Glasgow 2014
XX Commonwealth Games

23.07 — 03.08.2014

GLASGOW 2014
XX COMMONWEALTH GAMES

COMMONWEALTH GAMES FEDERATION
CGF

CGF ANTI-DOPING STANDARD

BE THE GAMES

www.glasgow2014.com

Foreword

I am pleased to provide a foreword to this edition of the Anti-Doping Standard for the Commonwealth Games. The anti-doping programme for the Games has been evolving since its introduction a couple of decades ago and the Commonwealth Games Federation (CGF) endeavours to foster a programme that is in keeping with current practices and concepts as per the tenets of the World Anti-Doping Agency (WADA) and its stakeholders.

The Standard will portray this philosophy, whilst at the same time putting forth the practical details that will enable participating teams to be fully appraised of the steps that are being taken and their own responsibilities to ensure that their athletes are fully aware of the processes and procedures and the chain of events that will ensue if they are found to have violated, inadvertently or wilfully, any of the anti-doping rules that are currently in place.

The CGF lays down the policies and principles of the programme but the onus of delivering it will rest with the Medical Services and Anti-Doping Functional Area within the Organising Committee for Glasgow 2014, UK Anti-Doping (UKAD) and the WADA-accredited laboratory at Kings College London. The Standard, as presented here, clearly indicates the care and diligence that is being directed towards a robust programme for the Commonwealth Games that will both serve as a medium for preventive deterrence as well an efficient tool for ensuring a level playing field for the cream of the Commonwealth's athletes.

Dr M Jegathesan
Honorary Medical Adviser and Chairman,
Medical Commission
Commonwealth Games Federation

Welcome

On behalf of the Medical Services and Anti-Doping Functional Area at Glasgow 2014 we are delighted to welcome you to both Glasgow and Scotland for what we hope will be an exciting, enjoyable and successful Commonwealth Games.

Doping has no place in sport and Glasgow 2014 is committed to facilitating clean sport in line with our vision of delivering an outstanding athlete centred and sport focused Games of world class competition. Our aim is to implement an effective, yet athlete centred anti-doping programme, which will assist us and the Commonwealth Games Federation to achieve our ultimate aim – a clean XX Commonwealth Games.

The UK has a strong reputation for anti-doping and clean sport, and it is because of this that we have appointed UKAD as our Doping Control Supplier. UKAD is the UK's National Anti-Doping Organisation and will work with Glasgow 2014 and the CGF to deliver the Glasgow 2014 doping control programme in line with this CGF Anti-Doping Standard.

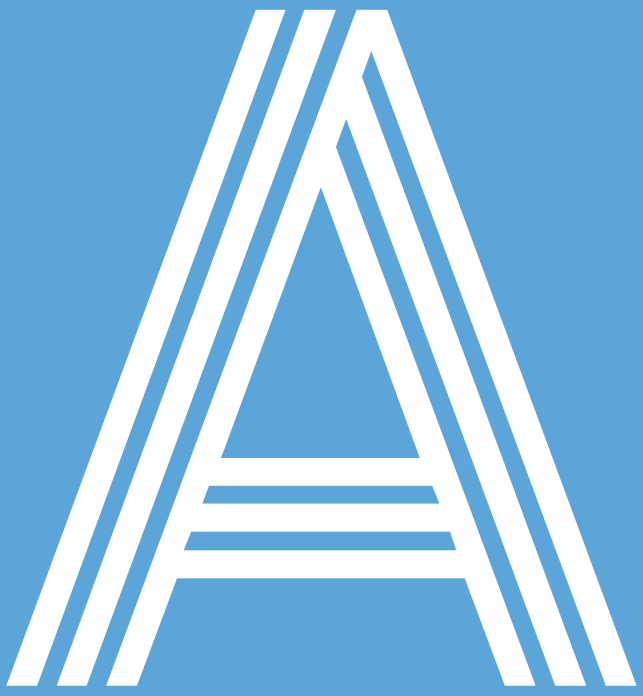
We hope that by implementing an anti-doping programme befitting a major international multi-sport event such as the Commonwealth Games that the Games will be remembered for world class sporting achievements.

Dr John Maclean
Chief Medical Officer

Liz Mendl
General Manager, Medical Services and Anti-Doping

Contents

Contents



Section A: Introduction and background

Introduction

Objective

The objective of the *Commonwealth Games Anti-Doping Standard (CGF-ADS)* is to set out the anti-doping rules, regulations and specific technical procedures and policies that apply to all athletes and other persons from each *Commonwealth Games Association (CGA)* participating in the *XX Commonwealth Games*.

The *CGF-ADS* provides information on the roles and responsibilities of the organisations involved in the *Doping Control* programme developed for the *XX Commonwealth Games*. It also provides an overview of the CGF *Doping Control* programme developed in collaboration with the Medical Services and Anti-Doping Functional Area within the *Glasgow 2014 Organising Committee (Glasgow 2014)*.

This *CGF-ADS* will apply to all athletes and their entourage participating in *Glasgow 2014*, inter alia able bodied athletes, para-athletes and athlete support personnel.

Delivery of the CGF-ADS

The *CGF-ADS* will be published and delivered according to the following timescales:

- The electronic copy of the *CGF-ADS* will be published in February 2014
- The printed copies of the *CGF-ADS* will be available at Games Time
- Any amendments to the *CGF-ADS* shall be communicated to stakeholders as soon as practically possible after the date that such amendment is approved.

Relevant organisations

CGF

The CGF is the supreme authority in all matters concerning the Games. Its mission is to ensure successful organisation and celebration of the Games, and to promote best interests of athletes participating in the Commonwealth Games, and to assist in the development of sports throughout the Commonwealth.

The CGF is responsible for the direction, policy and control of the Commonwealth Games which are held every four years and are open to eligible competitors representing affiliated *CGAs*. The CGF establishes rules and regulations for the conduct of the Commonwealth Games which conform to the technical rules of the International Federations (*IFs*) governing the relevant sports; these may be modified and applied by the CGF to ensure that the principles of the Commonwealth Games are observed.

The CGF not only promotes Commonwealth sporting competitions and establishes rules for other sport events (including cultural activities and festivals associated to such events), but also conducts the Commonwealth Youth Games and Commonwealth Championships.

The CGF promotes the shared values of integrity, fair play, competence, commitment towards excellence, respect for gender equality, and tolerance, including the fight against the *Use* of drugs in sports and unhealthy or performance enhancing substances and methods.

The CGF has the jurisdiction to sanction athletes and support personnel only in relation to the Commonwealth Games. Therefore, all Adverse Analytical Findings and evidence of other anti-doping rule violations will be handled in accordance with the *CGF-ADS* but will be shared with the respective *IFs* in accordance with the *World Anti-Doping Code 2009* (the *Code*) as well as their own anti-doping rules.

CGF Honorary Medical Adviser

Dr Manikavasagam Jegathesan has been appointed by the CGF Executive Board as the CGF Honorary Medical Advisor. The CGF Honorary Medical Advisor acts as the Chair of the CGF Medical Commission during the Games and is the lead individual for all anti-doping matters for the Games. The CGF Honorary Medical Advisor is also responsible for consultation with *IFs* for the selection policies of athletes to be tested.

CGF Medical Commission

The CGF appoints a Medical Commission for the Games in accordance with Article 16 of the CGF Constitution. It exercises duties as set out in Protocol 14 of the CGF Games Management Protocol. The CGF Medical Commission, under the chairmanship of Dr Jegathesan, will authorise selection of *Athletes*, supervise *Sample* collection procedures and review Adverse Analytical Findings, Atypical Results and any other anti-doping rule violations for referral to the CGF Court. The CGF Medical Commission is the final authority to approve the *Doping Control* programme developed by the Medical Services and Anti-Doping Functional Area of *Glasgow 2014*.

The members of the CGF Medical Commission for the *XX Commonwealth Games* are:

- Tan Sri (Dr) M. Jegathesan (Malaysia) – Chair
- Michele Verroken (England) – Secretary
- Dr Peter Harcourt (Australia)
- Dr Harold Adams (South Africa)
- Dr Munish Chander (India)
- Dr Andrew Pipe (Canada)
- Dr Brian Walker (Scotland)
- Dr Sonia Johnson (Grenada)

CGF Medical Commission Therapeutic Use Exemption (TUE) Committee

The CGF Medical Commission has established a TUE Committee to acknowledge the receipt of notification of TUEs from athletes in the lead up to the Games. The TUE Committee will also process applications of TUEs from athletes who have not obtained a TUE from their respective *IF* or *National Anti-Doping Organisation (NADO)*. A circular in this context will be sent out to all *CGAs* six months prior to the official opening of the Commonwealth Games Village (CGV).

The members of the CGF TUEC for the *XX Commonwealth Games* are:

Dr Peter Harcourt, Chairman
Dr Andrew Pipe, Member
Dr Brian Walker, Member
Dr Ken Fitch, Adviser

The CGF Medical Commission Respiratory Studies Panel

The Panel will assist the CGF Medical Commission in examining the cases of asthma and its clinical variants as part of the TUE process.

CGF Medical Commission – Doping Control Supervisors

The CGF Medical Commission will supervise the implementation of the *Doping Control* programme during the *XX Commonwealth Games*. The designated Medical Commissioners will attend at least one *Sample collection session* in each venue as a *Doping Control* Supervisor to assist the *Doping Control Officer (DCO)* in their duties and clarify procedures, if necessary. Each Medical Commissioner will report any observations to the CGF Medical Commission.

The CGF Federation Court
The CGF Federation Court is the arbitral body established by the CGF to hear all matters arising under the *CGF-ADS*.

The CGF has constituted the CGF Federation Court for the Commonwealth Games.

Commonwealth Games Association (CGA)
A *CGA* is a national body responsible for the Commonwealth Games operations, publicity and development in the nation. In some member countries, the function of the *CGA* is undertaken by its National Olympic Committee. Seventy *CGAs* will be participating in the *XX Commonwealth Games*.

The Court of Arbitration for Sport (CAS) ad-hoc Division
CAS was established on 22 June 1994, by agreement of the International Olympic Committee (IOC), Association of Summer Olympic IFs (ASOIF), Association of International Winter Sports Federations (AIOWF) and Association of National Olympic Committees (ANOC), to provide resolution by arbitration and/or mediation of disputes arising within the field of sports. For the purposes of the *CGF-ADS*, it includes an ad-hoc division established for resolution of disputes in relation to the *XX Commonwealth Games*.

International Federations (IFs)
IFs are international non-governmental organisations recognised by the IOC for administering one or more sports at the international level. The national federations administering those sports are affiliated to them. An *IF* has the responsibility to manage and monitor the activities of the world's various sport disciplines, including those on the programme schedule, and organising events during the Games. It also supervises development of athletes practising the sport disciplines at every level. Each *IF* ensures the promotion and development of its sport.

World Anti-Doping Agency (WADA)
WADA is an international independent organisation created in 1999 to promote, coordinate, and monitor the fight against doping in sports in all its forms. Composed and funded equally by the sports movement and governments of the world, *WADA* coordinates the development and implementation of the *Code*, the document harmonising anti-doping policies in all sports and countries. *WADA's* chief activities focus on several areas emanating from the responsibilities given to the Agency by the *Code* and reflect the importance of a comprehensive approach to the fight against doping in sports.

WADA Athlete Outreach Programme
The *WADA* Athlete Outreach Programme will be a visible feature during the *XX Commonwealth Games* in the CGV. The programme promotes and encourages doping free sports through exhibits, media, video games, and personal interactions. The programme consists of an exhibit or booth within the CGV staffed by individuals with expertise in the field of anti-doping. The *WADA* team will have one-on-one interactions with athletes and their entourage, while catering to related queries and disseminating information.

WADA Independent Observer
The *WADA Independent Observer Programme* is an initiative of *WADA* which aims to promote open and transparent anti-doping procedures at major events. The primary role of the *WADA* Independent Observers team is to observe, audit and report to *WADA* on all facets of the anti-doping operations. The team members are experts appointed by the *WADA* Independent Observer Office. The Independent Observer team will be present at the *XX Commonwealth Games* and will be provided access to pertinent information, facilities, and personnel in accordance with the agreement between *WADA* and the CGF.

WADA-Accredited Laboratories

The *WADA*-accredited anti-doping laboratories are dedicated to the analysis of doping control tests. The laboratories which will perform the analysis of doping control tests for the *XX Commonwealth Games* require accreditation from *WADA*.

The Glasgow 2014 Organising Committee

Glasgow 2014 is responsible for the organisation, coordination and operation of the *XX Commonwealth Games*.

The Medical Services and Anti-Doping Functional Area of Glasgow 2014

The Medical Services and Anti-Doping Functional Area within *Glasgow 2014* is led by Liz Mendl, General Manager, Medical Services and Anti-Doping. The Medical Services and Anti-Doping Functional Area is responsible for overall planning, management and implementation of the *Doping Control* programme approved by the CGF Medical Commission for the *XX Commonwealth Games*.

Doping Control Sub-committee

A *Doping Control* Sub-committee has been set up by *Glasgow 2014* to operationalise the *CGF-ADS*, including suggestions for planning, refinement, and to ensure efficiency in operational execution of the *Doping Control* programme. The *Doping Control* Sub-committee works in close liaison with the CGF Honorary Medical Advisor.

UK Anti-Doping

UK Anti-Doping (UKAD) is the *Doping Control Supplier* appointed by *Glasgow 2014* and the CGF to assist with the planning, management and implementation of the *Doping Control* Programme.

Section B: Glasgow 2014 – Anti-Doping Standard

The CGF Anti-Doping Standard

Introduction

The CGF has developed this ADS for the *XX Commonwealth Games* in compliance with the World Anti-Doping *Code* 2009. The *CGF-ADS* is based on the *Code*, which is considered part of these rules, in particular *Code* definitions shall prevail in the case of conflict. *Athletes* and other persons participating in the Games are presumed to have accepted this *Standard* as a condition of participation and agreed to comply with it.

Departures from the *CGF-ADS* which do not significantly affect the outcome of the matter in question should not automatically invalidate any part of the doping control process, including but not limited to testing, TUE, results management, hearing or other final adjudication concerned.

In this document, the masculine gender used in relation to any physical person shall, unless there is a specific provision to the contrary, be understood as including the feminine gender.

Article 1: Definition of doping – breach of the rules

1.1 Doping is defined as the commission of one or more of the anti-doping rule violations set forth in Article 2 of the *Code* and as set out in Article 2 of the *CGF-ADS* below.

1.2 The commission of an anti-doping rule violation is a breach of this *CGF-ADS*.

1.3 Subject to the specific provision in this Standard below, the provisions of the *Code* and of the International Standards apply mutatis mutandis in relation to the *XX Commonwealth Games*.

Article 2: Anti-doping rule violations

The following constitute anti-doping rule violations:

2.1 Presence of a *Prohibited Substance* or its *Metabolites* or *Markers* in an *Athlete's Sample*:

2.1.1 It is each *Athlete's* personal duty to ensure that no *Prohibited Substance* enters his or her body. *Athletes* are responsible for any *Prohibited Substance* or its *Metabolites* or *Markers* found to be present in their samples. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the *Athlete's* part be demonstrated in order to establish an anti-doping violation under Article 2.1 *WADA Code* 2009.

2.1.2 Sufficient evidence of an anti-doping rule violation under Article 2.1 is established by either of the following: presence of a *Prohibited Substance* or its *Metabolites* or *Markers* in the *Athlete's* 'A' *Sample* where the *Athlete* waives analysis of the 'B' *Sample* and the 'B' *Sample* is not analysed; or, where the *Athlete's* 'B' *Sample* is analysed and the analysis of the *Athlete's* 'B' *Sample* confirms the presence of the *Prohibited Substance* or its *Metabolites* or *Markers* found in the *Athlete's* 'A' *Sample*.

2.1.3 Excepting those substances for which a quantitative threshold is specifically identified in the *Prohibited List*, the presence of any quantity of a *Prohibited Substance* or its *Metabolites* or *Markers* in an *Athlete's Sample* shall constitute an anti-doping rule violation.

2.1.4 As an exception to the general rule of Article 2.1, the *Prohibited List* or International Standard may establish special criteria for the evaluation of *Prohibited Substance* that can also be produced endogenously.

2.2 *Use* or attempted use by an *Athlete* of a *Prohibited Substance* or a *Prohibited Method*:

2.2.1 It is each *Athlete's* personal duty to ensure that no *Prohibited Substance* enters his or her body. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the *Athlete's* part be demonstrated in order to establish an anti-doping rule violation for use of a *Prohibited Substance* or a *Prohibited Method*.

2.2.2 The success or failure of the use or attempted use of a *Prohibited Substance* or *Prohibited Method* is not material. It is sufficient that the *Prohibited Substance* or *Prohibited Method* was used or attempted to be used for an anti- doping rule violation to be committed.

2.3 Refusing or failing without compelling justification to submit to *Sample* collection after Notification as authorised in applicable anti-doping rules, or otherwise evading *Sample* collection.

2.4 Violation of applicable requirements regarding *Athlete* availability for *Out-of-Competition Testing*, including failure to file required whereabouts information and missed tests which are declared based on rules which comply with the International Standard for *Testing*. Any combination of three missed tests and/or filing failures within an eighteen-month period as determined by anti-doping organisations with jurisdiction over the *Athlete* shall constitute an anti-doping rule violation.

2.5 *Tampering* or attempted *Tampering* with any part of *Doping Control*.

2.6 *Possession* of *Prohibited Substance* and *Prohibited Methods*:

2.6.1 *Possession* by an *Athlete In-Competition* of any *Prohibited Method* or any *Prohibited Substance*, or possession by an *Athlete Out-of-Competition* of any *Prohibited Method* or any *Prohibited Substance* which is prohibited *Out-of-Competition* unless the *Athlete* establishes that the possession is pursuant to a TUE granted in accordance with Article 4.4 *WADA Code* 2009 (Therapeutic *Use*) or other acceptable justification.

2.6.2 *Possession* by an *Athlete Support Personnel In-Competition* of any *Prohibited Method* or any *Prohibited Substance*, or possession by an *Athlete Support Personnel Out-of-Competition* of any *Prohibited Method* or any *Prohibited Substance* which is prohibited *Out-of-Competition* in connection with an *Athlete*, Competition or training, unless the *Athlete Support Personnel* establishes that the possession is pursuant to a TUE granted to an *Athlete* in accordance with Article 4.4 *WADA Code* 2009 (Therapeutic *Use*) or other acceptable justification.

2.7 *Trafficking* or attempted *Trafficking* in any *Prohibited Substance* or *Prohibited Method*.

2.8 Administration or attempted administration to any *Athlete In-Competition* of any *Prohibited Method* or *Prohibited Substance*, or administration or attempted administration to any *Athlete Out-of-Competition* of any *Prohibited Method* or any *Prohibited Substance* that is prohibited *Out-of-Competition*, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an anti-doping rule violation or any attempted anti-doping rule violation.

Article 3: Proof of doping

3.1 Burdens and standard of proof

3.1.1 The CGF shall have the burden of establishing that an anti-doping rule violation has occurred. The standard of proof shall be to the comfortable satisfaction of the hearing panel bearing in mind the seriousness of the allegation which is made. This standard of proof is greater than a mere balance of probabilities but less than beyond a reasonable doubt. Where the *Code* places the burden of proof upon the *Athlete* or other *Person* alleged to have committed an anti-doping rule violation to rebut a presumption or establish specified facts or circumstances, the standard of proof shall be that of a balance of probability, except as provided in Articles 10.4 and 10.6, where the *Athlete* must satisfy a higher burden of proof.

3.2 Methods of establishing facts and presumptions

Facts related to anti-doing rule violations may be established by any reliable means, including admissions. The following rules of evidence shall be applicable in doping cases:

3.2.1 *WADA*-accredited laboratories are presumed to have conducted *Sample* analysis and custodial procedures in accordance with the International Standard for Laboratories (ISL). The *Athlete* or other *Person* may rebut this presumption by establishing that a departure from the ISL occurred which could reasonably have caused the *Adverse Analytical Finding*.

If the *Athlete* or other *Person* rebuts the preceding presumption by showing that a departure from the ISL occurred which could reasonably have caused the *Adverse Analytical Finding*, then the CGF shall have the burden of establishing that such departure did not cause the *Adverse Analytical Finding*.

3.2.2 Departures from any other International Standard (such as the International Standard for *Testing* (IST)) or other anti-doping rule or policy which did not cause an *Adverse Analytical Finding* or other anti-doping rule violation shall not invalidate such results. If the *Athlete* or other *Person* establishes that a departure from another International Standard or other anti-doping rule or policy could reasonably have caused the *Adverse Analytical Finding* or other anti-doping rule violation occurred, the CGF shall have the burden of establishing that such departure did not cause the *Adverse Analytical Finding* or the factual basis for the anti-doping rule violation.

3.2.3 The facts established by a decision of the CGF Federation Court which is not the subject of a pending appeal shall be irrebuttable evidence against the *Athlete* or other *Person* to whom the decision pertained of those facts, unless the *Athlete* or other *Person* establishes that the decision violated the principles of natural justice.

3.2.4 In matters concerning an anti-doping rule violation, the CGF Federation Court may draw an inference adverse to the *Athlete* or other *Person* who is asserted to have committed an anti-doping rule violation based on the *Athlete's* or other *Person's* refusal, after a request made in a reasonable time in advance of the hearing, to appear at the hearing (either in person or as directed by the CGF Federation Court).

Article 4: The Prohibited List

4.1 Incorporation, publication and revision of the Prohibited List

4.1.1 This *CGF-ADS* incorporates the *Prohibited List* in force during the *XX Commonwealth Games* as published by *WADA* in accordance with Article 4.1 of the *Code*.

4.1.2 The *Prohibited List* 2014 and revisions shall go into effect under this *CGF-ADS* three (3) months after publication of the *Prohibited List* by *WADA* without requiring any further action by the CGF.

4.1.3 The *CGAs* shall be responsible for ensuring that their delegations, including their *Athletes*, are made aware of the *Prohibited List*. Ignorance of the *Prohibited List* shall not constitute any excuse whatsoever for any *Participant* in any capacity in the *XX Commonwealth Games*.

