

## FREQUENTLY ASKED QUESTIONS (FAQs) ON THE TDSSA<sup>1</sup>

### General

#### 1. What is the TDSSA?

The TDSSA is a tool that is intended to assist *Anti-Doping Organizations (ADOs)* in achieving more intelligent and effective *Testing* programs for sports/disciplines by requiring a minimum level of analysis for *Prohibited Substances* that are not currently part of the standard routine urine analysis menu.

The TDSSA – is mandated by Article 5.4.1 of the 2015 *World Anti-Doping Code (WADC2015)* which all signatories approved - is intended to further protect the clean *Athletes* by ensuring that the *Prohibited Substances*, deemed to be at risk of abuse in certain sports/disciplines, are subject to an appropriate and more consistent level of analysis by all *ADOs* that conduct *Testing* on those sports/disciplines.

#### 2. When did the TDSSA become effective?

The TDSSA came into effect on 1 January 2015.

#### 3. To whom does the TDSSA apply?

The TDSSA applies to all ADOs that authorize the collection of *Samples*. This includes International Federations (IFs), *National Anti-Doping Organizations (NADOs)*, Regional Anti-Doping Organizations (RADOs) and *Major Event Organizations (MEOs)*.

#### 4. Which Prohibited Substances are within the scope of the TDSSA?

- Erythropoiesis Stimulating Agents (ESAs) (e.g. recombinant erythropoietins and their analogues);
- Human Growth Hormone (GH) and;
- Growth Hormone Releasing Factors (GHRFs) including Growth Hormone Releasing Hormone (GHRH) and its analogues and Growth Hormone Releasing Peptides (GHRPs).

#### 5. What was the process by which the Minimum Levels of Analysis (MLAs) were developed?

A drafting group of experts was appointed by *WADA* to develop the TDSSA with science, Laboratory, exercise physiology and anti-doping backgrounds, covering a number of stakeholder groups.

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<sup>1</sup> The FAQs on the TDSSA is a supporting document to assist ADOs with the implementation of the TDSSA. Where the interpretation of any text within the FAQ is in contradiction with the TDSSA, the TDSSA shall prevail.

The expert group undertook an extensive consultation process with the International Federations (IFs) of Olympic, IOC Recognized and Non-IOC Recognized sports and sports disciplines, and evaluated the *Prohibited Substances* within the scope of the TDSSA from a physiological risk and ergogenic benefit perspective. WADA also consulted with other ADOs including *National Anti-Doping Organizations (NADOs)* and *Major Event Organizations (MEOs)*.

The MLA requirements contained in Appendix 1 and 2 of the TDSSA are listed as a percentage (%) of total eligible Tests in each specific analysis category. These MLAs are based on a Physiological Risk Assessment that considered physiological demand and non-physiological factors in each sport/discipline, as well as WADA accredited Laboratory analytical capacity for the *Prohibited Substances*, analyses conducted historically by ADOs and a relative physiological and non-physiological comparison of sports/disciplines within similar categories.

The input of the ADOs, particularly IFs who have direct expertise in their sport, was critical in determining the assessments described above.

6. **Were factors other than physiological and non-physiological demand – such as financial gain, sport culture in a country, country performance, intelligence or gender – considered when establishing the MLAs?**

No, these factors should be considered by each ADO as part of the wider Risk Assessment that ADOs must conduct in accordance with Article 4.2 of the *International Standard for Testing and Investigations (ISTI)*, which is an important step in the development of their Test Distribution Plan (TDP).

7. **Is there a guideline to assist ADOs in conducting a Risk Assessment and to optimize the effectiveness of their Testing programs?**

Yes. WADA developed a document titled "*Guidelines for Implementing an Effective Testing Program*" to assist ADOs with conducting the overall Risk Assessment and elements of their TDP. The Guideline focuses on the development of 'smart' *Testing* programs based on a more qualitative approach rather than strictly a quantitative one.

8. **Will WADA be monitoring ADO compliance with the TDSSA?**

Yes, it will, from 2016 onwards.

