



# CAF DOPING CONTROL PROCEDURE

## A step- by- step guide

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#### 1. **PLAYER'S SELECTION:**

- a) Players are selected for doping control either via a random draw conducted by the DCO, witnessed by team representatives, or according to selection criteria determined in advance by CAF, including target testing.
- b) Any player may be selected for doping control by a CAF Doping Control Officer (DCO) in addition to the players chosen in the selection draw. This includes players who are replaced after sustaining an injury in the warm-up.
- c) Teams are informed which players will be tested fifteen minutes before the end of the match.

#### 2. **NOTIFICATION OF DOPING CONTROL:**

- a) At the end of the match when leaving the pitch, the selected players will be notified that they have to undergo a doping control. The team doctor will usually do this but sometimes it will be the DCO or an official chaperone. The players must sign a Doping Control Summons form to acknowledge that they have been notified of their obligation to undergo a doping control.
- b) After notification, players must report directly to the doping control station. They are permitted to give flash interviews in the tunnel area but may **not** return to their dressing room. If a player needs personal belongings or a change of kit, the team doctor or other team representative can bring such items to the doping station.
- c) Once in the doping control station, a player may not leave without the express permission of the DCO. If permitted to leave, the player will be escorted at all times by a chaperone or by a CAF official.



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In all cases the club or association is responsible for ensuring that their selected players report **directly and without delay** to the doping control station as soon as the match has ended.

#### 3. **IN THE DOPING CONTROL STATION:**

- a) In the doping control station, the players may be asked by the DCO to identify themselves by means of their passport or other photo ID.
- b) The DCO explains the doping control procedure to the players and, if necessary, their team doctors.
- c) The players remain in the waiting area of the doping control station until they are ready to provide a sample. Water and soft drinks are provided for the players, although they may also consume, **at their own risk**, their own drinks or food brought to the doping control station.
- d) The team doctor must complete a declaration of medication form for each player upon arrival in the doping control station (see section 8).

#### 4. **PRODUCTION OF URINE SAMPLE:**

- a) When the player is ready to provide a urine sample, the DCO instructs them to rinse their hands under a tap.
- b) The player then selects a sealed collection beaker, and provides a urine sample in the toilet cubicle under the constant observation of the DCO. All CAF DCOs are medical doctors.
- c) A minimum volume of 90 ml is required. If the player provides less, the partial sample procedure which is described in (step 9) will be followed.

#### 5. **SELECTION OF BOTTLES:**

- a) Having provided a sample of at least 90 ml, the player selects a sealed bottle container with individual code numbers. The container's plastic seal must be intact; if it is not, an alternative container must be used.
- b) The player breaks the seal on the bottle container to obtain their two bottles – "A" and "B".
- c) Both the player and the DCO should check that the bottles are in proper condition and intact, and that all the numbers of each kit component are identical.

#### 6. **DIVIDING THE URINE SAMPLE INTO BOTTLES:**



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- a) 60 ml of the urine is poured into bottle “A”, and 30 ml into bottle “B”. The player can pour this themselves or ask the DCO to do it on their behalf.
- b) A sufficient volume of urine should be left in the collection beaker to allow the DCO to test the specific gravity (density) of the sample.
- c) The bottles are closed. When the lids cannot be tightened further, the player checks that no urine can leak out by tipping the bottles upside down.
- d) The player should make a final check to be sure that the code numbers on the bottles and the bottle caps match those recorded on the doping control form.
- e) The DCO seals each bottle inside a plastic bag and places them back into the cardboard container.

#### 7. **MEASUREMENT OF SPECIFIC GRAVITY (S/G):**

The DCO uses a refractometer to measure the specific gravity (density) of the sample. If the specific gravity of the sample is lower than 1.005, the player will have to continue to give samples until a suitable specific gravity is reached.

#### 8. **PAPERWORK:**

##### - **DECLARATION OF MEDICATION FORM**

This form is completed by the team doctor and must be signed by the doctor and the player. The doctor must list any medication or supplements the player has taken in the three months prior to the doping control as well as any valid Therapeutic Use Exemptions.

##### - **DOPING CONTROL FORM**

This form is completed by the DCO, and must be signed by the DCO, the player and their team doctor (or other team representative). The form contains the identification numbers of the sample collection bottles.

##### - **CHECKING THE FORMS**

- a) At the end of the doping control the player and the DCO should check that all forms have been correctly filled in and signed-by the player, the DCO and, the team doctor concerned.
- b) The player receives their personal copy (the pink part) of the D2, D3 and D5 forms.



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#### 9. **PARTIAL SAMPLE:**

- a) If the urine sample provided by the player is less than 90 ml, the player or the DCO pours the partial sample into bottle “A” and closes this bottle with the interim sealing device before replacing the lid. The bottle is then placed back in the cardboard container, and sealed inside the plastic security bag.
- b) The number of the security bag and the quantity of urine collected must be written on the partial sample form, which the player then signs. The pink part of the form is detached and given to the player.
- c) When ready to provide more urine, the player identifies their initial sample by checking the code number on the security bag against the number on the partial sample form. The player then urinates again into a clean, unused beaker.
- d) Under the supervision of the DCO, the player opens bottle “A” by unscrewing the interim sealing device and the partial sample in bottle “A” is added to the second sample in the collection beaker.
- e) If the volume is still less than 90 ml, the procedure described in a) to d) above must be repeated.
- f) Once 90 ml is obtained, the testing can continue as from section 6.

#### 10. **INJURED PLAYERS; RED CARDS;PLAYERS REFUSING TO UNDERGO A DOPING CONTROL:**

- a) If a selected player is injured during a match, he is examined by the DCO who determine whether they are fit to complete a test. If the DCO considers that the player is not capable, he is replaced with the first selected reserve player. Note that as a general rule, if the player does not leave the stadium for immediate medical treatment, he will be required to complete the doping control.
- b) If a player is shown a red card at any time during the match, the player must remain available to undergo a doping control after the match. The player should therefore not leave the stadium before the end of the match.
- c) Refusal to undergo a doping control is a doping control offence and can lead to a player being banned for up to two years.