4.2 Prohibited Substance and Prohibited Methods Identified on the Prohibited List

4.2.1 Prohibited Substances and Methods

The *Prohibited List* identifies those *Prohibited Substance* and *Prohibited Methods* which are prohibited as doping at all times (both *In-Competition* and Out of-Competition) because of their potential to enhance performance in future competitions or their masking potential and those substances and methods which are prohibited *In-Competition* only. The *Prohibited List* may be expanded by *WADA* for a particular sport. *Prohibited Substance* and *Prohibited Methods* may be included in the *Prohibited List* by general category (e.g. anabolic agents) or by specific reference to a particular substance or method.

4.2.2 Specified Substances

For purposes of the application of Article 10 *WADA Code* 2009 (Sanctions on Individuals), all *Prohibited Substance* shall be "Specified Substances" except substances in the classes of anabolic agents and hormones and those stimulants and hormone antagonists and modulators so identified on the *Prohibited List*. *Prohibited Methods* shall not be Specified Substances.

4.2.3 New classes of Prohibited Substances

In the event, *WADA* expands the *Prohibited List* by adding a new class of *Prohibited Substance* in accordance with Article 4.1 *WADA Code* 2009, *WADA*'s Executive Committee shall determine whether any or all *Prohibited Substance* shall be considered as Specified Substances under Article 4.2.2.

Article 5: Therapeutic Use

Athletes may have illnesses or conditions that require them to take particular medications. If an *Athlete* is required to take a medication to treat an illness or condition, which happens to fall under the *Prohibited List*, a Therapeutic *Use* Exemption (TUE) may give that *Athlete* the authorisation to take the required medication.

The main purpose of the CGF adoption of this Therapeutic *Use* article and the TUE *International Standard* is to ensure that the process of granting TUEs is harmonised across participating *Athletes*, sports and countries. International Federations and National *Anti-Doping Organisations* must have a process in place whereby *Athletes* with documented medical conditions can request a TUE and have such requests appropriately dealt with by a panel of independent physicians called a TUE Committee (TUEC). More information on procedures and protocols for TUEs can be found on the Therapeutic *Use* Exemption section of *WADA's* website:

http://www.wada-ama.org/en/Science-Medicine/TUE/

5.1 *Athletes* participating in Glasgow 2014, with a documented medical condition requiring the use of a *Prohibited Substance* or a *Prohibited Method*, must first obtain a TUE from one of the following organisations:

- *International Federation (IF)*
- *National Anti-Doping Organisation (NADO)*
- CGF TUE Committee (TUEC)

5.2 It is expected that most *Athletes* entered to compete in the *XX Commonwealth Games* and who require a TUE will have already received their TUE from their *IF* or *NADO* in accordance with the *IF* or *NADO* rules. These *Athletes* are required to notify any other relevant *Anti-Doping Organisations* of their receipt of a TUE. Therefore it is required that, no later than the date of the opening of the CGV for the Games, namely 13 July 2014, the *Athlete* or the *CGA* must notify the CGF TUEC of the TUE.

Comment to Article 5.2: *IFs* and *NADOs* must promptly report to *WADA* through the Anti-Doping Administration and Management System (*ADAMS*) the granting of any TUE. *NADOs* will not grant TUEs to *Athletes* in an *IF's Registered Testing Pool (RTP)* except in those instances where the *IF's* anti-doping rules recognise or give authority to *NADOs* to grant TUEs to such *Athletes*.

5.3 The CGF Medical Commission shall appoint a TUEC of at least three (3) physicians to assess existing TUEs and to consider new requests for TUEs. *Athletes* who do not already have an approved TUE may apply to obtain a TUE from the TUEC. The TUEC shall forthwith evaluate such new requests in accordance with the International Standard for Therapeutic Use Exemptions (ISTUE) and render a decision on such request, which shall be the final decision of the CGF.

5.4 A TUE may be granted by the TUEC to an *Athlete* permitting the use of a *Prohibited Substance* or *Prohibited Method* contained in the *Prohibited List*. An application for a TUE shall be reviewed by the TUEC and exemption will be granted only in strict accordance with the following criteria:

5.4.1 The *Athlete* does not obtain a TUE certificate from the respective *IF* or *NADO* on account of the *Athlete* falling outside the TUE scope of *IF* or *NADO* process;

5.4.2 Neither the relevant *IF* nor the *NADO* has a TUE process that complies with the ISTUE;

5.4.3 The *Athlete's* existing TUE does not cover the *XX Commonwealth Games*;

5.4.4 The *Athlete* would experience a significant impairment to health if the *Prohibited Substance* or *Prohibited Method* were to be withheld in the course of treating an acute or chronic medical condition;

5.4.5 The therapeutic use of the *Prohibited Substance* or *Prohibited Method* would produce no additional enhancement of performance other than that which might be anticipated by a return to a state of normal health following the treatment of a legitimate medical condition. The *Use* of any *Prohibited Substance* or *Prohibited Method* to increase 'low-normal' levels of any endogenous hormone is not considered an acceptable therapeutic intervention; and

5.4.6 There is no reasonable therapeutic alternative to the use of the otherwise *Prohibited Substance* or *Prohibited Method*.

Comment to Article 5.4: An athlete who has applied to their *IF* or *NADO* or *WADA* for a TUE and had such application rejected by that body may not apply to the CGF TUEC on the same grounds.

5.5 The *Athlete* should submit an application for a TUE to the CGF TUEC at the earliest but no less than thirty (30) days in advance of the official opening of the CGV, if they have to get a TUE certificate from the CGF TUEC for participation in the *XX Commonwealth Games*.

5.6 The necessity for the use of the otherwise *Prohibited Substance* or *Prohibited Method* cannot be a consequence, wholly or in part, of the prior use, without a TUE, of a substance or method which was prohibited at the time of use.

5.7 The CGF Medical Commission shall promptly inform the *Athlete*, the relevant *CGA*, *WADA* and the relevant *IF* of its decision. Such decision shall only be valid during the *XX Commonwealth Games*. The CGF Medical Commission shall inform *WADA* prior to the opening day of the *XX Commonwealth Games* of all TUEs that it has received and deliver a copy so that *WADA* can exercise its prerogative under Article 5.7.1.

5.7.1 *WADA*, at the request of an *Athlete*, the CGF or on its own initiative, may review the granting or denial of any TUE to an *Athlete*. If *WADA* determines that the granting or denial of a TUE did not comply with the International Standard for Therapeutic *Use* Exemptions then *WADA* may reverse that decision. Decisions on TUEs are subject to further appeal as provided in Article 13.4 of the *CGF-ADS*

5.8 Decisions by *WADA* reversing the grant or denial of a TUE may be appealed exclusively to *CAS* by the *Athlete* or the *Anti-Doping Organisation* whose decision was reversed. Decisions by *Anti-Doping Organisations* other than *WADA* denying TUEs, which are not reversed by *WADA*, may be appealed by international-level *Athletes* to *CAS* and by other *Athletes* to the national-level reviewing body described in Article 13.2.2 of the *Code*. If the national level reviewing body reverses the decisions to deny a TUE, that decision may be appealed to *CAS* by *WADA*.

5.9 TUE applications to CGF TUEC should be made on the prescribed TUE Form provided at Annex I – TUE Application Form and must include all relevant documentation. Applications should be sent through the *Athlete's CGA* and be received by CGF TUEC from sixty (60) days in advance of the official opening of the CGV at the following address tue@glasgow2014.com. Notifications should be sent through the *Athlete's CGA* and should be received by CGF TUEC no less than twenty-one (21) days in advance of the official opening of the CGV at the following address tue@glasgow2014.com.

5.10 A TUE will only be considered following the receipt of a completed application form that must include all relevant documents (see Annex I – TUE Application Form). The application process shall be dealt with in accordance with the principles of strict medical confidentiality.

5.11 The application must identify the *Athlete's* level of competition, sport and, where appropriate, discipline and specific position or role.

5.12 The application must list any previous and/or current TUE requests, the body to whom that request was made, and the decision of that body, and the decisions of any other body on review or appeal.

5.13 The application must include a comprehensive medical history and the results of all examinations, laboratory investigations and imaging studies relevant to application. The arguments related to the diagnosis and treatment, as well as duration of validity, should follow the guidelines produced by *WADA* – 'Medical Information to Support the Decisions of TUE Committees'.

5.14 Any additional relevant investigations, examinations or imaging studies requested by the TUEC before approval will be undertaken at the expense of the applicant or his/her *CGA*.

5.15 The application must include a statement by a qualified physician attesting to the necessity of the otherwise *Prohibited Substance* or *Prohibited Method* in the treatment of the *Athlete* and describing why an alternative, permitted medication cannot, or could not, be used in the treatment of this condition.

5.16 The substance or method, dose, frequency, route and duration of administration of the otherwise *Prohibited Substance* or *Prohibited Method* in question must be specified. In case of change, a new application should be submitted.

5.17 In normal circumstances, decisions of the CGF TUEC will be taken within thirty (30) days of receipt of all relevant documentation and conveyed in writing to the respective *CGA* or *Athlete* by the CGF TUEC.

5.18 In case a TUE application is submitted in a reasonable time limit prior to the *XX Commonwealth Games*, the TUEC will use its best endeavours to finalise the process prior to the official opening of the CGV.

5.19 The *Athlete* and *WADA* shall be duly provided with an approval which includes information pertaining to the duration of the exemption and any conditions associated with TUE.

5.20 In all instances, the TUE certificate granted by the CGF TUEC will be for the *XX Commonwealth Games* only.

5.21 A TUE will be cancelled by the CGF TUEC, if:

5.21.1 the *Athlete* does not duly comply with any requirement or condition imposed by the CGF TUEC granting the exemption;

5.21.2 a decision granting a TUE has been reversed by *WADA* or *CAS*.

5.22 An application for a TUE will not be considered for retroactive approval by the CGF TUEC except in cases where:

5.22.1 emergency treatment or treatment of an acute medical condition was necessary;

5.22.2 due to exceptional circumstances there was insufficient time or opportunity for an applicant to submit, or for a TUEC to consider, an application prior to *Sample* collection.

Article 6: Doping Control

6.1 The CGF is responsible for *Doping Control* during the period of the *XX Commonwealth Games* and shall have testing jurisdiction over all *Athletes* entered for the Games. All *Athletes* who are nationals, residents, license-holders or members of sports organisations of *CGAs* and are participating at the *XX Commonwealth Games* shall be subject, during the Games period, to *Doping Control* initiated by the CGF at any time or place, with no advance notice. Such *Doping Control* shall be deemed to be *In-Competition* for purposes of the *Prohibited List*, and therefore may include testing for all *Prohibited Substance* and all *Prohibited Methods* referred to in the *Prohibited List*. The CGF shall have the right to conduct or cause to conduct *Doping Control* during the *XX Commonwealth Games*, and is responsible for the subsequent handling of such cases.

6.2 Responsibility, overseeing and monitoring of Doping Control

6.2.1 The CGF in liaison with the Organising Committee of Glasgow 2014 will implement *Doping Control* for the *XX Commonwealth Games*. The CGF Medical Commission will be responsible for overseeing all *Doping Control* conducted by Glasgow 2014 and any other *Anti-Doping Organisations* it deems appropriate to delegate the provision of *Doping Control* services under its authority.

6.2.2 *Doping Control* shall be monitored by members of the CGF Medical Commission

6.3 Doping Control Standards

6.3.1 *Doping Control* conducted by the CGF, Glasgow 2014 and any other *Anti-Doping Organisation* shall be in conformity with the *CGF-ADS* which is in compliance with the *WADA Code* 2009 and accompanying International Standards in force at the time of the Games.

The CGF Medical Commission may request additional tests or investigations to ascertain anti-doping rule violations.

6.4 Additional Doping Control requests

6.4.1 All world records will be subject to *Doping Control* testing to meet *IF* requirements as part of the CGF *Doping Control* programme.

6.4.2 Other records requiring *Doping Control* testing for record validation may be carried out through a request on a prescribed additional *Doping Control* test form. The request should come from a Chef de Mission or representative of the respective *CGA* to the *Doping Control Station Manager* or *Doping Control* Command Centre. The Chef de Mission or representative of the respective *CGA* will be required to enter into an agreement to make the payment to Glasgow 2014 on account of additional *Doping Control* testing.

6.4.3 Additional samples collected on request will be analysed in the *WADA*-accredited laboratory in conformity with the *CGF-ADS* and ISL.

6.5 Athlete Whereabouts Requirements

6.5.1 Each *CGA* is required to ensure that each *Athlete* participating on its behalf in the *XX Commonwealth Games* provides to the CGF *Whereabouts Filing* information (if applicable as per the *Athlete's* registration in a *Registered Testing Pool*) or information as to his or her location during the *XX Commonwealth Games* period, so that the CGF can locate each such *Athlete* accordingly during that period. The *CGA* may achieve this by any of the following means (or a combination of them):

6.5.1.1 by ensuring that all *Athletes* registered in their *IF's RTP* comply with their obligations and make their whereabouts information for the *XX Commonwealth Games* period available to the CGF; or

6.5.1.2 by ensuring that all *Athletes* registered in their *NADO's RTP* comply with their obligations and make their whereabouts information for the *XX Commonwealth Games* period available to the CGF; or

6.5.1.3 for athletes that are not registered in the *RTP* of an *IF* or of a *NADO*, by providing rooming lists and training schedules and locations for the period of the *XX Commonwealth Games*, in the manner requested by the CGF.

6.5.2 Whereabouts information referred to under Articles 6.5.1.1 or 6.5.1.2 above should be declared (and where necessary, updated) by the *Athlete*, and made available to the CGF through *ADAMS* or any similar system acceptable to the CGF and to which the CGF has access (e.g. SIMON).

6.5.3 *Athletes* shall update the information in their *Whereabouts Filing* as necessary during the *XX Commonwealth Games* period, so that it is accurate and complete at all times.

6.5.4 The ultimate responsibility for providing whereabouts information rests with each *Athlete* who is registered to participate in the Games. It shall be the responsibility of each *CGA* to ensure that the whereabouts information set out above is provided to the CGF in respect of such *Athlete* participating on behalf of the *CGA* in the *XX Commonwealth Games*.

6.5.5 An *Athlete* registered to participate in the *XX Commonwealth Games* shall make himself/herself available for testing at all times.

6.5.6 *CGAs* are required to inform the *Athletes* and *Athletes Support Personnel* for whom they are responsible of this requirement and to make available the whereabouts information of their *Athletes*, including training schedules and rooming lists as necessary. Failure to do so may leave the *CGA* subject to sanctions and their *Athletes* vulnerable to an anti-doping rule violation, in particular pursuant to Articles 10 and 11.

6.5.7 Whereabouts information provided shall be shared with *WADA* and other *Anti-Doping Organisations* having jurisdiction to test an *Athlete* during the *XX Commonwealth Games* period on the strict condition that it be kept confidential and be used only for *Doping Control* purposes.

6.5.8 The *CGA* is responsible for providing the information required in Article 6.4 in relation to the *XX Commonwealth Games* and making it available to the CGF in advance and in any event no later than two (2) weeks prior to the start of the *XX Commonwealth Games*. The *CGA* shall also be responsible for ensuring that any such information is kept up to date and such updates are made available to the CGF.

Article 7: Analysis of samples

7.1 Samples shall be analysed in accordance with Article 6 of the *Code* and the following principles.

7.2 Use of approved laboratories

7.2.1 For the purposes of Article 2.1 of the *Code* (Presence of a *Prohibited Substance* or its *Metabolites* or *Markers*), samples will be analysed only in *WADA*-accredited laboratories or as otherwise approved by *WADA*. The choice of *WADA*-accredited laboratory (or other laboratory or method approved by *WADA*) used for the *Sample* analysis will be determined exclusively by the CGF, who is responsible for results management. The CGF has agreed with Glasgow 2014 to submit the *Doping Control* samples for analysis to the *WADA*-accredited laboratory, The Drug Control Centre, Kings College, London.

7.3 Purpose of collection and analysis of samples

7.3.1 Samples will be analysed to detect *Prohibited Substance* and *Prohibited Methods* on the *Prohibited List* 2014 and other substances as may be directed by *WADA* or the CGF pursuant to Article 4.5 of the *Code* (Monitoring Programme), or to assist an *Anti-Doping Organisation* in profiling relevant parameters in an athlete's urine, blood or other matrix, for anti-doping purposes.

7.4 Research and retesting on samples

7.4.1 No *Sample* may be used for any purpose other than as described in *Code* Article 6.2 without an *Athlete's* written consent. Samples used for purposes other than *Code* Article 6.2 shall have any means of identification removed so that they cannot be traced back to a particular *Athlete*.

7.4.2 Samples may be re-analysed for the purpose of *Code* Article 6.2 at any time exclusively at the direction of the CGF or *WADA*. The circumstances and conditions for retesting samples shall conform to the requirements of the ISL.

7.5 Standards for Sample analysis and reporting

7.5.1 The laboratory shall analyse samples and report results in conformity with the ISL.

7.6 Storage of samples and delayed analysis

7.6.1 Samples shall be stored in a secure manner at the laboratory or as otherwise directed by the CGF and may be further analysed.

Article 8: Results management and disciplinary procedure

The *WADA*-accredited laboratory contracted for *Glasgow 2014* will send analysis results, as available daily to the CGF Honorary Medical Adviser. During the Games period, a secure reporting system will be set-up for the CGF Honorary Medical Adviser to receive the analytical results directly.

The contracted accredited laboratory will assist the CGF Medical Commission in investigations as directed by the CGF Honorary Medical Adviser or his representative for testing additional samples or tests, and/or 'B' Samples.

Doping Control Officials will submit all *Doping Control* forms including but not limited to Venue *Doping Control* Manager Reports and any other documentation relating to potential anti-doping rule violations to the CGF Medical Commission.

Doping Control personnel will assist in investigations and if requested by the CGF Medical Commission be present during a hearing.

This Article sets forth the applicable procedure in order to establish an anti-doping rule violation, to identify the *Athlete* or other *Person* concerned and to apply the measures and sanctions set forth herein and in the *Code*.

8.1 General principles

8.1.1 Any anti-doping rule violation arising upon the occasion of the *XX Commonwealth Games* will be subject to the measures and sanctions set forth herein and the *Code*.

8.1.2 In all procedures relating to any anti-doping rule violations arising upon the occasion of the *XX Commonwealth Games*, the right of any person to be heard pursuant to this *CGF-ADS* will be exercised solely before the CGF Federation Court. The right to be heard includes the right to be acquainted with the charges and the right to appear personally in front of the CGF Federation Court or to submit a defence in writing, at the option of the person exercising his right to be heard.

8.1.3 In all cases of anti-doping rule violations arising upon the occasion of the *XX Commonwealth Games*, for which the CGF Executive has delegated all its powers to the CGF Federation Court, the CGF Federation Court will decide on the measure and/or sanction to be pronounced. Such decision, which the CGF Federation Court shall promptly communicate to the CGF Honorary Medical Advisor and the CGF Chairman/President, shall constitute the decision by the CGF.

8.1.4 In all cases of anti-doping rule violations arising upon the occasion of the *XX Commonwealth Games*, the CGF Medical Commission will provide to the CGF Executive/ CGF Chairman a report on the procedure conducted under the authority of the CGF Medical Commission, including a proposal to the CGF Executive as to the measure and/or sanction to be decided upon by the CGF Executive. In such case, the proposal of the CGF Medical Commission shall not be binding upon the CGF Executive, whose decision shall constitute the decision by the CGF.

8.2 Procedures

8.2.1 Identification of an Adverse Analytical Finding and/or other apparent anti-doping rule violations, informing CGF Honorary Medical Advisor

The head of the laboratory which identifies an *Adverse Analytical Finding* (e.g. with respect to an *Athlete's* 'A' *Sample*), or the person who alleges that any other anti-doping rule violation has been committed, shall immediately inform the CGF Honorary Medical Advisor or the person designated by him and provide him, by secure fax, confidential hand delivery, by secure and confidential electronic notification or in any other confidential written manner, with a detailed report containing the results of the *Adverse Analytical Finding* and the documentation relating to the analyses performed or the relevant information relating to such other apparent anti-doping rule violation.

8.2.2 Initial review of an Adverse Analytical Finding

Upon receipt of an 'A' *Sample Adverse Analytical Finding*, the CGF Medical Commission responsible for results management will conduct a review to determine whether:

a) an applicable TUE has been granted or will be granted as provided in the ISTUE; or
b) there is any apparent departure from the *CGF-ADS*, ISL or the IST that caused the *Adverse Analytical Finding*.

D1. Notifying an Athlete or other persons concerned of the Adverse Analytical Finding

8.2.3 If the initial review of an *Adverse Analytical Finding* does not reveal an applicable TUE or entitlement to a TUE as provided in the ISTUE, or departure from the IST or ISL that caused the *Adverse Analytical Finding*, the CGF Medical Commission will promptly refer the *Adverse Analytical Finding* with all relevant documentation to the CGF Federation Court.

8.2.4 The CGF Federation Court will review the *Adverse Analytical Finding* and will impose a *Provisional Suspension* immediately on the *Athlete*. The CGF Federation Court will ensure that the *Athlete* is notified in writing of the *Adverse Analytical Finding*. The notice will include the following details:

a) the *Adverse Analytical Finding*;

b) the *Athlete's* right to promptly request the analysis of the 'B' *Sample* or, failing such request, that the 'B' *Sample* analysis may be deemed waived;

c) the scheduled date, time and place for the 'B' *Sample* analysis if the *Athlete* or the concerned *CGA* chooses to request an analysis of the 'B' *Sample*;

d) the opportunity for the *Athlete* and/or the *Athlete's* representative to attend the 'B' *Sample* opening and analysis at their own cost within the time period specified by the CGF Federation Court, if such analysis is requested;

e) the *Athlete's* right to request copies of the 'A' and 'B' *Sample* laboratory documentation package which includes information as required by the ISL;

f) the anti-doping rule violation or, where applicable, instead of the information in (a) to (e), the factual basis of the other anti-doping rule violation(s), and if applicable the additional investigation that will be conducted as to whether there is an anti-doping rule violation; and

g) the composition of the CGF Federation Court.