It was anticipated that full application of the MLAs may take some time for all ADOs to implement into their *Testing* programs in 2015. Therefore the focus of the TDSSA in 2015 was its implementation by ADOs rather than solely compliance.

9. **Will the TDSSA form part of the overall Code compliance process? If so, how will compliance with the TDSSA be monitored?**

Yes. The TDSSA will be monitored and evaluated through ADAMS and WADA's review of ADOs' implementation of their *Testing* programs.

## 10. How should the cost implications of the TDSSA be managed?

The TDSSA exemplifies the rationale for establishing a minimum level of analysis based on an objective, quality-based *Testing* approach.

For those *ADOs* whose TDPs already exceed the MLAs, there will be no impact on their programs and they should continue with their current levels of analyses and not reduce them.

Those *ADOs* that are not currently conducting the required MLAs will need to review how they can optimize the use of existing resources within their anti-doping program or seek additional funding from their funding bodies.

Where additional funding is not available or the redistribution of resources/programs within an *ADO* is not possible, a reduction in Test numbers by the *ADO* may occur in order to reach the MLA. However it should not reduce the Test numbers to a level where a program becomes ineffective.

## 11. What are the intended benefits of the TDSSA?

The introduction of the TDSSA is intended to contribute to:

- Greater protection of the rights of clean *Athletes* through an increase in the level of analysis for *Prohibited Substances* within the scope of the TDSSA and within a sport/discipline which will result in an increase of the risk of detection.
- Increased levels of deterrence from a greater range of sports/disciplines and *Athletes* being tested for *Prohibited Substances* within the scope of the TDSSA.
- Increase the level of data sharing and use of intelligence in order to conduct more effective targeting of the population of *Athletes* to be tested for *Prohibited Substances* within the scope of the TDSSA.
- An increase in the analytical capacity of Laboratories to implement and validate the methods to detect the TDSSA substances.

## 12. What messages can ADOs take to their funding bodies when seeking additional resources to implement the requirements of the TDSSA?

- The TDSSA is a tool that provides greater protection to the clean *Athletes*.
- The TDSSA implementation will increase the deterrence effect.
- Article 23.3 of the WADC2015 (Implementation of Anti-Doping Programs) states:

*“Signatories shall devote sufficient resources in order to implement anti-doping programs in all areas that are compliant with the Code and the International Standards”.*

- The TDSSA is a mandatory level-two document of the WADC2015 that signatories are required to implement.
- The TDSSA will be part of WADA’s measurement of ADOs’ Code compliance.

## **Implementing the TDSSA and Test Planning**

### **13. Which Athletes are subject to the TDSSA?**

The TDSSA only applies to *National-Level* and *International-Level Athletes*, as defined by NADOs and IFs in their Anti-Doping Rules. ADOs may conduct additional analysis on other *Athletes* at any time but such Tests will not be counted towards achieving the required MLAs of the TDSSA.

Further information on the definition of an *Athlete* can be found in the WADC2015 definitions and Article 4.3 of the *ISTI*.

### **14. Does an Athlete need to know what level of Athlete they are at the time of a Test?**

No. The *Testing Authority* who authorized or requested the Test is responsible for putting in place a system to record the level of *Athlete* being Tested; as defined by the IF or NADO. This may be, in *ADAMS* or by other means.

If the Test is authorized by a NADO and conducted on an *Athlete* within the NADO’s definition of *National-Level Athlete* then the level of the *Athlete* should be “national”. If the IF authorizes the Test on an *Athlete* within the IF’s definition of *International-Level Athlete* and requests a NADO or other *Sample* collection service provider to conduct a Test on its behalf, then the *Athlete* should be recorded as “international”. Tests conducted on *Athletes* outside of the IF’s or NADO’s definition of *Athlete* should be recorded as “other”.

The level of *Athlete* does not prevent any *Athlete* being tested for all *Prohibited Substances* on the *Prohibited List* at any time by any ADO that has jurisdiction to do so.

### **15. If an Athlete is subject to Testing by multiple ADOs, which ADO receives credit for the MLA?**

In some situations an *Athlete* may be subject to *Testing* under the authority of his or her IF, NADO or an *MEO*. Any MLA analyses conducted on an *Athlete* are counted towards meeting the MLA requirements based on who the *Testing Authority* was that requested the Test.

