in co-ordination with stakeholders.

These instructions are to be used in conjunction with Version 1 (7-2010) of the Unsuccessful Attempt Report Form.

Overview

This Unsuccessful Attempt Report Form has been produced to standardize documentation. This form should be completed by the **DCO** for any mission where an unsuccessful attempt has been made to locate the Athlete during their designated 60-minute whereabouts slot (as defined in the Athlete's whereabouts filing).

This form may be used in the assertion of a Whereabouts Failure and/or an Anti-Doping Rule Violation and therefore it is essential that all information recorded is accurate and as detailed as possible.

Whilst the primary focus of the form is to detail attempts made to locate the Athlete during their designated 60-minute whereabouts slot, this form should also be used to record details of any attempts made to locate the Athlete throughout the course of the mission (see Section 3. Attempt Information).

General Comments

- Write clearly in block capitals and press hard to ensure all copies are legible.
- The 24 hour clock must be used for all times e.g. eight thirty in the morning (8:30am) is 08:30, and eight thirty in the evening (8:30pm) is 20:30.
- If the **DCO** has insufficient space on any part of the form, he/she may use a Supplementary Report Form. The Supplementary Report Form reference number should be recorded in Section 3 of this form.
- All sections are to be completed by the **DCO**.

Top right section of the form

TEST AUTHORISED BY CONTRÔLE AUTORISÉ PAR	<input type="text"/>
SAMPLE COLLECTION AUTHORITY AUTORITÉ DE PRÉLÈVEMENT D'ÉCHANTILLONS	<input type="text"/>
RESULTS MANAGEMENT AUTHORITY AUTORITÉ DE GESTION DES RÉSULTANTS	<input type="text"/>

- **Test Authorized By:** The **DCO** will insert the name of the organization which initiated/authorized the test.
- **Sample Collection Agency:** The **DCO** will insert the name of the organization which has certified him/her to conduct sample collection.
- **Results Management Authority:** The **DCO** will insert the name of the organization under whose anti-doping rules possible violations would be managed (e.g. the International Federation, National Anti-Doping Organization).

Section 1 – Athlete Information

1. ATHLETE INFORMATION • INFORMATION CONCERNANT LE SPORTIF

FAMILY NAME NOM DE FAMILLE	<input type="text"/>	GIVEN NAME PRENOM	<input type="text"/>	GENDER SEXE	<input type="checkbox"/> M	<input type="checkbox"/> F
NATIONALITY NATIONALITÉ	<input type="text"/>	SPORT DISCIPLINE	<input type="text"/>			

- The **DCO** should record all relevant information regarding the Athlete. This information should be provided on the Mission Order (or testing request from the ADO).
- Sport Discipline is the sport and the discipline of the Athlete. E.g. skiing/freestyle.

Section 2 – Mission Information

2. MISSION INFORMATION • INFORMATION CONCERNANT LA MISSION

<input type="text"/>	OUT OF COMPETITION HORS COMPÉTITION <input type="checkbox"/>	IN COMPETITION EN COMPÉTITION <input type="checkbox"/>
TEST MISSION CODE • CODE DE MISSION DE CONTRÔLE		
WHEREABOUTS USED • INFORMATIONS SUR LA LOCALISATION UTILISÉE		
DATE ATHLETE WHEREABOUTS LAST CHECKED DATE DE LA DERNIÈRE VÉRIFICATION DE LA LOCALISATION DU SPORTIF	<input type="text"/>	<input type="text"/>
	DD / JJ	MM YYYY / AAAA
PLEASE PROVIDE A COPY OF THE WHEREABOUTS USED TO ATTEMPT THIS MISSION • VEUILLEZ FOURNIR UNE COPIE DES INFORMATIONS SUR LA LOCALISATION UTILISÉES DANS LE CADRE DE CETTE TENTATIVE		

- The **DCO** should record the Test Mission Code (if applicable) and whether the unsuccessful attempt was made Out-of-Competition or In-Competition.
- The **DCO** should record the date that he/she last checked, or the date that he/she was last updated about, the Athlete's whereabouts prior to attempting the mission.

- It is essential that the **DCO** provides a copy of the Athlete whereabouts he/she used to attempt the mission, when submitting the completed Unsuccessful Attempt Report Form.

Section 3 – Attempt Information

3. ATTEMPT INFORMATION • INFORMATION CONCERNANT LA TENTATIVE

LOCATION LIEU	ADDRESS ADRESSE	NUMBER/STREET • NUMÉRO/RUE		CITY/TOWN • VILLE	STATE • PROVINCE	COUNTRY • PAYS
DESCRIPTION OF LOCATION DESCRIPTION DU LIEU	TRAINING VENUE SITE D'ENTRAÎNEMENT	<input type="checkbox"/>	ATHLETE'S HOME DEMICILE DU SPORTIF	<input type="checkbox"/>	OTHER (SPECIFY) AUTRE (PRÉCISEZ)	
DATE OF ATTEMPT DATE DE LA TENTATIVE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ARRIVAL TIME HEURE D'ARRIVÉE	<input type="text"/>
	DD / JJ	MM	YYYY / AAAA			

- The **DCO** should first document the details of the location, date and timing of their attempt made during the Athlete's designated 60-minute whereabouts slot as specified on the Athlete's whereabouts.
- The **DCO** should document the full and complete address of the location as well as the description of the location.
- The **DCO** should record the date the attempt was made and record the precise arrival and departure times from the location, during which time reasonable attempts, as defined by the ADO, were made to locate the Athlete.