8.2.5 The above information may be provided to an *Athlete* or the *Athlete's CGA* verbally in the first instance followed by notice in writing as soon as possible.

8.2.6 The CGF Medical Commission shall notify the relevant *CGA*, the *IF* and *WADA* of the *Adverse Analytical Finding*. It shall be the responsibility of the *CGA* to inform the *Athlete's NADO*.

8.3 Adverse Analytical Findings – analysis of the 'B' Sample

8.3.1 If the *Athlete* and/or the CGF Federation Court (upon the recommendation of the CGF Medical Commission) elects to have the 'B' *Sample* analysed, the CGF Federation Court will so advise the CGF Medical Commission which in turn will contact the Head of Laboratory to confirm the date and time of the 'B' *Sample* analysis. The CGF Medical Commission will notify the *Athlete* and his/her *CGA* of the time for the 'B' *Sample* analysis, which will be at the earliest opportunity after receipt of the *Athlete's* request.

8.3.2 The *Athlete* or the *Athlete's* representative has the right to attend the identification, opening and analysis of the 'B' *Sample* (attendance is at his or her own cost or that of the respective *CGA*). In cases where neither the *Athlete* nor his/her representative chooses to attend the identification, opening and analysis of the 'B' *Sample*, the CGF Medical Commission will appoint an independent person to attend the identification, opening and analysis of the 'B' *Sample*. The information regarding presence of the *Athlete* or the *Athlete's* representative during 'B' *Sample* identification, opening and analysis will be sent to the laboratory by the CGF Medical Commission, The 'B' *Sample* will be analysed at the same laboratory where the 'A' *Sample* analysis was performed.

8.3.3 If the 'B' *Sample* analysis does not confirm the 'A' *Sample* analysis, the CGF Medical Commission will inform the CGF Federation Court which shall notify the *Athlete* and the respective *CGA*, the *IF* and *WADA* that the *Sample* has been declared negative and that no further action will occur. The *Provisional Suspension* will be rescinded immediately.

8.3.4 If the 'B' *Sample* confirms the 'A' *Sample Adverse Analytical Finding*, the CGF Medical Commission will inform the CGF Federation Court and this *CGF-ADS* shall be followed with respect to the *Adverse Analytical Finding*.

8.4 Review of Atypical Findings

8.4.1 The CGF Medical Commission will direct the contracted laboratory to report the presence of *Prohibited Substance*, which may also be produced endogenously, as Atypical Findings, subject to further investigation. Upon receipt of an 'A' *Sample Atypical Finding*, the CGF Medical Commission will conduct a review to determine whether:

a) an applicable TUE has been granted; or
b) there is any apparent departure from the ISL or IST that may have caused the *Atypical Finding*.

If the review concludes that there is no applicable TUE nor any departure from the ISL or IST that may have caused the Atypical finding, the CGF Medical Commission will conduct the required investigation.

8.4.2 The CGF Medical Commission will not provide notice to an *Athlete* of an *Atypical Finding* until it has completed its investigation and decided whether it will bring the *Atypical Finding* forward as an *Adverse Analytical Finding* unless one of the following circumstances exist:

a) if the CGF Medical Commission determines that the 'B' *Sample* should be analysed prior to the conclusion of its investigation, the CGF Medical Commission may conduct 'B' *Sample* analysis after notifying the *Athlete*, with a notice which includes a description of the *Atypical Finding* and the information described in Article 8.3.2(c)-(e);
b) after the investigation is completed by the CGF Medical Commission, the *Athlete*, the *CGA*, *IF* and *WADA* will be notified whether or not the *Atypical Finding* is to be brought forward as an *Adverse Analytical Finding*. In such circumstances, the *Athlete* will be notified as provided in Article 8.3.2 (a)-(g).

8.5 Review of other anti-doping rule violations

8.5.1 Upon receipt of a *Doping Control Station Manager* Report, *Doping Control Officer* Report or other evidence or information showing a possible anti-doping rule violation, the CGF Medical Commission will conduct an initial review to determine if the *Athlete* or other *Person* has a case to answer for an anti-doping rule violation under this *CGF-ADS*.

8.5.2 The CGF Medical Commission may conduct a follow-up investigation into a possible anti-doping rule violation or take other action which the CGF Medical Commission considers appropriate in order to determine whether there is a case to answer.

8.5.3 The CGF Medical Commission may request the assistance of the laboratory, other scientific and/or medical expertise or any other expertise as required when conducting an investigation. The identity of the *Athlete*, *Athlete Support Personnel* or other *Person* will only be revealed where it is absolutely necessary to that investigation.

8.5.4 If the CGF Medical Commission is satisfied that there is a case to answer and that an anti-doping rule violation has occurred, it will refer the matter to the CGF Federation Court with all relevant documentation. The CGF Medical Commission will make a recommendation to the CGF Federation Court to impose a *Provisional Suspension* on the *Athlete* or *Athlete Support Personnel* or other *Person*.

8.5.5 The CGF Court will promptly issue a notice in writing of the anti-doping rule violation to the *Athlete* or other *Person*. The notice will include the following details:

a) name of the *Athlete* and applicable sport and discipline, or the name of the other *Person* and the respective *CGA*;

b) the *Doping Control Station Manager* Report or *Doping Control Officer* Report or other evidence indicating the anti-doping rule violation;

c) the anti-doping rule violation which has occurred, or where a further investigation is necessary, a description of the additional investigation that will be conducted to confirm the anti-doping rule violation;

d) the *Athlete's*, *Athlete Support Personnel's* or other *Person's* right to present submissions relating to the possible anti-doping rule violation;

e) the possible *Consequences* of the anti-doping rule violation;

f) the other parties that will be notified of the anti-doping rule violation;

g) the *Athlete's* or other *Person's* right to request copies of all relevant documentation relating to the anti-doping rule violation; and

h) details of any *Provisional Suspension* to be imposed and the expedited or provisional hearing as applicable.

8.5.6 The above information may be provided to an *Athlete* or the *Athlete's CGA* verbally in the first instance followed by notice in writing as soon as possible.

8.5.7 The CGF shall notify the relevant *CGA*, the *IF* and *WADA* of the possible anti-doping rule violation. It shall be the responsibility of the *CGA* to inform the *Athlete's NADO*.

8.5.8 Where there has been a possible anti-doping rule violation other than an *Adverse Analytical Finding*, once the *Athlete* or other *Person* has received notification following an initial review as outlined above, the CGF Federation Court shall invite the *Athlete* or other *Person* to make submissions in relation to the potential anti-doping rule violation. These submissions may be made to the CGF Federation Court verbally or in writing within the time frame specified by the CGF Federation Court in the notification following initial review.

8.5.9 The CGF Federation Court shall consider these submissions and will determine whether those can be considered reasonably to negate the possibility of an anti-doping rule violation.

8.5.10 Where the CGF Federation Court determines that the *Athlete's* or other *Person's* submissions negate the possibility of an anti-doping rule violation, no further action shall be taken and any *Provisional Suspension* will be rescinded immediately. The CGF Federation Court shall notify the *Athlete* or other *Person*, the respective *CGA*, *IF* and *WADA* of this decision. Such decision may be appealed pursuant to Article 14.

8.5.11 Where the CGF Federation Court determines that the *Athlete's* or other *Person's* submissions do not negate the possibility of an anti-doping rule violation, the *CGF-ADS* will continue to be followed.

8.6 Results management in the case of violation of whereabouts requirements

8.6.1 The CGF shall be responsible for declaring any apparent *Missed Test* of *Athletes* relating to the *XX Commonwealth Games* in accordance with the IST. The relevant *CGA* shall assist the CGF in obtaining any and all necessary information or document in relation to the management of an alleged *Missed Test* relating to an *Athlete* of its delegation. Where an *Athlete* is in his/her *IF's* or *NADO's RTP*, his/her *CGA* shall ensure that the *IF* or *NADO* (as applicable) delegates, to the extent necessary, this responsibility to the CGF in accordance with Article 11.7.2 or Article 11.7.4 (as applicable) of the IST.

8.6.2 The CGF will declare such apparent *Missed Test* in accordance with Article 11.6 of the IST, provided that the time-limits set out in Article 11.6 will be truncated to reflect the nature of the *XX Commonwealth Games*, so that the deadline for the *Athlete* at each step of the procedure shall be 24 hours from receipt of the relevant notice from the CGF.

8.7 Exercise of the right to be heard

8.7.1 Included in the notification referred to in 8.3.2 and 8.6.5 above, the CGF Medical Commission shall offer the *Athlete* or other *Person*, and the *CGA* the option to either attend a hearing of the CGF Federation Court, or to submit a defence in writing. If the *Athlete* or other *Person*, and the *CGA* elect to attend a hearing of the CGF Federation Court, the *Athlete* or other *Person* may be accompanied or represented at the hearing by persons of their choice (e.g. lawyer, doctor, etc.), with a maximum of three for each of the *Athlete* or other *Person* provided they attend within the deadline set forth for the hearing.

8.7.2 If the *Athlete* or other *Person* and/or his/her *CGA* elect not to attend a hearing of the CGF Court, they may submit a defence in writing, which should be delivered to the CGF Court within the deadline set forth to that effect.

8.7.3 If the *Athlete* or other *Person* concerned and/or his delegation have already left the Commonwealth Games host city, the CGF Honorary Medical Adviser shall take reasonable measures that he considers appropriate in the circumstances in order that a decision can be made as quickly as possible in accordance with this *CGF-ADS*.

8.8 Principles applicable to Provisional Suspensions

8.8.1 Mandatory Provisional Suspension after 'A' Sample Adverse Analytical Findings

When an 'A' *Sample Adverse Analytical Finding* is received by the CGF for a *Prohibited Substance*, other than a Specified Substance, a *Provisional Suspension* will be imposed promptly after the review (described in Article 8.2.2) and notification (described in Article 8.3). Provided, however, that a *Provisional Suspension* may not be imposed unless the *Athlete* is given either:

a) an opportunity for a provisional hearing either before imposition of the *Provisional Suspension* or on a (timely basis) after imposition of the *Provisional Suspension*; or
b) an opportunity for an expedited hearing on a timely basis after imposition of a *Provisional Suspension*.

8.8.2 Provisional Suspension based on 'A' Sample Adverse Analytical Findings for Specified Substances or other anti-doping rule violations

The CGF may immediately impose Provisional Suspensions for anti-doping rule violations other than Adverse Analytical Findings. For Adverse Analytical Findings for Specified Substances a *Provisional Suspension* shall be imposed following the review described in Article 8.2.2 and Notification described in Article 8.3 and prior to the analysis of the *Athlete's* 'B' *Sample* (if applicable) or any hearing for the anti-doping rule violation. Provided, however, that a *Provisional Suspension* may not be imposed unless the *Athlete* or other *Person* is provided either:

a) an opportunity for a provisional hearing either before imposition of the *Provisional Suspension* or on a (timely basis) after imposition of the *Provisional Suspension*; or
b) an opportunity for an expedited hearing on a timely basis after imposition of a *Provisional Suspension*.

Article 9: Automatic disqualification of individual results

9.1 Automatic disqualification

A violation of this Standard by *Athletes* competing in individual sports in connection with *Doping Control* automatically leads to disqualification of the *Athlete's* results in the *Competition* in question, with all other *Consequences*, including forfeiture of any medals, points and prizes.

9.2 *Ineligibility*

Should an *Athlete* be found to have committed an anti-doping rule violation before he/she has actually participated in a *Competition* at the *XX Commonwealth Games* or, in the case where an *Athlete* has already participated in a *Competition* at the *XX Commonwealth Games* but is scheduled to participate in additional competitions at the *XX Commonwealth Games*, the CGF Federation Court may declare the *Athlete* ineligible for such competitions at the *XX Commonwealth Games* in which he/she has not yet participated, along with other sanctions which may follow, such as exclusion of the *Athlete* and other Persons concerned from the *XX Commonwealth Games* and the loss of accreditation.

9.3 Temporary or permanent *Ineligibility*

The CGF Federation Court may declare the *Athlete*, as well as other Persons concerned, temporarily or permanently ineligible for editions of the Commonwealth Games subsequent to the *XX Commonwealth Games*.

Article 10: Sanctions on individuals

10.1 Disqualification of XX Commonwealth Games results

An anti-doping rule violation occurring during or in connection with the *XX Commonwealth Games* may lead to disqualification of all of the *Athlete's* results obtained in the *XX Commonwealth Games* with all *Consequences*, including forfeiture of all medals, points and prizes, except as provided in Article 10.1.1.

10.1.1 If the *Athlete* establishes that he or she bears no fault or negligence for the violation, the *Athlete's* individual results in other competitions will not be disqualified unless the *Athlete's* results in competitions other than the *Competition* in which the anti-doping rule violation occurred were likely to have been affected by the *Athlete's* anti-doping rule violation.

10.2 Commencement of the period of Ineligibility

Except as provided below, the period of *Ineligibility* shall start on the date of the hearing decision providing for *Ineligibility* or, if the hearing is waived, on the date *Ineligibility* is accepted or otherwise imposed. Any period of *Provisional Suspension* (whether imposed or voluntarily accepted) shall be credited against the total period of *Ineligibility* imposed.

10.2.1 Delays not attributable to the Athlete or other Person
Where there have been substantial delays in the hearing process or other aspects of *Doping Control* not attributable to the *Athlete* or other *Person*, the CGF may start the period of *Ineligibility* at an earlier date commencing as early as the date of *Sample* collection or the date on which another anti-doping rule violation last occurred.

10.2.2 Timely admission
Where the *Athlete* or other *Person* promptly (which, in all events, for an *Athlete* means before the *Athlete* competes again) admits the anti-doping rule violation after being confronted with the anti-doping rule violation by the CGF, the period of *Ineligibility* may start as early as the date of *Sample* collection or the date on which another anti-doping rule violation last occurred. In each case, however, where this Article is applied, the *Athlete* or other *Person* shall serve at least one half of the period of *Ineligibility* going forward from the date the *Athlete* or other *Person* accepted the imposition of a sanction, the date of a hearing decision imposing a sanction, or the date the sanction is otherwise imposed.

10.2.3 If a *Provisional Suspension* is imposed and respected by the *Athlete*, then the *Athlete* shall receive a credit for such period of *Provisional Suspension* against any period of *Ineligibility* which may ultimately be imposed.

10.2.4 If an *Athlete* voluntarily accepts a *Provisional Suspension* in writing from the CGF and thereafter refrains from competing, the *Athlete* shall receive a credit for such period of voluntary *Provisional Suspension* against any period of *Ineligibility* which may ultimately be imposed. A copy of the *Athlete's* voluntary acceptance of a *Provisional Suspension* shall be provided promptly to each party entitled to receive notice of a potential anti-doping rule violation under Article 14.1 of the *Code*.

10.2.5 No credit against a period of *Ineligibility* shall be given for any time period before the effective date of the *Provisional Suspension* or voluntary *Provisional Suspension* regardless of whether the *Athlete* elected not to compete or was suspended by his or her team.

10.3 Status during period of Ineligibility
No *Athlete* or other *Person* who has been declared ineligible may, during the period of *Ineligibility*, participate in any capacity in a *Competition* or activity organised by the CGF.

10.4 Consequences of anti-doping rule violations beyond disqualification
The *Consequences* of anti-doping rule violations and the conduct of additional hearings as a consequence of hearings and decisions of the CGF, including with regard to the imposition of sanctions over and above those relating to the *XX Commonwealth Games*, shall be managed by the relevant *IF*.

Article 11: Consequences to teams

11.1 Testing of team sports

Where more than one member of a team in a *Team sport* has been notified of an anti-doping rule violation in connection with the *XX Commonwealth Games*, the CGF shall conduct appropriate target testing of the team during the *XX Commonwealth Games* period.

11.2 Consequences for team sports

If more than two members of a team in a *Team sport* are found to have committed an anti-doping rule violation during the *XX Commonwealth Games*, the CGF shall impose an appropriate sanction on the team (e.g., loss of points, disqualification from a *Competition* or *Event*, or other sanction as provided in the applicable rules of the relevant *IF*) in addition to any *Consequences* imposed upon the individual athletes committing the anti-doping rule violation.

In sports which are individual (i.e. not ieam) sports but where awards are given to teams, if one or more team members have committed an anti-doping rule violation during the *XX Commonwealth Games*, the team may be subject to disqualification, and/or other disciplinary action as provided in the applicable rules of the relevant *IF*.

Article 12: Right to a fair hearing

12.1 Fair hearing principles

The CGF Federation Court will provide a hearing process for any *Person* who is asserted to have committed an anti-doping rule violation. The hearing process will address whether an anti-doping rule violation was committed and, if so, the appropriate *Consequences* will follow. The hearing process will respect the following principles:

a) A timely hearing;
b) A fair and impartial hearing panel;
c) The right to be represented by counsel at the *Person's* own expense;
d) The right to be informed in a fair and timely manner of the asserted anti-doping rule violation;
e) The right to respond to the asserted anti-doping rule violation and resulting *Consequences*;
f) The right of each party to present evidence, including the right to call and question witnesses (subject to the hearing panel's discretion to accept testimony by telephone or written submission);
g) The *Person's* right to an interpreter at the hearing, with the hearing panel to determine the identity of the interpreter, and responsibility for his/her cost; and
h) A timely, written, reasoned decision, specifically including an explanation of the reason(s) for any period of *Ineligibility*.

12.2 Waiver of hearing

The right to a hearing may be waived either explicitly or by the *Athlete's* or other *Person's* failure to challenge the CGF assertion that an anti-doping rule violation has occurred within the specified time period. Where no hearing occurs, the CGF shall submit to the Persons described in Article 12.7 a reasoned decision explaining the action taken.

12.3 Provisional hearings

12.3.1 Where an *Athlete* or other *Person* has received notification that a *Provisional Suspension* has been imposed, and an expedited hearing is not possible due to the necessity for further investigation, the *Athlete* or other *Person* will be given a provisional hearing.

12.3.2 The provisional hearing will be held as soon as possible after imposition of the *Provisional Suspension* and will be conducted by the CGF Federation Court in accordance with the *CGF-ADS* and the *Code*.

12.3.3 The provisional hearing will determine only whether the *Provisional Suspension* should stand. Where the CGF Federation Court determines that the *Provisional Suspension* should not stand, the CGF Federation Court will rescind the *Provisional Suspension* immediately.

12.3.4 In all cases where a *Provisional Suspension* has been rescinded and the *Athlete* or the *Athlete's* team has been expelled from the Games following the *Provisional Suspension*, where it is still possible for the *Athlete* or team to be reinstated without otherwise affecting the *Competition* or *Event*, the *Athlete* or team will be allowed to continually take part in the Games.

12.4 Hearings during the XX Commonwealth Games

12.4.1 The hearings during the *XX Commonwealth Games* will be held as soon as possible after the imposition of the Provision Suspension and shall be conducted by an expedited process in accordance with the *CGF-ADS* and the *Code*.

12.4.2 Hearings during the *XX Commonwealth Games* will take place before the CGF Federation Court only when:

a) an *Athlete* or other *Person* has received notification after an initial investigation as outlined in the *CGF-ADS*; and

b) in the case of an *Adverse Analytical Finding*, the *Athlete* has accepted the 'A' *Sample* result, or has not requested to have the 'B' *Sample* analysis, or the 'B' *Sample* analysis has confirmed the 'A' *Sample Adverse Analytical Finding*; or

c) in the case of other anti-doping rule violations, the *Athlete* or other *Person* has declined to make submissions or their submissions have been determined not to negate the possibility of an anti-doping rule violation.

12.5 All hearings in relation to anti-doping rule violations conducted during the *XX Commonwealth Games* will be heard by the CGF Federation Court, in accordance with the *CGF-ADS* and the *Code*. Guidelines for the conduct of hearings will be determined by the CGF Federation Court. The sanctions will be determined by the CGF Federation Court with respect to the CGF's jurisdiction only (i.e. with respect to the continued participation in the *XX Commonwealth Games* and future Commonwealth Games). The CGF Federation Court will refer these cases to the respective *IF* for determination of other applicable sanctions in accordance with the respective *IF's* rules.

12.6 Hearings following the XX Commonwealth Games

Where it is necessary to conduct an investigation into a potential anti-doping rule violation that extends beyond the *XX Commonwealth Games*, the CGF Federation Court may liaise with the respective *CGA* and the *IF* regarding conduct of a hearing following the investigation. All hearings following the *XX Commonwealth Games* but falling within the jurisdiction of the CGF will be conducted by the CGF Federation Court in accordance with the *CGF-ADS* and the *Code*.

12.7 Notification of hearing results

The CGF Federation Court will notify the following parties of the outcome of hearings and its determination in accordance with Article 28, Item 9 of the CGF Constitution, including any sanctions that may have been imposed:

a) The *Athlete* or other *Person*;
b) The respective *CGA*, Chef de Mission or Team Manager;
c) The CGF Medical Commission;
d) The relevant *IF*
e) *WADA*; and
f) any other person or organisation that the CGF believes should be informed.

The CGF Federation Court will also refer the outcomes of hearings to the CGF media personnel for public reporting in accordance with the applicable media policies, Article 14 and the public disclosure requirements of the *Code*.

Article 13: Appeals

13.1 During the *XX Commonwealth Games*, appeals from decisions of the CGF Federation Court will be heard by the *Ad-Hoc Division*. After the conclusion of the *XX Commonwealth Games*, appeals from decisions of the CGF Federation Court will be heard by the Appeals Arbitration Division of *CAS* in accordance with the *Code* for Sports Related Arbitration and the *Code*.

13.2 Decision subject to appeal

Decisions made by the CGF Federation Court under the Standard adopted pursuant to the *Code* may be appealed as set forth below in Articles 13.3 through 13.5 or as otherwise provided in the *CGF-ADS*. Such decisions will remain in effect while under appeal unless the appellate body orders otherwise. Before an appeal is commenced, any post-decision review provided in the *CGF-ADS* must be exhausted except as provided in Article 13.2.1.

13.2.1 Where *WADA* has a right to appeal under Article 14 and no other party has appealed a final decision within the CGF's process, *WADA* may appeal such decision directly to *CAS* without having to exhaust other remedies in the CGF's process.