### **16. How should specific analysis of tests collected under the TDSSA be allocated between Athletes?**

ADOs should make this decision as part of their risk assessment, TDP management and through utilizing available information (intelligence).

**17. Should NADOs apply the MLAs in each sport that is listed separately on the TDSSA or only in those sports and disciplines that are part of the NADO's TDP?**

The TDSSA is a sport/discipline specific document that relates to *International-Level* and *National-Level Athletes*. NADOs must comply on an individual basis with the TDSSA for every sport or discipline within their jurisdiction in which they plan to test as part of their TDP.

**18. How should an ADO calculate the MLAs and apply them to its TDP?**

A Test shall be the basis of the calculation of the MLA. One Test includes any number and type of *Samples* that may be collected from one *Athlete* during a Sample Collection Session.

Once an ADO has applied the number of Tests to a sport or discipline following its Risk Assessment, it then applies the MLA percentages to those Tests. Multiple analyses can be conducted on one *Sample*, whether it be blood or urine collected during one Sample Collection Session. The *Athletes* and *Samples* to which those analyses are applied are at the ADO's discretion.

As an example, if an ADO plans to conduct 100 Tests in a sport or discipline and the MLAs are 60% for ESAs, and 10% for GH/GHRFs, the ADO should distribute these analyses as follows:

- 60 ESA analyses to be conducted in either urine or blood
- 10 GH/GHRFs analyses in blood for GH or in urine for GHRFs

ADOs can request multiple analyses on *Samples* collected during the same Sample Collection Session. In this example the absolute minimum number of Sample Collection Sessions or Tests could be 60. This is on the basis that GH/GHRF analyses are performed on those *Athletes* who are also being tested for ESAs.

The remaining 40 Tests from the 100 Tests would then be subject to either the standard routine urine analysis at a minimum or a greater level of analysis for the *Prohibited Substances*, either within or outside the scope of the TDSSA.

The application of these analyses to *Athletes* subject to the TDSSA should be based on intelligence and identified risk factors particular to each *Athletes'* circumstances.

**19. What should an ADO do if a sport or discipline which has been allocated a small number of Tests has a MLA that results in the required number of analyses under the TDSSA being less than one?**

In this situation, the ADO shall conduct a greater level of analysis than the calculation the TDSSA prescribes, which at a minimum should be one test. As an example, if a sport discipline is required to conduct 0.5 of an ESA analysis because the actual number of Tests is 5 and the ESA MLA is 10%, then the ADO will be required to conduct a minimum of 1 ESA Test.

In circumstances where the *ADO* has intelligence that the “1” test would be more effective if applied to a sport/discipline/*Athlete* of higher risk in their TDP, the *ADO* may transfer the “1” Test from the lower risk sport/discipline to a higher risk sport/discipline.

20. **What should an *ADO* do if following the MLA calculation a sport or discipline has an MLA that results in a portion of a Test e.g. 4.2?**

Any portion of a Test shall be required to be rounded up to the nearest whole Test for calculation purposes. This situation will also be applicable to a number of *ADOs* who implement small *Testing* programs for a particular sport or discipline.

21. **Are *Samples* collected as part of a haematological module of the *Athlete Biological Passport (ABP)* subject to the TDSSA?**

No. The *ABP* haematological module is not directly part of the TDSSA. However, it is an important tool for effective *Testing* in those sports or disciplines that may be at risk to abuse of the *Prohibited Substances* and *Prohibited Methods* that affect the haematological profile of an *Athlete*, such as ESAs.

As outlined in the TDSSA, it is strongly recommended that any sport or discipline with an ESA MLA of 15%, or greater implements the *ABP* haematological module.

Those sports or disciplines with an ESA MLA of 10% are encouraged to consider the benefits of implementing the *ABP* haematological module.

*WADA* will provide the necessary support required to *ADOs* in establishing *ABP* programs.