DESCRIPTION OF ATTEMPT: DESCRIBE ALL ATTEMPTS MADE TO LOCATE THE ATHLETE DURING THEIR SPECIFIED 60-MINUTE TIME SLOT. THIS SHOULD INCLUDE BUT NOT BE LIMITED TO A PHYSICAL DESCRIPTION OF THE LOCATION, A SUMMARY OF HOW CONTACT WAS ATTEMPTED (DOORBELL, 3RD PARTY CONTACT, ETC.) AND THE FREQUENCY AND TIMING OF ATTEMPTS MADE. PLEASE ALSO DESCRIBE ANY ATTEMPTS MADE TO LOCATE THE ATHLETE OUTSIDE OF THEIR 60-MINUTE TIME SLOT AT THIS OR ANY OTHER LOCATIONS (IF APPLICABLE). FOR ALL ATTEMPTS MADE, PLEASE PROVIDE ANY ADDITIONAL INFORMATION RECEIVED DURING EACH ATTEMPT (FOR E.G. THE ACTUAL LOCATION OF THE ATHLETE).

DESCRIPTION DE LA TENTATIVE: DÉCRIEZ TOUTES LES TENTATIVES EFFECTUÉES POUR LOCALISER LE SPORTIF DURANT LA PÉRIODE DE 60 MINUTES SPÉCIFIÉE. CES INFORMATIONS DEVRAIENT COMPRENDRE, MAIS SANS S'Y LIMITER, UNE DESCRIPTION PHYSIQUE DES LIEUX, UN RÉSUMÉ DE LA DÉMARCHE ENTOURANT LA TENTATIVE (PAR EX., SONNER À LA PORTE, CONTACT PAR L'INTERMÉDIAIRE D'UN TIERS, ETC.) ET LA FRÉQUENCE ET L'HEURE DES TENTATIVES. VEUILLEZ ÉGALEMENT DÉCRIRE TOUTES LES TENTATIVES FAITES POUR LOCALISER LE SPORTIF AVANT LA PÉRIODE DE 60 MINUTES SPÉCIFIÉE, À CE LIEU OU AILLEURS (LE CAS ÉCHÉANT). POUR TOUTES LES TENTATIVES EFFECTUÉES, VEUILLEZ FOURNIR TOUTES LES INFORMATIONS ADDITIONNELLES REÇUES DURANT CHAQUE TENTATIVE (PAR EX., LA LOCALISATION DU SPORTIF, ETC.)

- The **DCO** should initially use Section 3 to record all details relating to their attempts made to locate the Athlete during the Athlete's designated 60-minute whereabouts slot. The **DCO** should record all pertinent information regarding the venue, the attempts he/she made (i.e. the frequency and timing of the attempts) as well as full details of any 3rd party contact. The detail for the latter should include who the DCO had contact with and the details of the discussions had.
- Following this, and if applicable, the **DCO** should also detail any attempts made to locate the Athlete outside of their designated 60-minute whereabouts slot (this includes attempts made prior to and after the attempts during the 60-minute whereabouts slot). The **DCO** should detail all pertinent information as specified above, as well as recording the location details, date and timings of the attempts made.

- If there is insufficient space on the form, the **DCO** should continue on a Supplementary Report Form. The Supplementary Report Form reference number should be recorded in Section 3 of this form.
- If the **DCO** did not make any attempts to locate the Athlete during their designated 60-minute whereabouts slot, then this form should not be completed. All details instead should be recorded on the Doping Control Officer Report Form.

Section 4 – Confirmation

4. CONFIRMATION

BY SIGNING BELOW I CONFIRM THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT THIS INFORMATION MAY BE USED IN ASSERTING AN ANTI-DOPING RULE VIOLATION.
JE SOUSSIGNÉ, DÉCLARE QUE LES INFORMATIONS FOURNIES DANS LE PRÉSENT FORMULAIRE SONT EXACTES AU MEILLEUR DE MA CONNAISSANCE ET QUE CES INFORMATIONS POURRAIENT ÊTRE UTILISÉES POUR VALIDER UNE VIOLATION DE RÈGLES ANTIDOPAGE.

DCO NAME
NOM DE L'ACD

DCO SIGNATURE
SIGNATURE DE L'ACD

DATE /

DD / JJ MM YYYY / AAAA

- The **DCO** should print and sign his/her name.
- The **DCO** should record the date he/she completed the Unsuccessful Attempt Report Form.

Paperwork

- All copies of the Unsuccessful Attempt Report Form should be sent back to the Sample Collection Authority.