13.3 Appeals from decisions regarding anti-doping rule violations, Consequences and Provisional Suspensions

A decision that an anti-doping rule violation was committed, a decision imposing *Consequences* for anti-doping rule violations, or a decision that no anti-doping rule violation was committed; a decision that an anti-doping rule violation proceeding cannot go forward for procedural reasons (including, for example, prescription); a decision under *Code* Article 10.10.2 (Violation of the Prohibition of Participation during *Ineligibility*); a decision that an *Anti-Doping Organisation* lacks jurisdiction to rule on an alleged anti-doping rule violation or its *Consequences*; a decision by the CGF not to bring forward an *Adverse Analytical Finding* or an *Atypical Finding* as an anti-doping rule violation, or a decision not to go forward with an anti-doping rule violation after an investigation under Article 7.4 of the *Code*; and a decision to impose a *Provisional Suspension* as a result of a provisional hearing or in violation of Article 7.5 of the *Code* may be appealed exclusively as provided in this Article.

13.3.1 In cases arising from participation in the *XX Commonwealth Games*, the decision may be appealed exclusively to *CAS* in accordance with the provisions applicable before such court.

13.3.2 In cases under Article 13.3, the following parties shall have the right to appeal to *CAS*:

a) the *Athlete* or other *Person* who is subject to the decision being appealed;
b) the other party to the case in which the decision was rendered;
c) the respective *IF/CGA*; and
d) *WADA*.

13.3.3 The deadline for filing an appeal or intervention by *WADA* will be (the later of):

a) twenty-one (21) days after the last day on which any other party in the case could have appealed; or
b) twenty-one (21) days after *WADA*'s receipt of the complete file related to the decision.

13.3.4 Notwithstanding any other provision herein, the only person who may appeal against a *Provisional Suspension* is the *Athlete* or other *Person* upon whom the *Provisional Suspension* is imposed.

13.4 Appeals from decisions granting or denying a TUE

13.4.1 Decisions by *WADA* reversing the grant or denial of a TUE may be appealed exclusively to *CAS* by the *Athlete*, the CGF or the *Anti-Doping Organisation* whose decision was reversed. Decisions by *Anti-Doping Organisations* other than *WADA* denying TUEs, which are not reversed by *WADA*, may be appealed by international-level *Athletes* to *CAS* and by other *Athletes* to the national-level reviewing body described in Article 13.2.2 of the *Code*. If the national-level reviewing body reverses the decision to deny a TUE, that decision may be appealed to *CAS* by *WADA*.

13.4.2 When an *Anti-Doping Organisation* fails to take action on a properly submitted TUE application within a reasonable time, the *Anti-Doping Organisation*'s failure to decide may be considered a denial for purposes of the appeal rights provided in this Article.

Article 14: Confidentiality and reporting

14.1 An *Athlete* whose *Sample* is brought forward as an *Adverse Analytical Finding* after the initial review under Article 8.2.2 or the investigation under Articles 8.5.1 and 8.5.2, or an *Athlete* or other *Person* who is asserted to have committed an anti-doping rule violation after the initial review under Article 8.6.1, will be notified by the CGF Federation Court.

14.2 The CGF will also notify the *Athlete's CGA*, *IF* and *WADA* not later than the completion of the process. The notification will include: the *Athlete's* name, country, sport and discipline within the sport, the *Athlete's* competitive level, the date of *Sample* collection and the analytical result reported by the laboratory.

14.3 The *CGA*, *IF* and *WADA* will not disclose this information beyond those persons with a strong requirement to know until the CGF has made public disclosure or has failed to make public disclosure.

14.4 Public disclosure

14.4.1 The identity of any *Athlete* or other *Person*, who is asserted by the CGF to have committed an anti-doping rule violation, may be publicly disclosed by the CGF after issuing disclosure notice to the *Athlete* or other *Person* and to the applicable *Anti-Doping Organisations*.

14.4.2 No later than twenty (20) days after it has been determined in a hearing that an anti-doping rule violation has occurred, or such hearing has been waived, or the assertion of an anti-doping rule violation has not been timely challenged, the CGF will publicly report the disposition of the matter including the sport, the anti-doping rule violation, the name of the *Athlete* or other *Person* committing the violation, the *Prohibited Substance* or *Prohibited Method* involved and the *Consequences* imposed. The CGF will also publicly report within twenty (20) days, the appeal decisions concerning anti-doping rule violations. The CGF will also within the time period for publication, send all hearing and appeal decisions to *WADA*.

14.4.3 In any case where it is determined, after a hearing or appeal, that the *Athlete* or other *Person* did not commit an anti-doping rule violation, the decision may be disclosed publicly only with the consent of the *Athlete* or other *Person* who is the subject of the decision. The CGF will use reasonable efforts to obtain such consent, and if the consent is obtained, the CGF will publicly disclose the decision in its entirety or in such re-edited form as the *Athlete* or other *Person* may approve.

14.4.4 For the purpose of Article 14.4.2, publication will be accomplished at a minimum by placing the required information on the CGF official web site and leaving the information up for at least one (1) year, unless the person concerned is a *Minor*, in which case the length of publication shall take this into account.

14.4.5 The CGF or *WADA*-accredited laboratory, or official of either, will not comment publicly on the specific facts of a pending case (as opposed to general description of process and science) except in response to public comments attributed to the *Athlete*, other *Person* or their representatives. The same obligation of confidentiality shall extend to Glasgow 2014 and any other organisation contracted to provide services to support the anti-doping programme.

14.5 Data privacy

When performing obligations under the *Code*, the CGF may collect, store, process or disclose personal information related to *Athletes* and third parties. The CGF shall ensure that it complies with applicable data protection and privacy laws with respect to their handling of such information, as well as the International Standard for the Protection of Privacy and Personal Information to ensure *Athletes* and other Persons are fully informed of and, where necessary, agree to the handling of their personal information in connection with anti-doping activities arising under the *CGF-ADS* and the *Code*.

Article 15: Mutual recognition

15.1 Subject to the right to appeal provided in Article 13, testing, TUEs and hearing results or other final adjudications of any *Signatory* which are consistent with the *Code* and are within that *Signatory's* authority, shall be recognised and respected by all other signatories.

15.2 *Signatories* shall recognise the same actions of other bodies which have not accepted the *Code* if the rules of those bodies are otherwise consistent with the *Code*.

Article 16: Statute of limitations

16.1 No action may be commenced against an *Athlete* or other *Person* for an anti-doping rule violation contained in the *Code* unless such action is commenced within eight (8) years from the date the violation is asserted to have occurred.

Article 17: Post Games results management

17.1 The post *XX Commonwealth Games* results management process should be read in conjunction with the *CGF-ADS* developed for the *XX Commonwealth Games*.

17.2 CGF Medical Commission documentation

All *Doping Control* forms and other relevant documents will be submitted to the CGF Medical Commission and will be the property of the CGF.

17.3 Adverse Analytical Findings post the XX Commonwealth Games

17.3.1 The CGF Medical Commission will instruct the last date to the contracted *WADA*-accredited laboratory after which any Adverse Analytical Findings will be sent to the CGF Honorary Medical Advisor on the address or fax number as authorised by the CGF Honorary Medical Advisor.

17.3.2 The CGF Honorary Medical Advisor will communicate to the members of the Medical Commission, who in accordance with the *CGF-ADS* shall review all Adverse Analytical Findings post the *XX Commonwealth Games* within one (1) week if possible or soon after the receipt of the report from a *WADA*-accredited laboratory. On completion of the initial review of the *Adverse Analytical Finding*, the CGF Honorary Medical Advisor shall prepare a report along with relevant documentation for the CGF Federation Court.

17.3.3 The CGF Honorary Medical Advisor shall email the *Adverse Analytical Finding* to the CGF Federation Court, who on obtaining shall:

a) review evidence that an anti-doping rule violation has occurred;
b) send notification to the President of the relevant *CGA* along with documents of the potential anti-doping rule violation, requesting that the *Athlete* concerned be informed as a matter of urgency.

17.3.4 Following consensus from the CGF Federation Court that the *Athlete* has a case to answer, the CGF Chief Executive Officer shall send the notification of a potential anti-doping rule violation to the relevant *CGA* and the *Athlete*, allowing fourteen (14) days to reply after which hearing process will commence.

17.3.5 Within a week (or as soon as possible after the *Athlete* accepts an *Adverse Analytical Finding* and waives the right to have the 'B' *Sample* analysed), the *CGA* shall inform the CGF Honorary Medical Advisor. In a case where the *Athlete* contests the findings of the 'A' *Sample* analysis and/or the *Athlete* opts to have the 'B' *Sample* analysis, the *Athlete* must inform whether he/she would like to observe the 'B' *Sample* analysis in person or through a representative at his/her own expense. If so, the CGF Medical Commission will facilitate arrangements.

17.3.6 In the case of a non-analytical anti-doping rule violation, the *CGA* concerned will report within forty eight (48) hours or soon after the *Athlete* or *Support Personnel* intends to make a submission.

17.3.7 If no reply comes within fourteen (14) days from the concerned *CGA* and/or *Athlete* concerned, the CGF Chief Executive Officer will ascertain by phone or other appropriate means the reasons and will determine the next steps which may include giving a period of extension or proceeding ahead with the case.

17.3.8 Upon receipt of the letter from the concerned *CGA* or the *Athlete*, the CGF Chief Executive Officer shall forward it to the CGF Federation Court members. The Chairman of the CGF Federation Court will collate all the comments and will make a decision as to the next course of action.

17.3.9 The CGF Chief Executive Officer will monitor further progress of the case and where relevant will involve the CGF Honorary Medical Advisor, Members of the CGF Medical Commission, CGF Federation Court and *CAS* for further action as appropriate.

17.3.10 The hearing process will commence in accordance with the *CGF-ADS* as applicable during the *XX Commonwealth Games*.

17.3.11 After the conclusion of the *XX Commonwealth Games*, appeals from decisions of the CGF Federation Court will be heard by the Appeals Arbitration Division of *CAS* in accordance with the *Code* for Sports Related Arbitration and the *Code*.

Article 18: Applicable law, amendment and interpretation of anti-doping rules

18.1 This *CGF-ADS* is governed by the CGF Constitution and English Law.

18.2 This *CGF-ADS* may be amended from time to time by the CGF Executive.

18.3 The headings used for the various parts and Articles of this *CGF-ADS* are for convenience only and shall not be deemed part of the substance of this *CGF-ADS* or to affect in any way the language of the provisions to which they refer.

18.4 The Foreword, Appendices and Annexes shall be considered integral parts of this *CGF-ADS*.

18.5 This *CGF-ADS* has been adopted pursuant to the applicable provisions of the *Code* and shall be interpreted in a manner that is consistent with applicable provisions of the *Code*. The comments annotating various provisions of the *Code* may, where applicable, assist in the understanding and interpretation of this *CGF-ADS*.

Article 19: Languages

19.1 The English version of this *CGF-ADS* shall prevail.

Section C: Arbitration Rules for the XX Commonwealth Games

The Court of Arbitration for Sport (CAS)

Article 1: Application of the present Rules and jurisdiction of the Court of Arbitration for Sport (CAS)

1. The purpose of the present Rules is to provide, in the interests of the *Athletes* and of sports, for the resolution by arbitration of any disputes covered by Article 28 of the Constitution of the Commonwealth Games Federation and by the arbitration clause inserted in the entry form for the *XX Commonwealth Games*, insofar as they arise in the host country of the Commonwealth Games between 13 July and 3 August 2014.

Article 2: Ad-Hoc Division

2. For the period fixed in Article 1, the International Court of Arbitration for Sport (ICAS) shall establish an ad-hoc division of *CAS* (hereinafter the '*Ad-Hoc Division*'), the function of which is to provide for the resolution by arbitration of the disputes covered by Article 1 by means of panels set up in accordance with the present Rules. The *Ad-Hoc Division* consists of arbitrators appearing on a special list, a President and a Court Office.

Article 3: Special list of arbitrators

3. The ICAS, acting through its Board, shall draw up the special list of arbitrators referred to in Article 2. This special list consists only of arbitrators who appear on the *CAS* general list of arbitrators and who are present at the *XX Commonwealth Games*. The special list of arbitrators will be published before the opening of the *XX Commonwealth Games*. It may be subsequently modified by the ICAS Board where necessary.

Article 4: Presidency

4. The ICAS Board will elect the President of the *Ad-Hoc Division* from among the members of the ICAS. The President shall perform the functions conferred upon him or her by the present Rules and all other functions relevant to the proper operation of the *Ad-Hoc Division*. The President must be independent of the parties.

Article 5: Court Office

5. The *CAS* shall establish a Court Office of the *Ad-Hoc Division* in Glasgow. This office will be placed under the authority of the *CAS* Secretary General.

Article 6: Language of arbitration

6. The arbitration will be conducted in English.

Article 7: Seat of arbitration and law governing the arbitration

7. The seat of the *Ad-Hoc Division* and of each Panel is in Lausanne, Switzerland. However, the *Ad-Hoc Division* and each Panel may carry out all the actions which fall within their mission in Glasgow or in any other place they deem appropriate. The arbitration is governed by Chapter 12 of the Swiss Act on private International Law.

Article 8: Representation and assistance

8. The parties may be represented or assisted by persons of their choice in so far as circumstances permit, particularly with regard to the time limit set for the award/decision. The names, addresses, telephone and facsimile numbers of the persons representing the parties, and details of any other written forms of electronic communication by which they may be reached, shall appear in the application referred to in Article 10 or can be submitted at the start of the hearing.

Article 9: Notifications and communications

9. All notifications and communications from the *Ad-Hoc Division* (Panel, Presidency or Court Office) will be given as follows:

9.1 To the claimant: by delivery to the address at the Commonwealth Games site appearing in the request or by facsimile, or at the electronic mail address specified in the request or, in the absence of all of the above, by deposit at the Court Office.

9.2 To the respondent: by delivery, facsimile or electronic mail to his or her office or place of residence at the site of the Commonwealth Games.

9.3 The *Ad-Hoc Division* may also give notifications and communications by telephone and confirm them subsequently in writing, or by electronic mail. In the absence of written confirmation, the communication is nevertheless valid if the addressee had actual knowledge of it.

9.4 Notifications and communications from the parties will be delivered or faxed to the Court Office with the exception of the application referred to in Article 10 which must be delivered to the Court Office in return for a receipt.

Article 10: Application

10. Any individual or legal entity wishing to bring before the *Ad-Hoc Division* of *CAS* a dispute within the meaning of Article 1 of the present Rules will file a written application with the Court Office. The application will include:

10.1 a copy of the decision being challenged, where applicable;

10.2 a brief statement of the facts and legal arguments on which the application is based;

10.3 the claimant's request for relief;

10.4 where applicable, an application for a stay of the effects of the decision being challenged or for any other preliminary relief of an extremely urgent nature;

10.5 any appropriate comments on the basis for *CAS* jurisdiction;

10.6 the claimant's address at the site of the Commonwealth Games and, where applicable, the facsimile numbers and electronic mail address at which the claimant can be reached for the purposes of the proceedings and, where applicable, the same information for the person representing the claimant.

10.7 The application will be written in English. A standard application form is available to the parties at the Court Office.

10.8 If the National Associations concerned are not parties to the proceedings and do not receive a copy of the application in that capacity, this application will be communicated to them for information purposes.

Article 11: Formation of the Panel

11. Upon receipt of the application, the President of the *Ad-Hoc Division* constitutes a Panel composed of three arbitrators appearing on the special list within the meaning of Article 2 of the Rules (the 'Panel') and appoints the President thereof. In case if it is appropriate under the circumstances, the President of the *Ad-Hoc Division* may, in his or her discretion, appoint a sole arbitrator. If an application is filed which is related to an arbitration already pending before the *Ad-Hoc Division*, the President of the *Ad-Hoc Division* may assign the second dispute to the Panel appointed to decide the first dispute. In order to take decision, the President of the *Ad-Hoc Division* shall take into account all the circumstances, including the relation between the two cases and the progress already made in the first case.

Article 12: Independence and qualifications of the arbitrators

12. All arbitrators must have legal training and should possess recognised competence with regard to sports. They must be independent of the parties and disclose immediately any situation that is likely to infringe their independence as arbitrators. All arbitrators must be present during the *XX Commonwealth Games* and be available for the Ad-hoc Division at any time. The President of the *Ad-Hoc Division* is subject to the same obligations as mentioned for the arbitrators. No arbitrator may act as counsel for a party or other interested person before the *Ad-Hoc Division*.

Article 13: Challenges, disqualification and removal of arbitrators

13. An arbitrator must disqualify him or herself spontaneously or, failing that, may be challenged by a party if circumstances give rise to legitimate doubts as to his or her independence. The President of the *Ad-Hoc Division* is competent to take cognizance of any challenge requested by a party. He shall decide it immediately after giving the parties and the arbitrator concerned, the opportunity to be heard, so far as circumstances permit. The challenge must be brought as soon as the reason for the challenge becomes known.

    Any arbitrator may be removed by the President of the *Ad-Hoc Division* if he or she is prevented from carrying out the assignment or fails to perform his or her duties in accordance with the present Rules.

    If an arbitrator disqualifies him or herself spontaneously or if the President of the *Ad-Hoc Division* accepts a challenge by a party or removes an arbitrator, the President of the *Ad-Hoc Division* shall immediately appoint an arbitrator to fill the vacancy.

Article 14: Stay of decision challenged and preliminary relief of extreme urgency

14. In case of extreme urgency, the President of the *Ad-Hoc Division* or the Panel, where already formed, may rule on an application for a stay of the effects of the challenged decision or for any other preliminary relief without hearing the respondent first.

    The decision granting such relief ceases to be effective when the Panel gives a decision within the meaning of article 20 of the present Rules.

    When deciding whether to award any preliminary relief, the President of the *Ad-Hoc Division* or the Panel shall consider whether the relief is necessary to protect the applicant from irreparable harm, the likelihood of success on the merits of the claim, and whether the interests of the applicant outweigh those of the opponent or of other persons or entities involved in the *XX Commonwealth Games*.

Article 15: Procedure before the Panel

a) Defence of lack of jurisdiction: Any defence of lack of jurisdiction of the Panel must be raised at the start of the proceedings or, at the latest, at the start of the hearing.

b) Procedure: The Panel organises the procedure as it considers appropriate while taking into account the specific needs and circumstances of the case, the interests of the parties, in particular their right to be heard, and the particular constraints of speed and efficiency specific to the present ad-hoc procedure. The Panel shall have full control over the evidentiary proceedings.

c) Hearing: Except where it considers another form of procedure more appropriate, the Panel shall summon the parties to a hearing on very short notice immediately upon receipt of the application. It shall append a copy of the application to the summons to appear addressed to the respondent.

   At the hearing, the Panel shall hear the parties and take all appropriate action with respect to evidence. The parties shall introduce at the hearing all the evidence they intend to adduce and produce the witnesses, who shall be heard immediately.

d) Other evidentiary measures: If a party requests an opportunity to introduce additional evidence which, for legitimate reasons, it was not able to produce at the hearing, the Panel may permit it to the extent necessary to the resolution of the dispute.

   The Panel may at any time take any appropriate action with respect to evidence. In particular, it may appoint an expert and order the production of documents, information or any other evidence. It may also, in its discretion, decide whether to admit or exclude evidence offered by the parties and assess the weight of evidence. The Panel shall inform the parties accordingly.

e) Failure to appear: If one party or both parties fail to appear at the hearing or to comply with injunctions, summons or other communications issued by the Panel, the Panel may nevertheless proceed.

Article 16: The Panel's power to review

16. The Panel shall have full power to establish the facts on which the application is based.

Article 17: Law applicable

17. The Panel shall rule on the dispute pursuant to the Constitution of the CGF, the applicable regulations, the general principles of law and the rules of law whose application, the Panel deems appropriate.

Article 18: Time limit

18. The Panel shall give a decision within twenty four (24) hours of the lodging of the application. In exceptional cases, this time limit may be extended by the President of the *Ad-Hoc Division* if circumstances require.

Article 19: Decision making, form and communication of the decision

19. The decision is taken by a majority or, in the absence of a majority, by the President of the Panel. It shall be written, dated and signed by the President of the Panel and, in principle, brief reasons shall be stated. Before the award is signed, it shall be reviewed by the President of the *Ad-Hoc Division*, who may make amendments of form and, without affecting the Panel's freedom of decision may also draw the latter's attention to points of substance.

    It shall be communicated to the parties immediately. The Panel may decide to communicate the holding of the award, prior to the reasons. The award shall be final from such communication.

    If the National Associations concerned are not parties to the proceedings and do not receive a copy of the award in that capacity, this award shall be communicated to them for information purposes.

Article 20: Enforceability and scope of the decision

a) Choice of final award or referral

Taking into account all the circumstances of the case, including the claimant's request for relief, the nature and complexity of the dispute, the urgency of its resolution, the extent of the evidence required and of the legal issues to be resolved, the parties' right to be heard and the state of the record at the end of the ad-hoc arbitration proceedings, the Panel may either make a final award or refer the dispute to arbitration by *CAS* in accordance with the *Code* of Sports-related Arbitration.

The Panel may also make an award on part of the dispute and refer the unresolved part of the dispute to the regular *CAS* procedure.

b) Preliminary relief in the case of referral

If the Panel refers the dispute to a regular *CAS* procedure, the Panel may, even where the parties have made no application to that effect, grant preliminary relief which will remain in effect until the arbitrators decide otherwise in the regular *CAS* procedure.

c) Referral

If the Panel refers the dispute to regular *CAS* procedure, the following provisions shall apply:

i. The Panel may set a time limit for the claimant to bring the case before *CAS* according to Articles R38 and R48 of the *Code* of Sports-related Arbitration or provide for referral on its own motion (ex officio referral). In either case, the time limit laid down by the statutes or regulations of the bodies, the decision of which is being challenged or by Article R49 of the *Code* of Sports-related Arbitration do not apply.

ii. Depending on the nature of the case, the *CAS* Court Office shall assign the arbitration to the Ordinary Arbitration Division or to the Appeals Arbitration Division.

iii. The panel formed during the *XX Commonwealth Games* remains assigned to the resolution of the dispute for purposes of the regular *CAS* procedure and, by submitting to the present Rules, the parties waive any provision to the contrary in the *Code* of Sports-related Arbitration or in their agreement concerning the number of arbitrators and the way in which the panel is formed.

iv. In the event of ex officio referral, the *CAS* Court Office shall take any appropriate action which may facilitate the initiation of the regular *CAS* procedure, having special regard to the present provision.

