FREQUENTLY ASKED QUESTIONS (FAQs) ON THE TDSSA

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 – which is mandated by Article 5.4.1 of the 2015 World Anti-Doping Code (WADC2015) which all signatories approved – will 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 does the TDSSA become effective?

The TDSSA will come 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) include 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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1 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 members of the TDSSA drafting group are:

1. Dr. Peter Harcourt (Chair) – Chair of Medical Committee, FIBA
2. Dr. Richard Budgett – Medical and Scientific Director, IOC
3. Dr. Stuart Miller – Executive Director, Science and Technical, ITF & Member, ASOIF Medical Consultative Group
4. Prof. Don McKenzie – Exercise Physiologist and Chair of Anti-Doping/Medical Committee, ICF
5. Dr. Toni Pascual – Barcelona Laboratory and Chair of IPC Anti-Doping Committee
6. Dr. Matt Fedoruk – Science Director, USADA
7. Rune Andersen – Advisor, Anti-Doping Norway

The 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?**

WADA has developed a new WADA Guideline titled “Guidelines for Implementing an Effective Testing Program”\(^2\) to assist ADOs with conducting the overall Risk Assessment and TDP elements of their program. The Guideline will focus on the development of ‘smart’ Testing programs based on a more qualitative approach rather than strictly a quantitative one.

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\(^2\) To be published in October 2014.
8. **Will WADA be monitoring ADO compliance with the TDSSA in 2015?**

It is anticipated that full application of the MLAs may take some time for all ADOs to implement into their Testing programs. Therefore the focus of the TDSSA in 2015 will be its implementation by ADOs rather than solely compliance. Consultation with ADOs will be an integral part of the implementation phase to support the ongoing development of the TDSSA.

WADA encourages all ADOs to try and meet the MLAs in 2015 so that an effective review can take place.

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

Yes. However, as outlined above, 2015 will be a year of adaptive implementation of the TDSSA. Part of this process will include assisting ADOs with the implementation of the TDSSA, consultation and assessment of feedback.

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 will be the benefits of the TDSSA?**

The introduction of the TDSSA will contribute to:

- Increased levels of deterrence from a greater range of sports/disciplines and Athletes being tested for Prohibited Substances within the scope of the TDSSA
- A possible increase in detection rates for Prohibited Substances within the scope of the TDSSA
- An increase in the analytical capacity of Laboratories
- Greater protection of the rights of clean Athletes.

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 will provide greater protection to the clean Athletes.
- 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 will only apply 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 on the DCF, or by other means. It should not be the responsibility of the Athlete to know what level of Athlete they are at the time of a Test.

The level of Athlete does not prevent any Athlete being tested for all Prohibited Substances on the Prohibited List at any time.

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 will be 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 TDP management and through utilizing available intelligence and identified risk factors particular to each sport/discipline and Athlete’s circumstances that provide a more targeted approach to selection.

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 of Samples that may be collected from one Athlete during an individual 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 either urine or blood 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 or a greater level of analysis for the Prohibited Substances, within the scope of the TDSSA which ADOs are encouraged to do.

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 of 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 addition, 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. WADA will review this position as part of the TDSSA implementation in 2015 and provide further guidance as required.

20. **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.

21. **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 either because of pathology or micro dosing protocols and therefore the ADO should also rely on other intelligence and risk factors to guide them with the targeting for ESAs.

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

No. Samples collected solely for the purpose of the ABP haematological module will not be part of the evaluation in meeting the MLA and will not be part of the calculation for the required number of analyses under the TDSSA.
However, if A and B blood or urine samples are also collected from the same Athlete during the same Sample Collection Session and analyzed for Prohibited Substances within the scope of the TDSSA along with the haematological parameters for the ABP then the analyses of those Prohibited Substances within the scope of the TDSSA will count towards meeting the required MLAs.

23. **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.

24. **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.

25. **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.

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

No. It is currently not mandatory. However, ADOs are required to develop a system to record the level of Athlete either on their Doping Control Forms or otherwise for the purpose of monitoring their TDP progress and their compliance with the application of the MLAs to those defined Athletes. ADOs may be requested to provide such data to WADA as part of WADA’s wider compliance program. As part of the further consultation process with ADOs on the implementation of the TDSSA, WADA will consider how this information can be efficiently recorded and accessed in ADAMS.

27. **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), they should be recorded in ADAMS and on the DCF this way.

28. **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. As part of the evaluation of the TDSSA in 2015, *WADA* may decide to list those disciplines individually in the 2016 TDSSA rather than under the “All” category.

For these sports, *ADOs* should list the actual discipline of the sport that is receiving *Testing* on the DCF. For example: Sport = Cricket, Discipline = either Test, One Day or 20/20.