22. **When implementing an ESA analysis program that is supported by an *ABP* haematological model, should any Target Tests be based solely on the review of blood profiles by an *Athlete Passport Management Unit (APMU)*?**

An *APMU* plays a key role in reviewing blood profiles and guiding the *ADO* when *Target Testing* should be conducted. This is one reason why a reduction in ESA MLAs is available for those *ADOs* that are implementing an effective *ABP* program. However, there may be times when the

*Athlete's* passport does not clearly reflect blood manipulation and therefore the *ADO* should also rely on other intelligence and risk factors to guide them with the targeting for ESAs.

23. **When collecting an *ABP* haematological *Sample* should the *ADO* also collect a urine *Sample* during the same *Sample Collection Session*?**

Yes, an *ADO* should collect a urine *Sample* during the same *Sample Collection Session* to enable the analysis of ESAs should the *Athlete's* passport be atypical. The benefit of collecting a urine *Sample* with an *ABP* haematological *Sample* is that if the *ABP Sample* is atypical an ESA analysis can then be requested on the urine *Sample*. This is a much more efficient use of resources and

intelligence. If there is no urine *Sample* to analyse, the window of opportunity to detect ESAs may be lost due to the time required to collect a follow up urine *Sample*.

**24. Can Samples collected under an ABP haematological module be part of the calculation in reaching the MLAs?**

If the *Samples* are analyzed for *Prohibited Substances* within the scope of the TDSSA along with the haematological parameters for the *ABP*, these analyses will count towards meeting the required MLAs.

**25. What sport /discipline should be applied to the Doping Control Form (DCF) for Out-of-Competition Samples collected from an Athlete who competes in a broad range of sport disciplines?**

The *Athlete's* discipline should be recorded as the one that has the highest MLA percentage.

**26. If an Athlete competes in more than one discipline (as listed in the TDSSA) at an event, what MLA applies if they are different?**

The discipline in which the *Athlete* competed and was selected for *Testing* should be the discipline to which the MLA applies.

**27. Is it important that an ADO records the discipline of a sport on the DCF?**

Yes. An *ADO's* DCF must contain the discipline of a sport on the Laboratory copy of the DCF so that the Laboratory can assign a discipline to the sport when reporting the results and type of analysis. If the discipline is not provided, then the analysis statistics by sport and discipline will not be accurate for that *ADO*, which will affect the evaluation of the *ADO's* implementation of the TDSSA.

*ADO's* that sub-contract out their *Sample* collection services should ensure that the *Sample* Collection Authority is made aware of such requirements.

**28. Is it mandatory that an ADO record the level of Athlete on the Doping Control Form?**

No. However, *ADOs* are required to develop a system to record the level of *Athlete* whether on their *Doping Control* Forms or in *ADAMS* for the purpose of monitoring their TDP progress and their compliance with the application of the MLAs to those defined *Athletes* only. *ADOs* that do not use *ADAMS* may be requested to provide such data to *WADA* as part of *WADA's* wider compliance program.

**29. What if a sport does not have a discipline listed in the TDSSA?**

Where the sport and discipline are listed the same in the TDSSA (e.g. Weightlifting/Weightlifting), they should be recorded in *ADAMS* and on the DCF this way.

30. **Where a sport has the discipline listed as “All” in the TDSSA, how should the ADO apply the MLAs to the disciplines of that sport and how should the disciplines be listed in ADAMS and on the DCF?**

In this case, the *ADO* has the discretion to distribute the MLAs across the disciplines of the sport equally or to those disciplines the *ADO* identifies as having the higher risk(s) to those *Prohibited Substances* within the scope of the TDSSA. The actual discipline of the sport being tested should be recorded on the DCF and *ADAMS*.

31. **How should ADOs advise the Laboratories of the type of analysis they require on a Sample?**

*ADOs* must ensure that the type(s) of analysis required for each *Sample* is recorded at a minimum on the chain of custody documentation (or equivalent) shipped with the *Samples* to the Laboratory or via another system that the *ADO* has agreed with the Laboratory. This requires that clear instructions are provided to the Doping Control Officer who is authorized to collect the *Sample(s)*.