Article 21: Enforceability; no remedies

21. The decision is enforceable immediately and may not be appealed against or otherwise challenged.

Article 22: Cost-free nature of the proceedings

22. The facilities and services of the *CAS Ad-Hoc Division*, including the provision of arbitrators to the parties to a dispute, are free of charge. However, the parties shall pay their own costs of legal representation, experts, witnesses and interpreters.

Article 23: Miscellaneous provisions

23. The present Rules have been adopted by the ICAS in Divonne-les-Bains on 14 June 2005, on the basis of Article 28 of the Constitution of the CGF and of Articles S6, paragraphs 1, 8 and 10, S8, S23 and R69 of the *Code* of Sports-related Arbitration. They form an integral part of the *Code* of Sports-related Arbitration.

    The present Rules may be amended by the ICAS pursuant to Article S8 of the *Code* of Sports-related Arbitration.

This page is intentionally blank

Section D: Doping Control Procedure

1. Introduction and definitions

Introduction and scope

The purpose of the *Doping Control* process is to implement an effective testing programme during the *XX Commonwealth Games* and to maintain the integrity of all samples collected, from the time when the *Athlete* is notified until the samples are transported to the *WADA*-accredited laboratory(ies) for analysis.

The *CGF-ADS* details the recommended processes for *Doping Control* including, but not limited to, the notification of *Athletes*, preparing for and conducting *Sample* collection, security/post-test administration, maintaining the security and integrity of all samples collected and the transport of samples to the laboratory.

The *CGF-ADS* encompasses all the elements needed in order to ensure best practice in implementing the *Doping Control* programme for the *XX Commonwealth Games*.

The *CGF-ADS*, including all Annexes, is applicable to all participants of the *XX Commonwealth Games*.

2. Planning and selection

2.1 Objective

The objective is the development of a *Test Distribution Plan* that is relevant to the specific sports of the *XX Commonwealth Games*. The common objective is to plan and implement effective test distribution for each sport, or discipline within the sport (as applicable), resulting in the effective detection, deterrence and prevention of doping practices in that sport/discipline.

2.2 General

2.2.1 The CGF shall develop a plan for the efficient and effective allocation of its testing resources across the different sports throughout the *XX Commonwealth Games*. This plan, which shall be monitored, evaluated, modified and updated periodically as required, is referred to in the *CGF-ADS* as the *Test Distribution Plan*.

2.2.2 Planning starts with the gathering of information (e.g. in relation to the number of relevant *Athletes* and training patterns in a particular sport/discipline, as well as evaluating the potential risk of doping and possible doping pattern for each sport/discipline; and then developing a *Test Distribution Plan* that deploys the available resources in the most efficient and effective way to address those risks.

2.2.3 The main activities are therefore information-gathering, monitoring and follow up, risk evaluation, and developing, monitoring, evaluating, modifying and updating the *Test Distribution Plan*.

2.2.4 The CGF shall ensure that *Athlete Support Personnel* and/or any other person with a conflict of interest shall not be involved in test distribution planning for their *Athletes* or in the process of selection of *Athletes* for testing, save for where required, for example the provision of whereabouts information.

2.3 Requirements for Test Distribution Planning

2.3.1 The basis of the *Test Distribution Plan* must be a considered evaluation of the risk of doping and possible doping pattern for the sport/discipline in question. In addition to conducting a risk evaluation, the CGF should also take into account the strength of the national anti-doping programme of each nation competing and the relative risks of doping as between the different sports/disciplines, so as to ensure proper coordination and efficiency in the use of testing resources.

2.3.2 The CGF shall, as a minimum, evaluate the potential risk of doping and possible doping pattern for each sport and/or discipline based on:

- the physical demands of the sport and/or discipline and possible performance enhancing effect that doping may elicit;
- available doping analysis statistics;
- available research on doping trends;
- the history of doping in the sport and/or discipline;
- training periods during the *XX Commonwealth Games* and the Competition Schedule; and
- information received on possible doping practices.

2.3.3 The CGF shall develop and document a *Test Distribution Plan* based on the information referred to in Clause 2.3.2; the number of *Athletes* involved in the sport/discipline; the anti-doping activities of other Anto-Doping Organisations with responsibility for testing in respect of the sport/discipline; the evaluation outcomes of previous test distribution planning cycles; and the strength of the national anti-doping programme from nation to nation.

2.3.4 The CGF shall allocate the number of *Doping Control* tests that are to be conducted for each sport and discipline, including between urine and blood testing and between Pre-Competition and *In-Competition Testing*. The allocation of resources between urine and blood testing and between Pre-Competition testing and *In-Competition* testing shall take into account the relative risks of doping in such sport/discipline.

2.3.5 As part of the *Test Distribution Plan*, the CGF shall allocate the type of test for each sport/discipline, as relevant, including as between urine and blood *Sample* collection, based on an analysis of the risks of doping for the particular sport/discipline in question.

2.3.6 The CGF shall ensure that the timing of testing is planned to ensure optimum deterrence and detection of doping practices.

2.3.7 Save in exceptional and justifiable circumstances, all testing shall be *No Advance Notice*.

2.3.8 The CGF shall document its *Test Distribution Plan* and shall establish a system whereby that *Test Distribution Plan* is reviewed and, if necessary, updated on a regular basis in order to incorporate new information and take into account *Sample* collection by other *Anti-Doping Organisations*. Such data shall be used to assist with determining whether modifications to the plan are necessary.

2.4 Requirements for selection of Athletes for testing

2.4.1 In implementing the *Test Distribution Plan*, the CGF Medical Commission, shall select *Athletes* for *Sample* collection using *Target Testing* and *Random Selection* methods.

The *Doping Control* Command Centre, on behalf of the CGF Medical Commission, will provide information to the *Doping Control Station* Managers regarding the selection of *Athletes* prior to the commencement of the competitions in their allocated venues.

2.4.2 The CGF shall ensure, where possible, that a significant amount of testing undertaken pursuant to the *Test Distribution Plan* is target testing, based on the intelligent assessment of the risks of doping and the most effective use of resources to ensure optimum detection and deterrence. The factors that will be relevant to determining who should be made the subject of target testing will vary as between different sports, but could include (without limitation) some or all of the following factors:

a) Abnormal biological parameters (blood parameters, steroid profiles, etc);
b) Injury;
c) Behaviour indicating doping;
d) Sudden major improvements in performance;
e) Repeated failure to provide Whereabouts Filings;
f) Whereabouts Filings that may indicate a potential increase in the risk of doping, including moving to a remote location;
g) *Athlete* sport performance history;
h) *Athlete* age, e.g. approaching retirement, move from junior to senior level;
i) *Athlete* test history;
j) *Athlete* reinstatement after a period of *Ineligibility*;
k) Financial incentives for improved performance, such as prize money or sponsorship opportunities;
l) *Athlete* association with a third party such as coach or doctor with a history of involvement in doping; and
m) Reliable information from a third party.

Testing which is not *Target Testing* shall be determined by random selection. In case of random selection, any one of the following selection criteria shall be used during the *XX Commonwealth Games*:

– Finishing position
– Vest/jersey number
– Entry number
– Lane number
– Any other fair and transparent criteria for selection.

Once the criteria have been determined, the actual selection method may be one of the following:

– Numbered cards placed face-down on a table;
– Random draw of numbered discs from a closed container such as a cloth bag; or
– Any other fair and transparent method of selection.

In order to provide transparency and accountability, a random selection shall be made in the presence of the relevant *IF* representative if available and/or the CGF Medical Commissioner if available and/or the *Doping Control Station Manager* if available.

Following the selection of the *Athlete* and prior to notification of the *Athlete*, the *Doping Control Station Manager* shall ensure that *Athlete* selection decisions are disclosed only to those who need to know to ensure that testing is conducted on a *No Advance Notice* basis.

3. Notification of athletes

3.1 Objective

The objective is to ensure that reasonable attempts are made to: locate the selected *Athlete*; notify the selected *Athlete*; maintain the rights of the *Athlete* are maintained; ensure that the integrity of the *Sample* is maintained; and document the notification.

3.2 General

Notification of the *Athlete* starts when the *Chaperone* initiates the notification of the selected *Athlete* and ends when the *Athlete* arrives at the *Doping Control Station* or when the *Athlete's* possible *Failure to Comply* is brought to the CGF Medical Commission's attention. The main activities are:

- Appointment of the *Sample Collection Personnel*;
- Locating the *Athlete* and confirming his/her identity;
- Informing the *Athlete* that he/she has been selected to provide a *Sample* and inform him/her of his/her rights and responsibilities;
- Continuously chaperoning the *Athlete* from the time of notification to the arrival at the designated *Doping Control Station*; and
- Documenting the notification, or notification attempt.

3.3 Requirements prior to notification of Athletes

3.3.1 Other than by exception, *No Advance Notice* shall be the notification method for *Sample* collection.

3.3.2 To conduct or assist with the *Sample* Collection Sessions, the *Doping Control Supplier* shall appoint and authorise the *Sample Collection Personnel* who have been trained for the responsibilities assigned to them, who do not have a conflict of interest in the outcome of the *Sample* collection, and who are not *Minors*.

3.3.3 *Sample Collection Personnel* shall have official *XX Commonwealth Games* accreditation cards which are provided and controlled by Glasgow 2014. The *XX Commonwealth Games* accreditation card shall identify each *Sample Collection Personnel* by his/her name and photograph.

3.3.4 All *Athletes* selected to provide a *Sample* shall be identified using their *XX Commonwealth Games* accreditation cards, once issued.

3.3.5 The *Doping Control Chaperone* Lead shall establish the location of the selected *Athlete* and plan the approach and timing of notification, taking into consideration the specific circumstances of the sport/*Competition*/training session and the *Athlete's* location, and in such a manner that the notification will be carried out as *No Advance Notice Notification*.

The relevant information for the notification of the selected *Athlete* shall be disclosed to the designated *Chaperone* before or at the start of the *Competition*/training.

The *Chaperone* shall be given designated seating area near the field of play (FOP) to identify the *Athlete* in advance of the finish of the *Competition*/training.

3.3.6 The *Chaperone* shall at a minimum first verbally confirm the *Athlete's* identity and notify the *Athlete* of selection for testing. Later, in a discreet manner, show the *Athlete* the notification section of the *Doping Control* Form, and formally notify the *Athlete* of his/her selection for testing and obtain the signature of the *Athlete* confirming notification. The detailed records of the *Athlete* notification shall be included in the notification section of the *Doping Control* Form, and followed up on a Supplementary Report Form referenced to the *Athlete's Doping Control* Form if required.

3.3.7 The *Athlete* shall be the first one to be notified that he/she has been selected for *Sample* collection except where prior contact with a third party is required as specified in Clause 3.3.8.

3.3.8 The *Doping Control Chaperone* Lead shall consider whether a third party is required to be notified prior to the notification of the *Athlete* when the *Athlete* is a *Minor* (as provided for in Annex C – Modifications for *Athletes* who are *Minors*), or where required due to an *Athlete's* disability (as provided for in Annex B – Modifications for *Athletes* with an impairment), or in situations where an interpreter is required and available for the Notification or as required by *IF* procedures.

Comment: In the case of testing during the *XX Commonwealth Games*, it is permissible to notify third parties that testing will be conducted, where required to help the *Sample Collection Personnel* to identify the *Athlete(s)* to be tested and to notify such *Athlete(s)* that he/she is required to provide a *Sample*. However, there is no requirement to notify any third party of the *Doping Control* testing where such assistance is not needed, unless as required above.

3.4 Requirements for notification of Athletes

3.4.1 When initial contact is made, the *Chaperone* shall ensure that the *Athlete* and/ or a third party (if required in accordance with Clause 3.3.8) is informed:

a) that the *Athlete* is required to undergo a *Sample* collection;
b) of the authority under which the *Sample* collection is to be conducted;
c) of the type of *Sample* collection and any conditions that need to be adhered to prior to the *Sample* collection;
d) of the *Athlete's* rights, including the right to
   i. have a representative and, if required, an interpreter;
   i. ask for additional information about the *Sample* collection process;
   i. request a delay in reporting to the *Doping Control Station* for valid reasons; and
   i. request modifications as provided for in Annex B – Modifications for *Athletes* with an impairment
e) of the *Athlete's* responsibilities, including the requirement to:
   i. remain within direct surveillance of the *Chaperone* or another member of the *Sample Collection Personnel* at all times from the point of notification until the completion of the *Sample* collection procedure;
   ii. produce identification in accordance with Clause 3.3.4;
   iii. comply with the *Sample* collection procedures (and the *Athlete* shall be advised of the possible *Consequences* of *Failure to Comply*); and
   iv. report immediately for a test, unless there are valid reasons for a delay, as determined in accordance with Clause 3.4.4
f) of the location of the *Doping Control Station*;

g) that should the *Athlete* choose to consume food or fluids prior to providing a *Sample*, he/she does so at his/her own risk, and should in any event avoid excessive rehydration, having in mind the requirement to produce a *Sample* with a *Suitable Specific Gravity for Analysis*; and
h) that the *Sample* provided by the *Athlete* to the *Sample Collection Personnel* shall be the first urine passed by the *Athlete* subsequent to notification, i.e. he/she shall not pass urine in the shower or otherwise prior to providing a *Sample* to the *Sample Collection Personnel*.

3.4.2 When contact is made, the *Chaperone* or another member of the *Sample Collection Personnel* shall:

a) keep the *Athlete* under observation at all times from the time of contact until the *Athlete* leaves the *Doping Control Station* at the end of his/her *Sample collection session*;
b) identify himself/herself to the *Athlete* using the documentation referred to in Clause 3.3.3;
c) confirm the *Athlete's* identity as per the criteria established in Clause 3.3.4. Confirmation of the *Athlete's* identity by any other method, or failure to confirm the identity of the *Athlete* shall be documented and reported to the *Doping Control Chaperone* Lead; and
d) in cases where the *Athlete's* identity cannot be confirmed as per the criteria established in Clause 3.3.4, the CGF Medical Commission shall decide whether it is appropriate to follow up in accordance with Annex A – Investigating a possible *Failure to Comply*.

The *Chaperone* shall, at a minimum, first verbally confirm the *Athlete's* identity. Later on in a discreet manner, the identity (name, *CGA*, accreditation number and photograph) of an *Athlete* selected for testing shall be confirmed from the *XX Commonwealth Games* accreditation cards allotted to the *Athletes* by *Glasgow 2014*. This shall ensure that the selected *Athlete* is the same *Athlete* who is notified. An *Athlete's* inability to provide his/her photo identification shall not invalidate a test. Formal identification may also be established by starting number, third party witness, or other viable methods. If the *Athlete's* identity is unknown and cannot be established in any manner, the *Doping Control Chaperone* Lead shall contact the *Doping Control Station Manager* for further instructions. Upon notification, the *Chaperone* shall provide the *Athlete* with a *Doping Control Station* Access Pass.

3.4.3 The *Chaperone* shall then have the *Athlete* sign the notification section of the *Doping Control* Form to acknowledge and accept the notification. If the *Athlete* refuses to sign that he/she has been notified the *Chaperone* shall, if possible, inform the *Athlete* of the *Consequences* of refusing or failing to comply, and the *Chaperone* shall immediately report all relevant facts to the *Doping Control Chaperone* Lead and the *Doping Control Station Manager*. The *Doping Control Station Manager* shall document the facts in a detailed report, using a Supplementary Report Form, and report the circumstances to the *Doping Control* Command Centre to take up the matter with the CGF Medical Commission. The CGF Medical Commission shall follow the steps prescribed in Annex A – Investigating a possible *Failure to Comply*.

3.4.4 The *Chaperone* and/or *Doping Control Chaperone* Lead may consider any reasonable third party requirement or any request by the *Athlete* for permission to delay reporting to the *Doping Control Station* following the acknowledgement and acceptance of notification, and/or to leave the *Doping Control Station* temporarily after arrival.

The *Chaperone* and/or *Doping Control Chaperone* Lead shall grant such permission if the *Athlete* can be continuously chaperoned and observed during the delay and if the request relates to the following activities:

a) Participation in a victory ceremony;
b) Fulfilment of media commitments;
c) Competing in further competitions or completing a training session;
d) Performing a warm down;
e) Obtaining necessary medical treatment;
f) Locating a representative and/or interpreter;
g) Obtaining photo identification; or
h) Any other exceptional circumstances which may be justified, and which shall be documented.

3.4.5 The *Doping Control Chaperone* Lead, with the approval of the *Doping Control Station Manager*, shall document any reasons for an *Athlete's* delay in reporting to the *Doping Control Station* and/or reasons for an *Athlete's* leaving the *Doping Control Station* that may require further investigation by the CGF Medical Commission. Any failure of the *Athlete* to remain under constant observation shall also be recorded.

3.4.6 The *Doping Control Chaperone* Lead/*Chaperone* shall reject a request for delay from an *Athlete* if it will not be possible for the *Athlete* to be continuously chaperoned.

The *Athlete* will arrive at the *Doping Control Station* with a *Chaperone* and, if requested, an *Athlete* representative and/or interpreter. At this time, the *Chaperone*/*Athlete* shall present the *Athlete's XX Commonwealth Games* accreditation card as photo identification to the *Chaperone* in charge of the *Doping Control Station* entry-exit log. The entry-exit log shall be maintained to record the names of the persons entering the *Doping Control Station*, their position, and the time of their arrival and departure.

3.4.7 If the *Athlete* delays reporting to the *Doping Control Station*, other than in accordance with Clause 3.4.4, but arrives at the *Doping Control Station*, the *Doping Control Station Manager* shall decide whether to process a possible *Failure to Comply*. If at all possible, the *Doping Control Station Manager* shall oversee the collection of a *Sample*, and shall document the details of the delay in the *Athlete* reporting to the *Doping Control Station* in a Supplementary Report Form, referenced to the *Athlete's Doping Control* Form.

3.4.8 If, while keeping the *Athlete* under observation, the *Sample Collection Personnel* observe any matter with a potential to compromise the test, the circumstances shall be reported to and documented by the *Doping Control Station Manager*. If deemed appropriate by the *Doping Control Station Manager* and with the approval of the *Doping Control* Command Centre, the *Doping Control Station Manager* shall follow the requirements of Annex A – Investigating a possible *Failure to Comply*, and/or consider if it is appropriate to collect an additional *Sample* from the *Athlete*.

The *Chaperone* shall provide the *Athlete* with a copy of the notification section of the *Doping Control* Form and invite them to read the athlete notification on the reverse.

4. Preparing for the Sample collection session

4.1 Objective

To prepare for the *Sample collection session* in a manner that ensures that the session can be conducted efficiently and effectively.

4.2 Scope

Preparing for the *Sample collection session* starts with the establishment of a system for obtaining relevant information for effective conduct of the session and ends when it is confirmed that the *Sample collection equipment* conforms to the specified criteria.

The main activities are:

a) establishing a system for collecting details regarding the *Sample collection session*;
b) establishing criteria for who may be present during a *Sample collection session*;
c) ensuring that the *Doping Control Station* meets the minimum criteria prescribed in Clause 4.3.2; and
d) ensuring that the *Sample collection equipment* used by the *Doping Control Supplier* meets the minimum criteria prescribed in Clause 4.3.4.

4.3 Requirements for prepari

4.3.1 The *Doping Control Supplier* shall establish a system for obtaining all the information necessary to ensure that the *Sample collection session* can be conducted effectively, including special requirements to meet the needs of *Athletes* with an impairment (as provided in Annex B – Modifications for *Athletes* with an impairment) as well as the needs of *Athletes* who are *Minors* (as provided in Annex C – Modifications for *Athletes* who are *Minors*).

4.3.2 The *Doping Control Station Manager* shall set up the *Doping Control Station* which, at a minimum, ensures the *Athlete's* privacy and is used solely as a *Doping Control Station* for the duration of the *XX Commonwealth Games*. The *Doping Control Station Manager* shall record any significant deviations from these criteria.

4.3.3 The *Doping Control Supplier* shall establish criteria for who may be authorised to be present in the *Doping Control* Stations during the *Sample collection session* in addition to the *Sample Collection Personnel*.

At a minimum the criteria includes:

a) an *Athlete's* entitlement to be accompanied by a representative and/or interpreter during the *Sample collection session* except when the *Athlete* is passing a urine *Sample*;
b) a *Minor Athlete's* entitlement (as provided for in Annex C – Modifications for *Athletes* who are *Minors*), and the *DCO's* entitlement to have a representative observe the *DCO* when the *Minor Athlete* is passing a urine *Sample*, but without the representative directly observing the passing of the *Sample* unless requested to do so by the *Minor Athlete*;
c) the entitlement of an *Athlete* with a disability to be accompanied by a representative (as provided for in Annex B – Modifications for *Athletes* with an impairment); and
d) a *WADA* Independent Observer, where applicable under the *Independent Observer Programme*, who shall not directly observe the passing of a urine *Sample*.
e) CGF Medical Commission members, who shall not directly observe the passing of urine.

Glasgow 2014 shall deploy security personnel to monitor access to *Doping Control* Stations, and ensure that only authorised persons are admitted. Members of the media shall not be allowed to enter the *Doping Control Station* at any time.

4.3.4 The *Doping Control Supplier* shall use the Berlinger Sample Collection Equipment where possible, or, if necessary, other suitable *Sample collection equipment*. If other *Sample collection equipment* is used, at a minimum, it shall meet the following criteria:

a) Have a unique numbering system incorporated on all bottles, containers, tubes or other items which will be used to seal the *Sample*;
b) Have a sealing system that is tamper evident;
c) Ensure that the identity of the *Athlete* is not evident from the equipment itself; and
d) Ensure that all equipment is clean and sealed prior to use by the *Athlete*.

4.3.5 The *Doping Control Supplier* has developed a system for recording the *Chain of Custody* of the samples and *Sample* collection documentation which includes confirming that both the samples and *Sample* collection documentation have arrived at their intended destinations.

