The Technical Document on Reporting and Management of Urinary Human Chorionic Gonadotrophin (hCG) and Luteinizing Hormone (LH) Findings in Male Athletes has undergone a revision by WADA’s Laboratory Expert Group (LabEG).

The new version of the document, TD2018CG/LH, includes the following main modifications:

The term “GnRH analogs” was replaced by “gonadotrophin-releasing factors” through the text of this Technical Document, in order to reflect the wording used in the Prohibited List 2018.

4.0 Analytical Testing Strategy

4.2 Analytical Testing for LH

As the analysis of gonadotrophin-releasing factors is mandatory since 1 September 2017 (as per TD2017MRPL), the last paragraph was updated to reflect this change. Clarifications regarding the use of this method as a Confirmation Procedure for elevated LH findings are provided in footnote 7.

5.0 Interpretation and Reporting of Results

5.2 LH results

- It is not necessary to report the measured concentration of LH for every Sample analyzed. It is specified that the Laboratory shall report the concentration of total LH only when the Initial Testing Procedure produces a Presumptive Adverse Analytical Finding;

- Since the method for detection of gonadotrophin-releasing factors is now mandatory, when there is a Presumptive Adverse Analytical Finding for LH, and tests performed to detect the presence of gonadotrophin-releasing factors, anti-estrogenic substances and aromatase inhibitors produce negative results, the Laboratory shall report the finding as an Atypical Finding for LH.

6.0 Results Management

6.2 LH findings

- If an Atypical Finding for LH is reported (elevated total LH concentration with negative results for gonadotrophin-releasing factors, anti-estrogens and
aromatase inhibitors), the ADO should conduct at least one (1) follow-up no-notice test on the Athlete within a reasonable time frame (e.g. within 2 weeks) following the initial finding, unless the ADO has longitudinal data for the Athlete that indicates a follow-up is not warranted;

- The ADO should consider the results of longitudinal tests for LH in parallel with the evaluation of the longitudinal “steroid profile” of the Athlete. This evaluation should be done in consultation with an Athlete Passport Management Unit (APMU).