In certain situations an *ADO* may request further analysis of a *Sample* following the results of another *Sample* collected at the same or an earlier time. As an example, an *ADO* may collect an *ABP* blood *Sample* at the same time as a urine *Sample*, and following the review of the profiles in the *ABP* *Sample* may request *ESA* analysis on the urine *Sample*. In such circumstances the *ADO* would have to notify the Laboratory of this request for further analysis (which may be by email). *ADOs* are reminded that *Samples* are routinely stored by Laboratories for a maximum of three months in accordance with the requirements of the *International Standard for Laboratories*. Any further storage of samples must be negotiated with the applicable Laboratory.

As per the *ISTI* the type of analysis shall not to be recorded on the DCF.

32. **How has ADAMS been modified to assist ADOs with the implementation of the TDSSA and to report accurate statistics so ADOs and WADA can monitor the implementation of the TDSSA?**

*WADA* has made the following changes to *ADAMS* to support the implementation of the TDSSA.

- The disciplines of the sports listed in the TDSSA.
- The ability to record the level of *Athlete*.

In addition *WADA* has developed and published a [Reporting Guide for the TDSSA Monitoring in ADAMS](#) to assist *ADOs* in the monitoring of their TDSSA programs.

33. **In the case where an ADO collects Samples as a service provider for another ADO, which ADO is accountable for meeting the MLAs?**

In such situations, the organization requesting the Tests, known as the Testing Authority, is responsible for ensuring it is meeting the required TDSSA MLAs.

Any such plans by the TA to conduct analyses under the TDSSA should be clearly outlined within a *Testing* service agreement. This situation also applies where a NADO who is the service provider wishes to conduct additional analysis on *Samples* (at its own cost) that it collects on behalf of an IF or *MEO* under Article 5.2.6 of the WADC2015. In such cases, if the sport/discipline contains MLAs in the TDSSA, the IF or *MEO* (as the TA) would receive credit for such analyses towards meeting their individual MLA requirements.

**34. What if an ADO exceeds the MLAs?**

The MLAs are minimums. *ADOs* are encouraged to exceed those minimums if their Risk Assessment or any other relevant information indicates they should do so.

**35. Can the MLAs be reduced and, if so, what is the process for obtaining a reduction?**

Yes, in accordance with Article 6.4.2 of the WADC2015, an *ADO* can apply to *WADA* for a reduction in the MLAs contained in the TDSSA. Further information on the criteria is located in Article 6 of the TDSSA. The application form can be found in Supporting Document A.

**36. What criteria must be met in accordance with Article 6.4.2 of the WADC2015 in order to qualify for a possible reduction in MLAs?**

*WADA* will consider a request for a reduction in MLAs by an *ADO* where such reduction would lead to a more intelligent *Testing* program than compliance with the prescribed MLAs alone. For example, the implementation of the haematological module of the *ABP* within the specific sport / discipline for which a reduction is being sought is considered a justifiable criterion for possible reduction given that its operation can be evaluated and subsequently has the potential to be a more intelligent basis for specified analyses than the MLAs prescribed by the TDSSA.

An *ADO* may present a case for possible reduction based on other particular circumstances provided that the *ADO* demonstrates how the reduction of the MLA can support a more intelligent, effective and efficient use of available *Testing* resources. .

**37. Could the TDSSA lead to some ADOs just meeting the minimum percentages and not applying the Tests effectively?**

The implementation of the TDSSA and meeting the MLAs is one part of achieving an effective *Testing* program. Whilst the decision of which *Athletes* are selected and the timing of such Tests is at the discretion of the *ADO*, it is important that the decision-making process applied to such Tests is effective in deterring and detecting doping.

A more comprehensive evaluation of an *ADO's* compliance with the ISTI will include the review of the methods an *ADO* applied to the implementation of the MLAs in the TDSSA. This will be addressed through *WADA's* wider compliance program.