Comment: Information as to how a *Sample* is stored prior to departure from the *Doping Control Station* may be recorded on a *Chain of Custody* Form. When the *Sample* is taken from the *Doping Control Station*, each transfer of custody of the *Sample* from one person to another shall be documented, up until the *Sample* arrives at the *WADA*-accredited laboratory.

5. Conducting the Sample collection session

5.1 Objective

To conduct the *Sample collection session* in a manner that ensures the integrity, security and identity of the *Sample* and respects the privacy of the *Athlete*.

5.2 Scope

The *Sample collection session* starts with defining overall responsibility for the conduct of the *Sample collection session* and ends once the *Sample* collection documentation is complete. The main activities are:

a) preparation for collecting the *Sample*;
b) collection and security of the *Sample*; and
c) documentation of the *Sample* collection.

5.3 Requirements prior to Sample collection

5.3.1 The CGF in collaboration with the *Doping Control Supplier* shall be responsible for the overall conduct of the *Doping Control* programme, with specific responsibilities delegated to the *Sample Collection Personnel*.

5.3.2 The *Chaperone/DCO* shall ensure that the *Athlete* has been informed of his/her rights and responsibilities as specified in Clause 3.4.1.

5.3.3 The *Chaperone/DCO* shall provide the *Athlete* with an opportunity to hydrate. The *Athlete* shall avoid excessive rehydration, keeping in mind the requirement to provide a *Sample* with a *Suitable Specific Gravity for Analysis*.

5.3.4 The *Athlete* shall only leave the *Doping Control Station* under continuous surveillance by the *Chaperone* and with the approval of the *Doping Control Station Manager/ Doping Control Chaperone* Lead. The *Doping Control Station Manager/Doping Control Chaperone* Lead shall consider any reasonable request by the *Athlete* to leave the *Doping Control Station*, as specified in Clauses 3.4.5 and 3.4.6, until the *Athlete* is able to provide a *Sample*.

5.3.5 If the *Doping Control Station Manager/Doping Control Chaperone* Lead gives approval to the *Athlete* to leave the *Doping Control Station*, the *Doping Control Station Manager/ Doping Control Chaperone* Lead shall agree with the *Athlete* on the following conditions to leave:

a) The purpose of the *Athlete* leaving the *Doping Control Station*;
b) The time of return (or return upon completion of an agreed activity);
c) That the *Athlete* must remain under observation at all times;
d) That the *Athlete* shall not pass urine until he/she gets back to the *Doping Control Station*; and
e) The *Chaperone* in charge of the *Doping Control Station* entry exit log shall document the actual time of the *Athlete's* departure and return.

5.4 Requirements for Sample collection

5.4.1 The *DCO* shall collect the *Sample* from the *Athlete* according to the following protocol(s) for a specific type of *Sample* collection:

a) Annex D – Collection of urine samples;
b) Annex E – Collection of blood samples.

If the *Athlete* is providing a blood *Sample* and a urine *Sample* at the same session, the *Doping Control Station Manager* may request the *Athlete* to provide the blood *Sample* first.

5.4.2 Any behaviour by the *Athlete* and/or persons associated with the *Athlete* or anomalies with a potential to compromise the *Sample* collection shall be recorded in detail by the *DCO/Doping Control Chaperone* Lead/*Doping Control Station Manager*. If appropriate, the CGF Medical Commission shall institute Annex A – Investigating a possible *Failure to Comply*.

5.4.3 If there are doubts as to the origin or authenticity of the *Sample*, the *Athlete* shall be asked to provide an additional *Sample*. If the *Athlete* refuses to provide an additional *Sample*, the *DCO* shall document in detail the circumstances around the refusal, and the CGF Medical Commission shall institute Annex A – Investigating a possible *Failure to Comply*.

5.4.4 The *DCO* shall provide the *Athlete* with an opportunity to document any concerns he/she may have about how the *Sample collection session* was conducted.

5.4.5 While conducting the *Sample collection session*, the following information shall be recorded at a minimum:

– date and time of notification
– arrival time of the athlete at the *Doping Control Station*;
– date and time of *Sample* provision;
– name of the *Athlete*;
– nationality of the athlete;
– ID type and number;
– number of the mission;
– date of birth of the *Athlete*;
– gender of the *Athlete*;
– *Athlete's* sport and discipline;
– the *Sample* code number;
– the type of *Sample* (urine, blood, etc);
– name and signature of the witnessing *DCO*;
– name and signature of the *Blood Collection Officer* (where applicable);
– required laboratory information on the *Sample*;
– medications and supplements taken and recent blood transfusion details (if applicable

and provided by the *Athlete*) within the timeframe specified by the laboratory;
- any irregularities in procedures;
- *Athlete's* and *Sample Collection Personnel's* comments or concerns regarding the conduct of the *Sample collection session*, if provided;
- *Athlete's* consent for the processing of test data in *ADAMS*;
- *Athlete's* consent or otherwise for the use of the *Sample*(s) for research purposes;
- name and signature of the *Athlete's* representative (if applicable), as per Clause 7.4.6;
- name of the *IF*/CGF/*CGA* representative (if applicable);
- name and signature of the *Athlete*; and
- name and signature of the *DCO*.

5.4.6 At the conclusion of the *Sample collection session* the *Athlete* and *DCO* shall sign relevant documentation to indicate their satisfaction that the documentation accurately reflects the details of the *Athlete's Sample collection session*, including any concerns recorded by the *Athlete*. The *Athlete's* representative (if any) and the *Athlete* shall both sign the documentation if the *Athlete* is a *Minor*.

5.4.7 The *DCO* shall provide the *Athlete* with a copy of the records of the *Sample collection session* that have been signed by the *Athlete*.

6. Security/post-test administration

6.1 Objective

To ensure that all samples collected at the *Doping Control Station* and the respective *Sample* collection documentation is securely stored prior to their departure from the *Doping Control Station*.

6.2 General

Post-test administration begins when the *Athlete* has left the *Doping Control Station* after providing his/her *Sample*(s), and ends with the preparation of all of the collected samples and *Sample* collection documentation for transportation.

6.3 Requirements for security/post-test administration

6.3.1 The *Doping Control Supplier* shall define criteria ensuring that any *Sample* will be stored in a manner that protects its integrity, identity and security prior to transportation from the *Doping Control Station*. The *Doping Control Supplier* shall ensure that all samples are stored in accordance with these criteria.

6.3.2 The *Doping Control Supplier* shall develop a system to ensure that the documentation for each *Sample* is completed and securely handled.

6.3.3 The CGF Medical Commission shall develop a system to ensure that, where required, the *Doping Control Supplier* can provide instructions for the type of analysis to be conducted are provided to the *WADA*-accredited laboratory or as otherwise approved by *WADA*.

7. Transportation of samples and documentation

7.1 Objective

a) To ensure that samples and related documentation arrive at the *WADA*-accredited laboratory or as otherwise approved by *WADA* in proper condition to do the necessary analysis; and

b) To ensure that the *Sample collection session* documentation is sent by the *Doping Control* Command Centre to the intended destinations in a secure and timely manner.

7.2 Scope

Transportation starts when the samples and related documentation leave the *Doping Control Station* and ends with the confirmed receipt of the safe delivery of the samples and *Sample collection session* documentation at their intended destinations.

The main activities involve arranging for the secure transportation of samples and related documentation to the *WADA*-accredited laboratory or as otherwise approved by *WADA* and arranging for the secure transport of the *Sample collection session* documentation to the CGF Medical Commission.

7.3 Requirements for transport and storage of samples and documentation

7.3.1 The *Doping Control Supplier*, in consultation with the CGF Medical Commission, shall authorise a transport system that ensures that the samples and documentation will be transported in a manner that protects their integrity, identity and security and arrival in a timely manner.

7.3.2 Samples shall always be transported to the *WADA*-accredited laboratory (or as otherwise approved by *WADA*), using the *Doping Control Supplier*-authorised transport method, as soon as practicable after the completion of the *Sample collection session*. Samples shall be transported in a manner which minimises the potential for *Sample* degradation due to factors such as time delays and extreme temperature variations.

7.3.3 Documentation identifying the *Athlete* shall not be included with the samples or documentation sent to the *WADA*-accredited laboratory or as otherwise approved by *WADA*.

7.3.4 The *Doping Control Station Manager* shall send all relevant *Sample collection session* documentation to the *Doping Control* Command Centre using the *Doping Control Supplier's* authorised transport method as soon as practicable after the completion of the *Sample collection session*. All documentation shall be passed immediately to the CGF Medical Commission.

7.3.5 The *Chain of Custody* shall be checked by the CGF Medical Commission if receipt of either the samples with accompanying documentation or the *Sample collection session* documentation is not confirmed at their intended destination or a *Sample*'s integrity or identity has been compromised during transport. The CGF Medical Commission shall consider whether the *Sample* shall be voided.

7.3.6 Documentation related to a *Sample collection session* and/or an anti-doping rule violation shall be stored by the CGF Medical Commission for a minimum of eight years as per *WADA Code* 2009 Article 17.

8. Ownership of samples

8.1 The CGF having jurisdiction of testing on the competitors of the Commonwealth Games owns the samples collected from the *Athlete*.

8.2 The CGF may transfer ownership of the samples to the *IF* exercising results management authority in relation to such testing.

Section E: Doping Control Core Information and Education Programme

Prevention of doping in sports involves awareness of the pertinent issues and concerns, disseminating relevant and accurate information and positively influencing beliefs, attitude and behaviour of the athletes and other persons. A reliable *Doping Control* programme will be in place during the *XX Commonwealth Games* to deter and detect the *Use* of *Prohibited Substance* and *Prohibited Methods*. To effectively address these dimensions, the Medical Services and Anti-Doping Functional Area within *Glasgow 2014* has developed the *Doping Control* Core Information and Education Programme for the *XX Commonwealth Games*.

Athletes and *Athlete Support Personnel* participating at the *XX Commonwealth Games* shall receive updated and accurate information about the *Doping Control* programme and specifically the *Prohibited List*, the health *Consequences* of doping, the doping control procedures and other important information. The program shall also promote the spirit of sports and to deter *Athletes* from using *Prohibited Substance* and *Prohibited Methods* in order to establish a clean sport environment.

Athlete Support Personnel shall be encouraged to educate and counsel their *Athletes* regarding *Doping Control* policies and procedures and the *CGF-ADS*. It is believed that all participating *CGAs*, *IFs*, *Athletes* and other participants shall cooperate with each other and with the CGF, the Medical Services and Anti-Doping Functional Area within *Glasgow 2014* and other stakeholders to synchronise the efforts in doping control information and education.

Target group

Athletes competing at the *XX Commonwealth Games* are primarily the target group for dissemination of anti-doping awareness. *Athlete Support Personnel* are the secondary target group and shall assist in implementing the programme in an effective manner.

Information and education services

The Medical Services and Anti-Doping Functional Area within *Glasgow 2014* in consultation with the CGF Honorary Medical Advisor and *WADA* shall disseminate anti-doping knowledge to all *CGAs* and *IFs*. These organisations, with the assistance of *CGAs*, must disseminate this information and education to *Athletes* and *Support Personnel*. The CGF Anti-Doping Standard has been developed by the Medical Services and Anti-Doping Functional Area within *Glasgow 2014* for the services of *Athletes* and *Athlete's Support Personnel*.

Interactive sessions

The Medical Services and Anti-Doping Functional Area within *Glasgow 2014* shall support the CGF Honorary Medical Advisor to deliver the *Doping Control* interactive sessions prior to the commencement of the *XX Commonwealth Games* to the following client groups:

a) Chefs de Mission;
b) *Athlete Support Personnel*;
c) Technical Delegates and/or respective *IF* Delegate;
d) Competition Managers;
e) Venue Managers; and
f) Media staff.

Athlete self-evaluation programme

Prior to their arrival in the CGV, all *Athletes* shall be sent a self-assessment kit through their *CGAs*. The kit shall enable the Medical Services and Anti-Doping Functional Area within *Glasgow 2014* to know the anti-doping knowledge status of the *Athletes* and will facilitate the planning and implementation of the education programme accordingly.

WADA Outreach Programme

The *Doping Control* programme, while coordinating with the CGF Honorary Medical Advisor, shall support *WADA* to conduct its Outreach Programme in the CGV during the *XX Commonwealth Games*.

Feedback

The Medical Services and Anti-Doping Functional Area within *Glasgow 2014* shall evaluate the *Doping Control* programme developed for the *XX Commonwealth Games* through feedback from *Athletes*, *Athlete Support Personnel*, *CGAs*, *IFs*, *WADA* and any other *Participant* and present a report to the CGF only within three months of the Games Closing Ceremony.

Glasgow 2014
XX Commonwealth Games

23.07 — 03.08.2014

List of Annexes

This page is intentionally blank

Annexes

A1. Objective

To ensure that any matters occurring before, during or after a *Sample collection session* that may lead to determination of a *Failure to Comply* are assessed, documented and acted upon.

A2. Scope

Investigating a possible *Failure to Comply* begins when the CGF Medical Commission becomes aware of a possible *Failure to Comply* and ends when the CGF Medical Commission takes appropriate follow-up action based on the outcomes of its investigation.

A3. Responsibility

A.3.1 The CGF Medical Commission is responsible for ensuring that:

a) an investigation of the possible *Failure to Comply* is instigated based on all relevant information and documentation
b) the *Athlete* or other party is informed of the possible *Failure to Comply* in writing and has the opportunity to respond
c) the evaluation process is documented
d) the final determination is made available to the relevant *CGA*, *IF* and *WADA*.

A.3.2 The *Doping Control Station Manager* is responsible for:

a) informing the *Athlete* or other party of the *Consequences* of a possible *Failure to Comply*
b) completing the *Athlete's Sample collection session* where possible
c) providing a detailed written report of any possible *Failure to Comply*.

A.3.3 *Sample Collection Personnel* are responsible for:

a) informing the *Athlete* or other party of the *Consequences* of a possible *Failure to Comply*
b) reporting to the *Doping Control Station Manager (DCSM)* any possible *Failure to Comply*.

A4. Requirements

A.4.1 Any potential *Failure to Comply* shall be reported by the *Doping Control Station Manager* and followed up by the CGF Medical Commission as soon as practicable.

A.4.2 If the CGF Medical Commission determines that there has been a potential *Failure to Comply*, the *Athlete* or other party shall be promptly notified in writing:

a) of the possible *Consequences*; and
b) that a potential *Failure to Comply* will be investigated by the CGF Medical Commission and appropriate follow-up action will be taken.

A.4.3 Any additional necessary information about the potential *Failure to Comply* shall be obtained from all relevant sources, including the *Athlete* or other party as soon as possible and recorded.

A.4.4 The CGF Medical Commission shall establish a system for ensuring that the outcomes of its investigation into the potential *Failure to Comply* are considered for results management action.

B1. Objective

To ensure that the special needs of *Athletes* with an impairment are considered, wherever possible, in relation to the provision of a *Sample*, without compromising on the integrity of the *Sample collection session*.

B2. Scope

Determining whether modifications are necessary starts with identification of situations where *Sample* collection involves *Athletes* with an impairment and ends with modifications to the *Sample* collection procedures and equipment where necessary and where possible.

B3. Responsibility

The *Doping Control Supplier* has the responsibility for ensuring, when possible, that the *Doping Control Station Manager* has the necessary information to conduct a *Sample collection session* for *Athletes* with an impairment.

B4. Requirements

B.4.1 All aspects of notification and *Sample* collection for *Athletes* with an impairment shall be carried out in accordance with the standard notification and *Sample* collection procedures unless modifications are necessary due to the *Athlete's* disability.

B.4.2 In planning or arranging *Sample* collection, the *Doping Control Supplier* shall consider whether there will be any *Sample* collection for *Athletes* with an impairment that may require modifications to the standard procedures for notification or *Sample* collection, including *Sample collection equipment* and facilities.

B.4.3 The *DCO/DCSM* shall have the authority to make modifications as the situation requires when possible and as long as such modifications will not compromise on the identity, security or integrity of the *Sample*. All such modifications must be documented.

B.4.4 An *Athlete* with an intellectual, physical or sensorial disability can be assisted by the *Athlete's* representative or the *Sample* collection personnel during the *Sample collection session* where authorised by the *Athlete* and agreed to by the *DCO/DCSM*.

B.4.5 The *DCO* can decide that alternative *Sample collection equipment* or facilities will be used when required to enable the *Athlete* to provide the *Sample* as long as the *Sample*'s identity, security and integrity will be unaffected.

B.4.6 *Athletes* who are using urine collection or drainage systems are required to eliminate existing urine from such systems before providing a urine *Sample* for analysis. Where possible, the existing urine collection or drainage system shall be replaced with a new, unused one.

B.4.7 The *DCO* will record modifications made to the standard *Sample* collection procedures for *Athletes* with an impairment, including any applicable modifications specified in the above actions.

C1. Objective

To ensure that the needs of *Athletes* who are *Minors* are met, in relation to the provision of a *Sample*, without compromising on the integrity of the *Sample collection session*.

C2. Scope

Determining whether modifications are necessary starts with identification of situations where *Sample* collection involves *Athletes* who are *Minors* and ends with modifications to the *Sample* collection procedures where necessary and where possible.

C3. Responsibility

The *Doping Control Supplier* has the responsibility for ensuring, when a need arises, that the *Doping Control Station Manager* has the necessary information to conduct a *Sample collection session* with an *Athlete* who is a *Minor*.

C4. Requirements

C.4.1 All aspects of notification and *Sample* collection for *Athletes* who are *Minors* shall be carried out in accordance with the standard notification and *Sample* collection procedures unless modifications are necessary due to the *Athlete* being a *Minor*.

C.4.2 In planning or arranging a *Sample* collection, the *Doping Control Supplier* shall consider whether there will be any *Sample* collection for *Athletes* who are *Minors* that may require modifications to the standard procedures for notification or *Sample* collection.

C.4.3 The *Doping Control Chaperone* Lead/*DCO*/*Doping Control Station Manager* shall have the authority to make modifications as the situation requires when possible and as long as such modifications will not compromise on the identity, security or integrity of the *Sample*.

C.4.4 *Athletes* who are *Minors* must be accompanied by a representative throughout the entire *Sample collection session*. The representative shall not witness the passing of a urine *Sample* unless requested to do so by the *Minor*. The objective is to ensure that the *DCO* is observing the *Sample* provision correctly. Even if the *Minor* declines a representative, the *Doping Control Chaperone* Lead/*DCO*/*Doping Control Station Manager* shall provide for a third party to be present during notification and collection of the *Sample* from the *Athlete*.

C.4.5 For *Athletes* who are *Minors*, the *Doping Control Station Manager* shall determine who, in addition to the *Sample Collection Personnel*, may be present during the *Sample collection session*, namely a *Minor's* representative to indirectly observe the *Sample collection session* (including observing the *DCO* when the *Minor* is passing the urine *Sample*, but not to directly observe the passing of the urine *Sample* unless requested to do so by the *Minor*).

C.4.6 If a *Minor* declines to have a representative present during the *Sample collection session*, this shall be clearly documented by the *DCO*. This does not invalidate the test, but must be recorded. If a *Minor* declines the presence of a representative, a representative of the *DCO* or the CGF Medical Commission must be present.

C.4.7 The *Chaperone* with the approval of *Doping Control Chaperone* Lead shall consider the appropriate course of action to accommodate the *Athlete* in locating a representative in order to proceed with testing.

D1. Objective

To collect an *Athlete's* urine *Sample* in a manner that ensures:

a) consistency with relevant principles of the Standard, International Standard for *Testing* in place at the time and precautions in healthcare settings so that the health and safety of the *Athlete* and *Sample Collection Personnel* are not compromised;
b) the *Sample* meets the *Suitable Specific Gravity for Analysis* and *Suitable Volume of Urine for Analysis*. Failure of a *Sample* to meet these requirements in no way invalidates the suitability of the *Sample* for analysis. The determination of a *Sample*'s suitability for analysis is the decision of the relevant laboratory, in consultation with the CGF Honorary Medical Advisor and the *Doping Control Supplier*;
c) the *Sample* has not been manipulated, substituted, contaminated or otherwise tampered with in any way;
d) the *Sample* is clearly and accurately identified; and
e) the *Sample* is securely sealed in a tamper-evident kit.

D2. Scope

The collection of a urine *Sample* begins with ensuring that the *Athlete* is informed of the *Sample* collection requirements and ends with discarding any residual urine remaining at the end of the *Athlete's Sample collection session*.

The *Doping Control* Stations developed for the *XX Commonwealth Games* shall be in compliance with the protection of *Athlete's* privacy and shall be used for sole purpose of doping control activities only. The doping control facilities for testing will meet the following criteria:

- solely reserved for doping control purposes;
- maintains *Athlete* privacy and confidentiality;
- accessible only to authorised personnel;
- sufficient security to store *Sample collection equipment*;
- comprises of a waiting area with chairs and a separate administration area with a table and chairs for execution of paperwork;
- adjoining toilet facilities for *Sample* provision. This shall ideally consist of cubicles large enough to accommodate the *DCO*, *Athlete*, and a third person in case of a *Minor* or *Athlete* with an impairment.
- facilities to allow the *Athlete* to wash his/her hands;
- large enough to accommodate adequate number of *Athletes*, *Athlete* representatives, *Sample Collection Personnel* and an interpreter, if required; and
- located in a suitable location in relation to the FOP or another location, preferably the mixed zone, where athletes will be notified.

The *Doping Control* Stations in all the venues shall have the facility of selection of sealed, non-alcoholic, beverages by the *Athletes*.

The *Doping Control Supplier* and *DCSM* should ensure that equipment supplies are adequate for the *Testing* session. The type of equipment may vary and will include, but is not limited to:

- sealed, sterile urine collection vessels;
- sealed, tamper-evident and uniquely numbered lids;
- partial *Sample* kits;
- equipment for measuring specific gravity;
- sealed, tamper-evident containers for 'A' and 'B' Samples;
- sealed, tamper-evident transport containers (if applicable);
- secure transport bags;
- disposable gloves;
- soap or hand wash;
- paper towels;
- garbage bin or similar for disposal;
- individually sealed non-alcoholic beverages;
- all doping control documentation, including *Doping Control* Forms, Supplementary Report Forms, *Chain of Custody* Forms, etc.