**29. 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 will require 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*.

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

**30. How will ADAMS be 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* will make a number of changes to *ADAMS* to support the implementation of the TDSSA. This includes:

- Disciplines of the sports listed in the TDSSA.

- Following the review of the implementation period of the TDSSA, *WADA* will consider how the level of *Athlete* can be recorded in *ADAMS* and also how *ADOs* can monitor their *TDP* progress and compliance with the MLAs.

The *ADAMS* user guide will be updated to provide *ADAMS* users with details of these amendments in due course.

**31. 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, will be 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, then the IF or MEO (as the TA) would receive credit for such analyses towards meeting their individual MLA requirements.

32. 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.

33. 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.

34. 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. At present, only the implementation of the haematological module of the ABP is considered a justifiable criteria 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. As the implementation of the TDSSA progresses, WADA may expand acceptable criteria with more detail as trends develop and consistent applications and common criteria are accepted.

35. 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.

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

### 36. 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 test) in blood serum.

WADA is undertaking a review of all accredited laboratories to determine the current analytical capacity for each Laboratory.

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 costs.

### 37. 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 costs associated with their Sample analysis services. WADA will do this in collaboration with the Laboratories and this information will be exclusively available in ADAMS. From 1 January 2015, ADOs will be able to identify those Prohibited Substances or classes of Prohibited Substances that each Laboratory can analyze. This information will only be accessible to ADOs that have an ADAMS user agreement in place and will be password-protected.

### 38. What are the analysis methods for GH?

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

The GH Isoforms Test has been applied since the Athens Olympic Games 2004 and commercial test kits have been available to WADA accredited laboratories since 2008. This method has been implemented in all WADA accredited laboratories.

The other method (GH Biomarkers Test) was initially implemented during the 2012 London Olympic and Paralympic Games. However, it is currently undergoing a process of validation of new component assays following the withdrawal from the market of one of its assays. The Test will be initially available to a limited number of accredited laboratories with a gradual implementation among the other Laboratories over time.
These two GH Tests are complementary in nature: while the GH Isoforms Test detects GH doping up to 24-48h after administration, the GH Biomarkers Test, 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 that the GH Isoforms Test.

It is recommended that once the GH Biomarkers Test is available, ADOs conduct both analytical methods when testing for GH as they provide a greater ability to detect GH when applied together.

39. **Why are GH and GHRFs grouped together?**

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

As Laboratory capacity increases, these two substance categories may be split and have their own separate MLA requirements.

40. **Will ADOs have to apply the MLA percentage to both GH/GHRF or divide it?**

It is recommended that the majority of the MLA for GH/GHRF is applied to Testing for GH since all Laboratories have the capacity to analyze for GH (via the GH Isoforms Test) and only a limited number of Laboratories are currently offering the GHRFs Test.

In cases where ADOs collect a urine Sample with a blood Sample and the nearest Laboratory does not have a validated GHRF method for urine or blood then, the ADO should ship the urine Sample to the nearest Laboratory that offers the GHRF Test in urine.

41. **Should ADOs store blood serum Samples until the GH biomarkers analysis method becomes available?**

Yes. Storing any Sample for re-analysis promotes deterrence and further protects clean Athletes. Article 4.7.3 of the ISTI outlines that ADOs shall incorporate into their TDP a Sample retention strategy for the re-analysis of Samples. The storing of blood serum Samples (after GH Isoforms Testing) for re-analysis when the GH Biomarkers Test becomes available is a recommended strategy.

ADOs should contact Laboratories to discuss the logistics around the potential storage of Samples.

42. **How will the MLA for GH and GHRFs be 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.
43. 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.

44. 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.

45. 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 final version of 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.

The inclusion of Insulins in the TDSSA will be delayed on the basis of limited Laboratory analytical capacity. However, ADOs should continue Testing those sports and disciplines at risk based on intelligence. Insulins have been known to be used in conjunction with other Prohibited Substances such as ESAs and GH and so Testing should be focused on those sports and disciplines that are at a high risk to these Prohibited Substances.

HBOCs, HBT and Insulins all remain on the Prohibited List and are prohibited in all sports and disciplines.
46. **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 Samples collected following sudden drops of haemoglobin and/or increase of the percentage of reticulocytes (which could indicate withdrawal), or if there is a suspicion based on a high phthalates measurement.

47. **What should an ADO do if the Laboratories that can analyze GHRFs are a significant distance away from the place of Sample collection?**

WADA recognizes that not all Laboratories can currently perform the analysis of GHRFs and that some ADOs will be required to ship their Samples to Laboratories in other regions of the world to analyze for these Prohibited Substances.

WADA will focus on increasing Laboratory capacity in those regions where there is an identified need for GHRFs analysis.

48. **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.