**38. How should MEOs implement the TDSSA for multi-sports events?**

The priorities for *MEOs* when implementing the TDSSA into multi-sport events should be the incorporation of the MLA requirements into the TDP as early as possible. In doing so, the *MEO* should apply the majority of the MLAs in the *Out-of-Competition* period leading into the *Event* (this may include where the *MEO* has extended *Event* jurisdiction) and/or immediately upon arrival of *Athletes* within the country hosting the *Event* and prior to the competition starting. *MEOs* should attempt to obtain test history on high risk sports and disciplines from *NADOs* and *IFs* in advance of the *Event* so the application of TDSSA MLAs can be better targeted. It is also important that analysis for TDSSA MLAs is planned and targeted during the *In-Competition* period as well.

**Prohibited Substances within the scope of the TDSSA & WADA Accredited Laboratories**

**39. Will the TDSSA have a direct impact on WADA accredited Laboratories' capacity to analyze for those Prohibited Substances within the scope of the TDSSA?**

All *WADA* accredited Laboratories can analyze for ESAs in urine and GH (isoforms method) in blood serum. A small number of Laboratories can also analyze for GH using the biomarkers method. From 1 March 2016 the majority of Laboratories will have in place the methods to detect GHRFs.

Where applicable, *WADA* will identify and encourage the expansion of the necessary capacity within those Laboratories where particular analytical methods are deemed a priority for surrounding regions to implement the TDSSA, and in doing so, attempt to minimize shipping time and costs.

**40. How does an ADO know which WADA accredited Laboratory can test for the Prohibited Substances on the TDSSA?**

As part of the 2015 *International Standard* for Laboratories (ISL), it is a requirement for Laboratories to publish the capacity and costs associated with their *Sample* analysis services. From 1 January 2015, *ADOs* are able to identify those *Prohibited Substances* or classes of *Prohibited Substances* that each Laboratory can analyze within *ADAMS*. This information is only accessible to *ADOs* that have an *ADAMS* user agreement in place and is password-protected.

**41. What are the analysis methods for GH?**

There are two complementary methods for GH analysis: the Isoforms Differential Immunoassays (the GH Isoforms method) and the GH Biomarkers method.

The GH Isoforms method has been applied since the Athens Olympic Games 2004 and commercial test kits have been available to *WADA* accredited Laboratories since 2008.

The second method (GH Biomarkers) was initially implemented during the 2012 London Olympic and Paralympic Games. However, it had to undergo a process of re-validation of new component

assays following the withdrawal from the market of one of its assays. The assays have been revalidated and the method is now available in a limited number of accredited Laboratories with a gradual implementation among the other Laboratories over time.

These two GH analytical methods are complementary in nature: while the GH Isoforms method detects GH doping up to 24-48h after administration, the GH Biomarkers method, which measures changes in concentration levels of two main markers of GH biological action, namely IGF-1 and P-III-NP, may not detect GH in the initial phase of use but does at later times and for a longer period than the GH Isoforms method.

It is recommended that *ADOs* conduct both analytical methods when *Testing* for GH as they provide a greater ability to detect GH when applied together.

**42. What is the permitted shipping time to a WADA accredited Laboratory for a blood Sample that will be analyzed for GH?**

The *WADA* Technical Document – TD2015GH outlines that a blood *Sample* can be analyzed at a *WADA* accredited Laboratory within a maximum of 4 days from *Sample* collection.

**43. Will GH and GHRFs be split and have their own MLAs?**

Taking into account previous limitations in Laboratory capacity for GHRFs, both GH and GHRFs MLAs have been grouped together for the initial implementation of the TDSSA.

From 1 March 2016 the majority of *WADA* accredited Laboratories will have in place the method to analyze for GHRFs. As a result of this increase in Laboratory capacity, these two substance categories may be split and have their own separate MLA requirements from 2017 onwards.

**44. Do ADOs have to apply the MLA percentage to both GH/GHRFs or divide it?**

Until 1 March 2016, it is recommended that the majority of the MLA for GH/GHRFs is applied to *Testing* for GH since Laboratories have the capacity to analyze for GH (via the GH Isoforms method) and only a limited number of Laboratories are currently offering the GHRFs method.

From 1 March 2016, until such time the MLA for GH and GHRFs are split, it should be applied equally as the majority of Laboratories will have in place the required method to detect GHRFs from this date.