The Berlinger Sample Collection Equipment system to be used during the *XX Commonwealth Games* shall meet the following minimum criteria:

- A unique numbering system incorporated into all containers in which the *Athlete's Sample* is sealed
- A sealing system that is tamper-evident
- Ensure that the identity of the *Athlete* is not evident from the equipment itself.

D3. Responsibility

The *DCO* has the responsibility for ensuring that each *Sample* is properly collected, identified and sealed. The *DCO* has the responsibility for directly witnessing the passing of the urine *Sample*.

D4. Requirements

D.4.1 Before undertaking *Sample* collection, the *DCO* shall ask the *Athlete* whether he/she has been tested before, and whether they require an explanation of the *Sample* collection procedure. If the *Athlete* has not been tested before, or requests an explanation of the procedure, the *DCO* shall explain the *Sample* collection procedure to the *Athlete*. The *DCO* shall ensure that an *Athlete* with an impairment is informed of any modifications as detailed in Annex B – Modifications for *Athletes* with an impairment, and that a *Minor* is informed of any modifications as detailed in Annex C – Modifications for *Athletes* who are *Minors*.

The role of the *DCO* in this procedure is to explain, and the *DCO* must not handle the equipment selected by the *Athlete*.

Selection of the Sample collection equipment

D.4.2 The *DCO* shall ensure that the *Athlete* is offered a choice of appropriate equipment for collecting the *Sample*. If the nature of an *Athlete's* disability requires that he/she must use additional or other equipment as provided for in Annex B – Modifications for *Athletes* with an impairment, the *DCO* shall inspect that equipment to ensure that the identity and integrity of the *Sample* will remain unaffected.

D.4.3 The *DCO* shall instruct the *Athlete* to select a collection vessel and uniquely-numbered lid and visually check that they are clean and empty.

D.4.4 When the *Athlete* selects a collection vessel and for selection of all other *Sample collection equipment* that directly holds the urine *Sample*, the *DCO* will instruct the *Athlete* to check if all seals on the selected equipment are intact and the equipment has not been tampered with. If the *Athlete* is not satisfied with the selected equipment, he/she may select another. If the *Athlete* is not satisfied with any of the equipment available for selection, the *DCO* shall record the matter on a Supplementary Report Form, referenced to the *Athlete's Doping Control* Form. A minimum of three sets of equipment shall be available for an *Athlete* to choose for a single *Sample* collection

If the *DCO* does not agree with the *Athlete* that all equipment available for the selection is unsatisfactory, the *DCO* shall instruct the *Athlete* to proceed with the *Sample collection session*.

If the *DCO* agrees with the *Athlete* that all equipment available for the selection is unsatisfactory, the *DCO* shall contact the *Doping Control Station Manager* to determine further instructions. The *Athlete's* urine *Sample collection session* may be terminated with the approval of the *Doping Control Supplier*, and where possible the Chairman of the CGF Medical Commission. This shall be recorded by the *DCO* on a Supplementary Report Form and referenced to the *Athlete's Doping Control* Form.

D.4.5 The *Athlete* shall retain control of the collection vessel and any *Sample* provided until the *Sample* is sealed, unless assistance is required by an *Athlete* with an impairment as provided in Annex B – Modifications for *Athletes* with an impairment. Additional assistance may be provided in exceptional circumstances to any *Athlete* by the *Athlete's* representative or the *Sample Collection Personnel* during the *Sample collection session* where authorised by the *Athlete* and agreed to by the *DCO*.

D.4.6 The witnessing person should be of the same gender as the *Athlete* providing the *Sample*.

D.4.7 The *DCO* shall, where practicable, ensure that the *Athlete* thoroughly washes his or her hands or uses gloves prior to the provision of the *Sample*.

D.4.8 The *DCO* and *Athlete* shall proceed to an area of privacy to collect a *Sample*.

The *Athlete* shall be instructed to remove the tamper-evident tape and the lid from the collection vessel.

D.4.9 The witnessing person shall ensure that he/she has an unobstructed view of the *Sample* leaving the *Athlete's* body and must continue to observe the *Sample* after provision until the *Sample* is securely sealed using the lid previously selected by the *Athlete*. In order to ensure a clear and unobstructed view of the passing of the *Sample*, the *DCO* shall instruct the *Athlete* to remove or adjust clothing which restricts the clear view of the *Sample* provision. The *DCO* should have an unobstructed view from the *Athlete's* chest down to the *Athlete's* knees. Once the *Sample* has been provided, the *DCO* shall also ensure that no additional volume is passed by the *Athlete* at the time of provision, which could have been secured in the collection vessel.

D.4.10 The *DCO* shall verify, in full view of the *Athlete* that the *Suitable Volume of Urine for Analysis* has been provided. However, the *Athlete* shall be encouraged to fill the collection vessel if he has more than the minimum amount of urine required.

To protect the *Sample* from spillage, the *Athlete* shall use the new, uniquely-numbered lid selected when selecting the *Sample* collection vessel, and seal the *Sample* collection vessel as soon as possible, particularly before moving from the collection area to the processing area.

If the *Athlete* wishes to wash his/her hands after providing the *Sample*, the *Sample* shall be placed in a secure location where both the *Athlete* and the *DCO* have a clear and unobstructed view of the *Sample* at all times.

The *DCO* shall sign the relevant documentation to verify that he/she witnessed *Sample* provision in accordance with the procedure.

Comment: If during the *Sample collection session*, a *Sample* is deemed by the *DCO* and/or the *Athlete* to be unsuitable, or if there are doubts as to the origin or authenticity of the *Sample*, the *Athlete* shall be asked to provide an additional *Sample*. The *DCO* shall refer to the additional *Sample* procedure. Unsuitable or non-conforming samples shall not be discarded or combined with urine that has not been compromised. All samples that have been collected shall be sent to a *WADA*-accredited laboratory.

D.4.11 Where the volume of urine is insufficient, the *DCO* shall conduct a partial *Sample* collection procedure as prescribed in Annex F – Urine samples – Insufficient Volume.

Dividing and sealing the Sample

D.4.12 The *DCO* shall instruct the *Athlete* to select a *Sample* collection kit containing 'A' and 'B' bottles in accordance with Clause D.4.4.

If the *Athlete* or *DCO* finds that the outer security wrapping on the *Sample* collection kit is not intact and/or numbers are not the same, the *DCO* shall instruct the *Athlete* to choose another *Sample* collection kit in accordance with Clause D.4.4. The *DCO* shall record the matter on a Supplementary Report Form, referenced to the *Athlete's Doping Control* Form.

If the *Athlete* is not satisfied with any of the *Sample* collection kits, and the *DCO* does not agree with the *Athlete's* opinion that all of the available *Sample* collection kits are unsatisfactory, the *DCO* shall instruct the *Athlete* to proceed with the *Sample collection session*, and the *Athlete's* views will be recorded on the Supplementary Report Form by the *DCO*, referenced to the *Athlete's Doping Control* Form.

If both the *DCO* and the *Athlete* agree that none of the *Sample* collection kits are satisfactory, the *DCO* shall contact the *Doping Control Station Manager* to determine further instructions. The *Sample collection session* may be terminated with the approval of the *Doping Control Supplier*, and where possible the Chairman of the CGF Medical Commission. The *DCO* and *Doping Control Station Manager* shall record the reasons for termination of the *Sample collection session*.

D.4.13 Once a *Sample* collection kit has been selected, the *DCO* and the *Athlete* shall check that the *Sample* collection kit is clean, all code numbers match, and the outer security wrapping on both 'A' and 'B' bottles is intact.

If the *DCO* or the *Athlete* finds that the numbers are not the same, the *DCO* shall instruct the *Athlete* to choose another kit in accordance with Clause D.4.4. The *DCO* shall record this on a Supplementary Report Form, referenced to the *Athlete's Doping Control* Form.

The *DCO* shall ask the *Athlete* to read the *Sample* code numbers so they can be recorded on the *Doping Control* Form, and the *Athlete* shall also confirm that this code number is recorded accurately by the *DCO*.

The *Athlete* shall check that both bottle lids (containing a metal ring with teeth and stopper) have all components in place. A plastic red ring is also included on the neck of each bottle that separates the lid from the bottle to prevent accidental closure during transport. The red ring shall be removed from the bottleneck and discarded.

D.4.14 The *Athlete* shall be offered the option of wearing gloves when dividing his/her *Sample*. The *Athlete* shall pour the minimum *Suitable Volume of Urine for Analysis* into the 'B' bottle (to a minimum of 30ml), and then pour the remainder of the urine into the 'A' bottle (to a minimum of 60ml). If more than the minimum *Suitable Volume of Urine for Analysis* has been provided, the *DCO* shall ensure that the *Athlete* fills the 'A' bottle to the capacity as per the recommendation of the equipment manufacturer. If there is still urine remaining, the *DCO* shall ensure that the *Athlete* fills the 'B' bottle to the capacity as per the recommendation of the equipment manufacturer. The *DCO* shall instruct the *Athlete* to ensure that a small amount of urine is left in the collection vessel, explaining that this is to enable the *DCO* to test that residual urine in accordance with Clause D.4.17.

D.4.15 Urine shall only be discarded when both the 'A' and 'B' bottles have been filled to the capacity in accordance with Clause D.4.14, and after the residual urine has been tested in accordance with Clause D.4.17. The minimal *Suitable Volume of Urine for Analysis* shall be viewed as an absolute minimum.

D.4.16 The *Athlete* shall seal the bottles as directed by the *DCO*, who shall check in full view of the *Athlete* that the bottles have been properly sealed and are not leaking.

If the *Athlete's* representative or *DCO* assists the *Athlete* with the procedure involving handling the *Athlete's* unsecured *Sample*, this shall be documented on a Supplementary Report Form, referenced to the *Athlete's Doping Control* Form.

The *Athlete/DCO* shall put the sealed bottles in the plastic bags provided inside the cardboard box of the *Sample* collection kit. The *DCO* shall seal the top of the plastic bags (self-adhesive) before placing the bottles into the cardboard box in full view of the *Athlete*.

D.4.17 The *DCO* shall test the residual urine in the collection vessel to determine if the *Sample* has a *Suitable Specific Gravity for Analysis* If the *DCO's* field reading indicates that the *Sample* does not have a *Suitable Specific Gravity for Analysis*, then the *DCO* shall follow Annex G – Urine samples that do not meet requirement for *Suitable Specific Gravity for Analysis*.

D.4.18 The *DCO* shall complete the *Doping Control* Form. The *DCO* who processes the *Athlete's Sample*(s) is responsible for ensuring that the form is complete, accurate, and legible.

Comment: The form shall be filled out as completely as possible before reviewing it with the *Athlete*. The only information that shall be left blank during the review is the signature boxes of the applicable persons present (e.g. *Athlete, DCO*, and representative).

The *DCO* shall invite the *Athlete* to voluntarily provide information about any medications and other substances, including vitamins, minerals, herbs and other dietary supplements, used within the last seven (7) days and record the information on the *Doping Control* Form. If the *Athlete* has no substances to declare or does not wish to make a declaration, the *Athlete* shall write 'none.' If the *Athlete* wishes, he/she can provide medication information in his/her own handwriting on the *Doping Control* Form.

Comment: If the *Athlete* has several declarations to be recorded and there is not enough space in the column provided on the *Doping Control* Form, he/she can continue on a Supplementary Report Form, referenced to the *Athlete's Doping Control* Form. If a Supplementary Report Form is filled, the *DCO* shall ensure that the Supplementary Report Form and *Doping Control* Form are referenced to the *Athlete's* test.

DCOs shall not offer advice on substances/medications, question the purpose of any medication or enter into any discussion on the status of a medication.

If any of the information on the *Doping Control* Form is not applicable, the *DCO* shall strike through the relevant box column.

Once the *Doping Control* Form is completed, the *DCO* shall thoroughly review the *Doping Control* Form with the *Athlete* and his/her representative, if present. If there are any mistakes on the *Doping Control* Form, these will be noted on the relevant comments box or a new *Doping Control* Form shall be re-written and the *Doping Control* Form with the error shall be appended. Copies of both *Doping Control* Forms must be returned to the *Doping Control* Command Centre along with other *Sample* collection documentation.

If the *DCO*, *Athlete*, *Chaperone* or the *Athlete* representative express an interest in making written comments specific to the *Athlete's Sample* or the testing session, they may do so on the *Doping Control* Form or on a Supplementary Report Form, which shall be referenced to the *Athlete's Doping Control* Form.

The *DCO*, *Athlete*, *Athlete* Representative (if applicable), and any other person where required shall then sign and write their names on the *Doping Control* Form to verify the accuracy of the information.

Comment: The *DCO* and any other applicable person other than the *Athlete* shall sign first. The *Athlete* shall be the last person to sign the *Doping Control* Form.

D.4.19 The *DCO* shall provide the appropriate copy(ies) of the *Doping Control* Form, and the Supplementary Report Form (if applicable) to the *Athlete* at the conclusion of the *Sample collection session*.

Comment: If a Supplementary Report Form is filled, the *DCO* shall ensure that the Supplementary Report Form and the *Doping Control* Form are referenced to all necessary *Sample* collection documentation to the *Athlete's* test.

D.4.20 However, if a Supplementary Report Form is completed after the *Athlete* is released from the *Sample collection session*, the *DCO* shall not make changes to the *Doping Control* Form, rather the Supplementary Report Form shall be referenced on the *Doping Control Station Manager* Report Form.

If an error on any of the *Athlete's Sample* collection documentation is noticed after the *Athlete* is released from the *Sample collection session*, the document shall not be altered. The *DCO* shall complete a Supplementary Report Form explaining the error and return this to the *Doping Control* Command Centre.

D.4.21 The *DCO* shall ensure that any residual urine that will not be sent for analysis is discarded in full view of the *Athlete*.

E1. Objective

To collect an *Athlete's* blood *Sample* in a manner that ensures:

a) the health and safety of the *Athlete* and *Sample Collection Personnel* are not compromised;
b) the *Sample* is of the quality and quantity that meets the relevant analytical guidelines;
c) the *Sample* has not been manipulated, substituted, contaminated or otherwise tampered with in any way;
d) the *Sample* is clearly and accurately identified; and
e) the *Sample* is securely sealed.

E2. Scope

The collection of a blood *Sample* begins with ensuring that the *Athlete* is informed of the *Sample* collection requirements and ends with properly storing the *Sample* prior to dispatch for analysis at the *WADA*-accredited laboratory or as otherwise approved by *WADA*.

The blood collection facility shall ideally meet the following criteria:

– maintain *Athlete* privacy and confidentiality;
– provide a high standard of cleanliness;
– be well-lit and well-ventilated;
– be accessible only to authorised personnel;
– be secure enough to store *Sample collection equipment*;
– contain a table and chairs for administration and completion of paperwork;
– contain a comfortable chair or bed for *Sample* provision;
– contain a refrigerator or cool-box;
– be large enough to accommodate the *Athletes*, his/her representative and the *Sample* collection personnel; and
– be suitably located in relation to the FOP or other location where *Athletes* will be notified.

The minimum requirements to be met to enable use of a facility as a blood collection facility are privacy and cleanliness. The requirements are necessarily more stringent than for a *Doping Control Station* for the purpose of urine *Sample* collection.

The *Doping Control Supplier* and *DCSM* should ensure that equipment supplies are adequate for the testing session. The type of equipment may vary and will include, but is not limited to:

– sterile needles;
– butterfly needles;
– disposable plastic syringes;
– vacutainer collection tubes to draw a predetermined volume of blood (these may include serum separator tubes or and/or EDTA (anti-coagulant) tubes, as required);
– sterile disinfectant pads;
– gloves providing barrier protection;
– tourniquets;
– a disposal container for bio-hazardous waste;
– a bio-hazard spill kit;
– adhesive bandage and gauze;
– a cold-box;
– secure transport containers;
– secure transport bags and seals;
– transport temperature monitoring device;
– all doping control documentation, including the *Doping Control* Forms, Supplementary Report Forms, *Chain of Custody* Forms, etc.

Any *Sample collection equipment* systems used shall meet the following minimum criteria:

- have a unique numbering system incorporated into all containers in which the *Athlete's Sample* is sealed;
- have a sealing system that is tamper evident;
- ensure that the identity of the *Athlete* is not evident from the equipment itself; and
- ensure that all equipment is clean and sealed prior to use.

E3. Responsibility

E.3.1 The *DCO* has the responsibility for:

a) ensuring that each *Sample* is properly collected, identified and sealed;
b) ensuring that all samples have been properly stored and dispatched in accordance with the relevant analytical guidelines;
c) overseeing the post *Sample* collection process;
d) co-ordinating collection of the urine *Sample*, if required;
e) completing, or arranging for the completion and verification of the relevant documentation; and
f) verifying the *Chain of Custody*.

E.3.2 The *Blood Collection Officer (BCO)* has the responsibility for:

- collecting the blood *Sample*;
- answering related questions during the provision of the *Sample*;
- proper disposal of used blood sampling equipment not required for completing the *Sample collection session*;
- carrying out first aid on the *Athlete* if required; and
- verifying the collection procedure and sign the relevant documentation.

E4. Requirements

E.4.1 Procedures involving blood shall be consistent with the local standards and regulatory requirements regarding precautions in health care settings.

E.4.2 Blood *Sample collection equipment* shall consist of (a) a single *Sample* tube for blood profiling purposes; or (b) both an 'A' and a 'B' *Sample* tube for blood analysis; or (c) as otherwise specified by the relevant laboratory. Blood *Sample* collection for analysis of whole blood for *Prohibited Substances* and *Prohibited Methods* (e.g. detection of blood transfusion and haemoglobin-based oxygen carriers (HBOCs)) shall consist of the following:

- 'A' and 'B' Samples, each of 3ml as a minimum (or as specified by the relevant laboratory);
- BD Vacutainer® K2EDTA (K2) CE cat no 368856/ref US 367856.

The tube used contains an anti-coagulant, such as ethylenediaminetetraacetic acid (EDTA). The contents shall be homogenised as soon as possible after collection. To achieve this, tubes can be gently inverted ten (10) times. This step shall be taken as soon as possible. The blood samples should then be sealed and sent to the laboratory with no further action.

Blood *Sample* collection for analysis of serum for *Prohibited Substance* and methods (e.g. detection of Human Growth Hormone and HBOCs) shall consist of the following:

- 'A' and 'B' Samples, each of 5ml as a minimum (or as specified by the relevant laboratory)
- tube the blood is drawn into that has an inert polymeric serum separator gel and a clotting activation factor (15 minutes for BD Vacutainer® SST II, EU ref 367955).

The contents shall be homogenised as soon as possible after collection and remain at room temperature. To achieve this, tubes can be gently inverted up-side down ten (10) times. The contents shall then be sent to the laboratory with no further action.

Comment: The type of equipment used for blood collection and the post-collection process will differ depending on the type of analysis required.

E.4.3 The *DCO* shall ensure that the *Athlete* is informed of the requirements of the *Sample* collection, including any modifications as provided for in Annex B – Modifications for *Athletes* with an impairment.

E.4.4 The athlete must remain in a normal seated position with feet on the floor or lying down for a minimum of ten (10) minutes immediately before providing a blood *Sample*.

E.4.5 After the required rest period and the *DCO/BCO* has explained the blood *Sample* collection procedure, the *DCO* shall direct the *Athlete* to choose the blood *Sample* collection kit(s), including the selection of the secure transport kit. There shall be at least three blood *Sample* collection kits to choose from.

Comment: The kit will typically include the sterile needle, syringe and the relevant vacutainer tubes packaged together in a sealed bag. If kits contain only one vacutainer, and an 'A' and 'B' *Sample* are required, the *Athlete* shall choose two blood *Sample* collection kits.

The *Athlete* and *DCO* shall check that the blood *Sample* collection kit has not been tampered with and the seals are intact. If either the *Athlete* or the *DCO* is not satisfied with the equipment, the *Athlete* shall make another selection.

If the *Athlete* is not satisfied with any of the equipment, and the *DCO* does not agree with the *Athlete's* opinion that all available equipment is unsatisfactory, the *DCO* shall instruct the *Athlete* to proceed with the *Sample collection session* and the *Athlete's* views will be recorded on documentation Supplementary Report Form by the *DCO*, referenced to the *Athlete's Doping Control* Form.

If both the *DCO* and the *Athlete* agree that none of the equipment is satisfactory, the *DCO* shall contact the *Doping Control Station Manager* for determining further directions. The blood *Sample collection session* may be terminated by the *Doping Control Station Manager* with the approval of the *Doping Control Supplier*, and with the permission from the Chairman of the CGF Medical Commission if possible. The *Doping Control Station Manager* shall record the reasons for termination of the blood *Sample collection session* on a Supplementary Report Form, referenced to the *Athlete's Doping Control* Form.

E.4.6 When the blood *Sample* collection kit has been selected, the *Athlete* and the *DCO* shall check that all code numbers match and that this code number is recorded accurately by the *DCO*.

If the secure transport kit includes pre-printed bar code labels, the *Athlete* shall remove these labels from the secure transport kit, and shall verify with the *DCO* that the code numbers match the transport kit numbers.

If the *Athlete* or *DCO* find that the numbers are not the same, the *DCO* shall instruct the *Athlete* to choose another secure transport kit, and shall document the occurrence.

The *Athlete* shall place one label longitudinally on each of the vacutainer tubes. The label shall be placed towards the top of the tube(s), near the cap. The *Athlete* may authorise the *DCO*, or the *Athlete* representative to place the labels on the tubes.

E.4.7 The *Athlete* shall give the *BCO* the blood *Sample collection equipment*, including the vacutainer(s). The *BCO* shall assemble the equipment in front of the *Athlete*.

If the *BCO* believes that a butterfly needle is required for venipuncture, the *Athlete* shall be asked to select a butterfly needle from a selection of sealed needles.

The *BCO* shall clean the skin with a sterile disinfectant wipe or swab in a location unlikely to adversely affect the *Athlete* or his/her performance, which is likely to be the non-dominant arm of the *Athlete*, and, if required, apply a tourniquet. If the *Athlete* has a skin problem, the tourniquet shall be applied over thin clothing or a paper tissue so that the skin is not pinched.