**45. How is the MLA for GH and GHRFs calculated in meeting the MLA?**

If a blood serum *Sample* is analyzed for GH and a urine *Sample* collected from the same *Athlete* during a single Sample Collection Session is analyzed for GHRFs, this will count as two analyses towards the GH/GHRFs MLA requirements. This calculation method is likely to change if GH and GHRFs are split and have their own MLA requirements (see Question 44).

**46. The TDSSA outlines that ESAs can be analyzed in urine or blood. Does this mean that an ADO has to collect a blood and urine Sample each time to conduct ESA Testing or can an ADO decide for either blood or urine (and sometimes both)?**

The ADO has the choice as to whether it wishes to analyze ESAs in either urine or blood. However, it is noted that the detection method for CERA is more effective in blood serum than urine. When Laboratories analyze for CERA in blood serum, they will also be applying methods, such as IEF or SAR-PAGE, capable of detecting other ESAs in addition to CERA (recombinant EPOs, NESP, etc.).

One analysis towards the minimum level requirement shall be counted irrespective of whether a single or multiple ESA analysis is conducted on a urine and/or blood Sample collected during a Sample Collection Session on the same Athlete.

**47. If an ADO has a robust and effective ABP haematological program in place, can it seek a reduction in the MLA for ESAs?**

Yes. WADA recognizes that the ABP haematological module is an important tool in implementing effective Testing programs for certain sports/disciplines. Therefore, an ADO may seek a reduction in the MLA percentage for ESAs if it has implemented an ABP haematological module that meets the specified criteria. A maximum reduction of up to half the ESAs MLA percentage may be granted.

The criteria to apply for a reduction in the MLA for ESAs are outlined in Article 6 of the TDSSA and the application form is contained within Supporting Document A of the TDSSA.

**48. The original scope of the TDSSA included Haemoglobin Based Oxygen Carriers (HBOCs), Homologous Blood Transfusion (HBT) and Insulins. Why are these not included in the TDSSA?**

HBOCs and HBT shall be tested on a discretionary but targeted basis applying analytical knowledge gained from the implementation of an effective ABP program and non-analytical intelligence. On the basis of the relative performance benefit, as well as detection efficacy and health risks of these methods, they were removed from the scope of the TDSSA. This decision remains subject to review. However, this should not prevent any ADO to order such Testing based on experience and/or intelligence-based targeting.

Insulins have been known to be used in conjunction with other Prohibited Substances such as ESAs and GH and so Testing is recommended for those sports and disciplines that are at a high risk to both these Prohibited Substances.

HBOCs, HBT and Insulins all remain on the Prohibited List and are prohibited in all sports and disciplines.

**49. Which Samples should be analyzed for HBOCs and HBT?**

- HBOCs: any blood *Sample* collected (either for the *ABP* or for the detection of *Prohibited Substances* and/or *Methods* when an A and B *Sample* is collected) which shows plasma red coloration beyond reasonable hemolysis after centrifugation or sedimentation;
- HBT: any blood *Sample* collected (either for the *ABP* or for the detection of *Prohibited Substances* and/or *Methods* when an A and B *Sample* is collected) which shows a sudden increase of haemoglobin and/or reduction of the percentage of reticulocytes, or if there is a suspicion based on a high phthalates measurement.

**50. What should an ADO do if a Laboratory does not have the method in place to analyze GHRFs or the biomarkers method for GH?**

The *ADO* should transport the *Samples* to the nearest Laboratory with capacity to analyze for GHRFs or the biomarkers method for GH.

**51. Will any Prohibited Substances or Prohibited Methods that are included in the WADA Prohibited List be added to the TDSSA in the future or will these new Prohibited Substances or Prohibited Methods be part of the standard routine urine analysis?**

Any *Prohibited Substance* or *Prohibited Method* that is added to the *Prohibited List* and has an approved analytical method may be subject to inclusion on the TDSSA as part of its ongoing review and development (if their analysis is not included in the standard routine urine analysis).

**Note:** *ADOs* are encouraged to provide WADA with any further questions they may have on the TDSSA or its implementation.