The needle shall be inspected visually before insertion. After the *BCO* has inserted the needle into the antecubital vein, the tourniquet shall be removed.

E.4.8 The amount of blood removed shall be adequate to satisfy the relevant analytical requirements for the *Sample* analysis to be performed.

E.4.9 In the event that the *BCO* is unable to draw sufficient blood from the first attempt, up to three attempts in total shall be made before the *DCO*, in consultation with the *BCO*, *Doping Control Station Manager* and *Doping Control Supplier*, decides to terminate the blood *Sample* collection attempt. No more than three attempts to insert a needle into the *Athlete's* body shall be made. The *Doping Control Station Manager* shall record the reasons for terminating the blood collection attempt on a Supplementary Report Form, referenced to the *Athlete's Doping Control* Form.

The blood shall be collected into one or more vessels, depending on the requirements of the laboratory.

E.4.10 The *BCO* shall apply a dressing to the puncture site(s) and instruct the *Athlete* to firmly press the pad. The *BCO* may also choose to apply pressure to the wound.

E.4.11 Blood *Sample collection equipment* not required for completing the *Sample collection session* must be disposed in accordance with the required standards for handling blood and the *BCO's* protocol by the *BCO*.

E.4.12 If the *Sample* requires further on-site processing, such as centrifugation or separation of serum, the *Athlete* shall remain to observe the *Sample* until final sealing in secure, tamper-evident kit.

E.4.13 If necessary, pressure shall be applied for two to three minutes prior to undertaking the *Sample* sealing procedure. The *BCO* shall assess the wound and indicate to the *Athlete* and the *DCO* when the *Athlete* is ready.

The *BCO* or the *DCO* shall advise the *Athlete* not to undertake any strenuous exercise using the arm for at least thirty (30) minutes. This minimises any potential bruising. The *BCO* shall be prepared to conduct first-aid if necessary.

E.4.14 The *Athlete* shall take the secure transport kit already selected. The *DCO* shall instruct the *Athlete* to place one blood *Sample* into each of the 'A' and 'B' tamper evident *Sample* transport kits .The *Athlete* may request the *DCO* or the *Athlete* representative to complete this process on his/her behalf. Both the *DCO* and the *Athlete* shall check that the kits are securely sealed. Care must also be taken to ensure that at all times the samples are stored upright.

The *DCO* shall ensure the blood *Sample* is stored in a secure, preferably cool (2-12 degrees Celsius), location (i.e. transport bag) until ready to proceed to transport of samples..

E.4.15 The *DCO* shall instruct the *BCO* to sign the form to confirm that he/she collected a blood *Sample* from the *Athlete* in accordance with the procedures. The *Athlete* shall be provided an opportunity to document any blood transfusions over the last three (3) months, and to indicate any medications, including those which may affect the ability of the blood to clot, taken over the past seven days.

The *DCO* shall check all information on the form and sign to confirm that blood *Sample* collection was conducted in accordance with the procedures.

The *Athlete* and his/her representative, if present, shall be invited to check that all information on the form accurately reflects the details of the *Sample collection session*. The *Athlete* shall be invited to complete the comments section of the form if he/she has any concerns or comments regarding the procedure. If there is insufficient space on the form, the *Athlete* shall be invited to use a Supplementary Report Form, referenced to the *Athlete's Doping Control* Form.

The *DCO*, the *Athlete* Representative, if present, and the *Athlete* shall then sign the *Doping Control* Form as follows:

If the urine *Sample* has already been collected, the *DCO*, the *Athlete* representative, if present, and the *Athlete* shall sign the *Doping Control* Form.

If the urine *Sample* has not yet been collected, the *Athlete* shall proceed to provide a urine *Sample* before the *DCO*, the *Athlete* representative, if present, and the *Athlete* shall sign the *Doping Control* Form.

Once both urine and blood samples have been collected and the *Doping Control* Form completed, The *DCO* must give a full copy of the form to the *Athlete*. The *Athlete* shall then proceed to provide a urine *Sample* if required, or is free to leave the *Doping Control Station*.

E.4.16 The *Doping Control Station Manager* is responsible for ensuring that all blood samples are stored in a manner that protects their identity, integrity and security whilst in the blood collection facility.

Samples must not be left unattended, unless they are locked away, in a refrigerator or cupboard, for example. Access shall be restricted only to authorised personnel. The blood samples must be stored in a cool location, preferably in a refrigerator or a cool box. The optimum temperature for the storage of blood samples is 4 degrees Celsius. Variations in temperature should not exceed beyond 2-12 degrees Celsius. If the conditions of storage did not meet the temperature requirements, the *DCO* shall document this, and shall also contact the *Doping Control Station Manager* immediately to inform them of the variation in temperature, and the length of time the samples were affected. If the variations in temperature were substantial and occurred for a period of time likely to affect the composition of a blood *Sample*, the CGF Medical Commission and laboratory shall determine whether or not analysis should proceed on the *Sample*.

The *Doping Control Station Manager* shall accurately complete appropriate documentation for each transport bag/container to ensure that the laboratory can verify the contents of the bag/container. The *Doping Control Supplier* shall ensure that instructions for the type of analysis to be conducted are provided to the laboratory.

The *Doping Control Station Manager* shall complete the *Chain of Custody* form. The laboratory copy of this form and the laboratory copy of the *Doping Control* Form shall be placed in the transport bag with the samples, and sealed, preferably in the presence of a witness. Documentation identifying the *Athlete* shall not be included with the samples.

If relevant, the *Doping Control Station Manager* shall record the number of times the transport bag is opened and resealed, on the laboratory advice form or *Chain of Custody* form.

The *Doping Control Station Manager* shall keep the samples under his/her control until they are passed to the *Doping Control* Command Centre. Blood samples should be dispatched as soon as possible after collection to arrive at the *Doping Control* Command Centre ideally on the same day, and preferably within 24 hours of collection.

All documentation relevant to the testing session shall be forwarded to the CGF Medical Commission by the *Doping Control* Command Centre as soon as possible after the *Sample* collection.

E.4.17 The blood samples shall be transported to the laboratory in a refrigerated state. No *Sample* should be allowed to freeze, and should ideally be kept at a temperature of approximately four degrees Celsius. Variations in temperature shall not exceed beyond 2-12 degrees Celsius. A temperature recording device shall be included with the transported samples to ensure that the appropriate temperature has been maintained. Samples should remain in an upright position during transportation, whenever possible.

Samples shall be handed over to a courier company for transportation. The courier company shall document the *Chain of Custody* of the samples. The *Doping Control* Command Centre shall keep the waybill record.

Due to more stringent temperature and analysis requirements for blood, blood and urine samples may be transported separately. However, the relevant paperwork linking the two samples shall be included with each shipment.

Transportation of blood *Sample*(s) from the site of collection to the *Doping Control* Command Centre to the laboratory shall be made as soon as possible, and where possible in less than 48 hours.

The laboratory shall document the receipt and the subsequent *Chain of Custody* of samples. Samples will be reviewed for evidence of *Tampering* or damage, and stored in appropriate conditions until analysis is done in accordance with the *International Standard* for Laboratories.

F1. Objective

To ensure that where a *Suitable Volume of Urine for Analysis* is not provided, appropriate procedures are followed.

F2. Scope

The procedure begins with informing the *Athlete* that the *Sample* is not of *Suitable Volume of Urine for Analysis* and ends with the provision of a *Sample* of sufficient volume.

F3. Responsibility

The *DCO* has the responsibility for declaring the *Sample* volume insufficient and for collecting the additional *Sample*(s) to obtain a combined *Sample* of sufficient volume.

F4. Requirements

F.4.1 If the *Sample* collected is of insufficient volume, the *DCO* shall inform the *Athlete* that an additional *Sample* shall be collected to meet the *Suitable Volume of Urine for Analysis* requirements. The *Sample* collection vessel, sealed by a uniquely-numbered lid, must be stored in a secure location, and, if possible, in clear view of the *DCO* and *Athlete* at all times. The *DCO* shall record the volume of urine provided on the *Doping Control* Form.

F.4.2 The *DCO* and the *Athlete* shall check that the equipment lid code number and volume of the insufficient *Sample* are recorded accurately by the *DCO* on the *Doping Control* Form. The *DCO/ Doping Control Station Manager* shall retain control of the sealed partial *Sample*. The *DCO* and *Athlete* shall sign the partial *Sample* section of the *Doping Control* Form.

F.4.3 While waiting to provide an additional *Sample*, the *Athlete* shall remain under continuous observation and be given the opportunity to hydrate.

F.4.4 When the *Athlete* is able to provide an additional *Sample*, the procedures for collection of the *Sample* shall be repeated (as prescribed in Annex D – Collection of urine samples until a sufficient volume of urine is provided by combining the initial and additional *Sample*(s). The same *DCO* shall aim to ensure that they complete all partial *Sample* collections for an *Athlete*, where possible, to maintain consistency and total *Chain of Custody* with the *Athlete*. If different DCOs witness the partial *Sample* provisions, each of these DCOs shall sign the *Doping Control* Form, in the respective boxes.

F.4.5 When the *DCO* is satisfied that the requirements for the *Suitable Volume of Urine for Analysis* have been met, the *DCO* and *Athlete* shall check the integrity of the lid(s) on the *Sample* collection vessel(s) containing the previously provided insufficient *Sample*(s). Any irregularity with the integrity of the seal(s) will be recorded by the *DCO* and investigated according to Annex A – Investigating a possible *Failure to Comply*.

F.4.6 The *DCO* shall then direct the *Athlete* to remove the lid(s) and combine the samples, ensuring that additional samples are added sequentially to the first entire *Sample* collected until, as a minimum, the requirement for the *Suitable Volume of Urine for Analysis* is met, and as a maximum 110ml. This is to avoid an *Athlete* providing a *Sample* that does not meet the *Suitable Specific Gravity for Analysis*.

F.4.7 The *DCO* and *Athlete* shall then continue with Clause D.4.12 onwards as appropriate.

F.4.8 The *DCO* shall check the residual urine to ensure that it meets the requirement for *Suitable Specific Gravity for Analysis*.

F.4.9 Urine shall only be discarded when both the 'A' and 'B' bottles have been filled to the capacity in accordance with Clause D.4.1.4. The *Suitable Volume of Urine for Analysis* shall be viewed as an absolute minimum.

Annex G – Urine samples that do not meet the requirement for Suitable Specific Gravity For Analysis

G1. Objective

To ensure that when the urine *Sample* does not meet the requirement for *Suitable Specific Gravity for Analysis*, appropriate procedures are followed.

G2. Scope

The procedure begins with the *DCO* informing the *Athlete* that an additional *Sample* is required and ends with the collection of a *Sample* that meets the requirements for *Suitable Specific Gravity for Analysis*, or appropriate follow-up action by the CGF Medical Commission if required.

G3. Responsibility

The *Doping Control Supplier* is responsible for establishing procedures to ensure that a suitable *Sample* is collected. If the original *Sample* collected does not meet the requirement for *Suitable Specific Gravity for Analysis*, the *DCO* is responsible for collecting additional samples until a suitable *Sample* is obtained.

G4. Requirements

G.4.1 The *DCO* shall determine that the requirements for *Suitable Specific Gravity for Analysis* have not been met.

G.4.2 The *DCO* shall inform the *Athlete* that he/she is required to provide an additional *Sample*.

G.4.3 While waiting to provide an additional *Sample*, the *Athlete* shall remain under continuous observation.

G.4.4 The *Athlete* shall be encouraged not to hydrate excessively, since this may delay the production of a suitable *Sample*.

G.4.5 When the *Athlete* is able to provide an additional *Sample*, the *DCO* shall repeat the procedures for collection of the *Sample* as prescribed in Annex D – Collection of urine samples.

G.4.6 The *DCO* shall continue to collect one additional *Sample* to meet the requirement for *Suitable Specific Gravity for Analysis*

Comment: It is the responsibility of the *Athlete* to provide a *Sample* with the *Suitable Specific Gravity for Analysis*. If his/her first *Sample* is too diluted, he/she shall not need further hydration and shall avoid drinking any fluid as far as possible until a *Sample* with a *Suitable Specific Gravity for Analysis* has been provided. The *DCO* shall wait as long as possible to collect such a *Sample*, bearing in mind G.4.6 above.

G.4.7 The *DCO* shall record that the samples collected belong to a single *Athlete* and the order in which the samples were provided.

G.4.8 The *DCO* shall then continue with the *Sample collection session* in accordance with Clause D.4.16.

G.4.9 If it is determined that none of the *Athlete's* samples meet the requirement for *Suitable Specific Gravity for Analysis* and the *Doping Control Station Manager* determines that for logistical reasons it is impossible to continue with the *Sample collection session*, the *Doping Control Station Manager*, with the approval of the *Doping Control Supplier* and permission from the Chairman of the CGF Medical Commission where possible, may end the *Sample collection session*. In such circumstances, if appropriate the CGF Medical Commission may investigate a possible anti-doping rule violation.

G.4.10 The *Doping Control* Command Centre shall send all samples which were collected, irrespective of whether or not they meet the requirement for *Suitable Specific Gravity for Analysis*, to the laboratory for analysis.

G.4.11 The laboratory shall, in conjunction with the CGF Honorary Medical Advisor, determine as to which samples shall be analysed.

ADAMS: The Anti-Doping Administration and Management System is a web-based database management tool for data entry, storage, sharing, and reporting designed to assist stakeholders and *WADA* in their anti-doping operations in conjunction with data protection legislation.

Ad-Hoc Division: the *CAS* ad-hoc Division.

Adverse Analytical Finding: A report from a laboratory or other *WADA*-approved testing entity that, consistent with the *International Standard* for Laboratories and related technical documents, identifies in a *Sample* the presence of a *Prohibited Substance* or its *Metabolites* or *Markers* (including elevated quantities of endogenous substances) or evidence of the *Use* of a *Prohibited Method*.

Anti-Doping Organisation (ADO): A Signatory that is responsible for adopting rules for initiating, implementing or enforcing any part of the *Doping Control* process. This includes, for example, the International Olympic Committee, the International Paralympic Committee, and other major *Event* organisations that conduct testing at their events, *WADA*, International Federations, and National *Anti-Doping Organisations*.

Athlete: Any person who participates in sport at the international level (as defined by each *International Federation*), the national level (as defined by each *National Anti-Doping Organisation*, including but not limited to those persons in its *Registered Testing Pool*), and any other competitor in sport who is otherwise subject to the jurisdiction of any *Signatory* or other sports organisation accepting the *Code*. All provisions of the *Code*, including, for example, testing and Therapeutic *Use* Exemptions, must be applied to international-level and national-level competitors. Some National *Anti-Doping Organisations* may elect to test and apply anti-doping rules to recreational-level or master competitors who are not current or potential national calibre competitors. National *Anti-Doping Organisations* are not required, however, to apply all aspects of the *Code* to such persons. Specific national rules may be established for *Doping Control* for non-international-level or non-national-level competitors without being in conflict with the *Code*. Thus, a country could elect to test recreational-level competitors but not require Therapeutic *Use* Exemptions or whereabouts information. In the same manner, a major *Event* organisation holding an *Event* only for masters-level competitors could elect to test the competitors but not require advance Therapeutic *Use* Exemptions or whereabouts information. For purposes of Article 2.8 (Administration or attempted administration) and for purposes of anti-doping information and education, any person who participates in sport under the authority of any *Signatory*, government, or other sports organisation accepting the *Code* is an *Athlete*.

Comment: This definition makes it clear that all international and national-calibre *Athletes* are subject to the Anti-Doping Rules of the *Code*, with the precise definitions of International- and National- Level Sport to be set forth in the anti-doping rules of the *International Federations* and *National Anti-Doping Organisations*, respectively.

Athlete Support Personnel: Any coach, trainer, manager, agent, team staff, official, medical, paramedical personnel, parent or any other *Person* working with, treating or assisting an *Athlete* participating in or preparing for sports *Competition*.

Attempt: Purposely engaging in conduct that constitutes a substantial step in a course of conduct planned to culminate in the commission of an anti-doping rule violation. Provided, however, there shall be no anti-doping rule violation based solely on an *Attempt* to commit a violation if the person renounces the *Attempt* prior to it being discovered by a third party not involved in the *Attempt*.

Atypical Finding: A report from a laboratory or other *WADA*-approved entity which requires further investigation as provided by the *International Standard* for Laboratories or related technical documents prior to the determination of an *Adverse Analytical Finding*.

CAS: The Court of Arbitration for Sport.

Code: The World Anti-Doping *Code*.

Commonwealth Games Association (CGA): The national body responsible for the Commonwealth Games operations, publicity and development in a nation, and recognised by the Commonwealth Games Federation.

CGF-ADS: The Commonwealth Games Anti-Doping Standard.

Competition: A single race, match, game or singular athletic contest. For example, a basketball game or the finals of the Olympic 100-metre dash. For stage races and other athletic contests where prizes are awarded on a daily or other interim basis. The distinction between a *Competition* and an *Event* will be as provided in the rules of the applicable *International Federation*.

Consequences of Anti-Doping Rule Violations: An *Athlete's* or other *Person's* violation of an anti-doping rule may result in one or more of the following: (a) disqualification means the *Athlete's* results in a particular *Competition* or *Event* are invalidated, with all resulting *Consequences* including forfeiture of any medals, points and prizes; (b) *Ineligibility* means the *Athlete* or other *Person* is barred for a specified period of time from participating in any *Competition* or other activity or funding as provided in Article 10.9; and (c) *Provisional Suspension* means the *Athlete* or other *Person* is barred temporarily from participating in any *Competition* prior to the final decision at a hearing conducted under Article 8 (Right to a fair hearing).

Doping Control: All steps and processes from test distribution planning through to ultimate disposition of any appeal including all steps and processes in between such as provision of whereabouts information, *Sample* collection and handling, laboratory analysis, Therapeutic *Use* Exemptions, results management and hearings.

Event: A series of individual competitions conducted together under one ruling body (e.g. the Commonwealth Games).

Glasgow 2014: The *Glasgow 2014 Organising Committee*, responsible for the organisation, coordination and operation of the *Glasgow 2014* Games.

In-Competition: means the period commencing 00:01 hours on 13 July 2014 and ending at 24:00 hours on 6 August 2014 (inclusive).

Independent Observer Programme: A team of observers, under the supervision of *WADA*, who observe and may provide guidance on the *Doping Control* process at certain events and report on their observations.

Ineligibility: See '*Consequences* of anti-doping rule violations' above.

International Event: An *Event* where the International Olympic Committee, the International Paralympic Committee, an *International Federation*, a major *Event* organisation, or another international sport organisation is the ruling body for the *Event* or appoints the technical officials for the *Event*.

International-Level Athlete: *Athletes* designated by one or more International Federations as being within the *Registered Testing Pool* for an *International Federation*.

International Standard: A standard adopted by *WADA* in support of the *Code*. Compliance with an *International Standard* (as opposed to another alternative standard, practice or procedure) shall be sufficient to conclude that the procedures addressed by the *International Standard* were performed properly. International Standards shall include any Technical Documents issued pursuant to the *International Standard*.

Marker: A compound, group of compounds or biological parameter(s) that indicates the *Use* of a *Prohibited Substance* or *Prohibited Method*.

Metabolite: Any substance produced by a biotransformation process.

Minor: A natural person who has not reached the age of majority as established by the applicable laws of his or her country of residence.

National Anti-Doping Organisation (NADO): The entity(ies) designated by each country as possessing the primary authority and responsibility to adopt and implement anti-doping rules, direct the collection of samples, the management of test results, and the conduct of hearings, all at the national level. This includes an entity which may be designated by multiple countries to serve as regional *Anti-Doping Organisation* for such countries. If this designation has not been made by the competent public authority(ies), the entity shall be the country's National Olympic Committee or its designee.

No Fault or Negligence: The *Athlete's* establishing that he or she did not know or suspect, and could not reasonably have known or suspected even with the exercise of utmost caution, that he or she had used or been administered the *Prohibited Substance* or *Prohibited Method*.

No Significant Fault or Negligence: The *Athlete's* establishing that his or her fault or negligence, when viewed in the totality of the circumstances and taking into account the criteria for *No Fault or Negligence*, was not significant in relationship to the anti-doping rule violation.

No Advance Notice: A *Doping Control* Test which takes place with no advance warning to the *Athlete* and where the *Athlete* is continuously Chaperoned from the moment of Notification through *Sample* provision.

Out-of-Competition: Any *Doping Control* test which is not *In-Competition*.

Participant: Any *Athlete* or *Athlete Support Personnel*.

Person: A natural person or an organization or other entity.

Possession: The actual, physical possession, or the constructive possession (which shall be found only if the person has exclusive control over the *Prohibited Substance* or *Prohibited Method* or the premises in which a *Prohibited Substance* or *Prohibited Method* exists); provided, however, that if the person does not have exclusive control over the *Prohibited Substance* or *Prohibited Method* or the premises in which a *Prohibited Substance* or *Prohibited Method* exists, constructive possession shall only be found if the person knew about the presence of the *Prohibited Substance* or *Prohibited Method* and intended to exercise control over it. Provided, however, there shall be no anti-doping rule violation based solely on possession if, prior to receiving notification of any kind that the person has committed an anti-doping rule violation, the person has taken concrete action demonstrating that the person never intended to have possession and has renounced possession by explicitly declaring it to an Anti-Doping Organization. Notwithstanding anything to the contrary in this definition, the purchase (including by any electronic or other means) of a *Prohibited Substance* or *Prohibited Method* constitutes possession by the person who makes the purchase.

Prohibited List: The list identifying the *Prohibited Substances* and *Prohibited Methods*.

Prohibited Method: Any method so described on the *Prohibited List*.

Prohibited Substance: Any substance so described on the *Prohibited List*.

Provisional Suspension: See '*Consequences of anti-doping rule violations*' above.

Registered Testing Pool (RTP): The pool of top level *Athletes* established separately by each *International Federation* and *National Anti-Doping Organisation* who are subject to both *In-Competition* and *Out-of-Competition Doping Control Testing* as part of that *International Federation*'s or Organisation's *Test Distribution Plan*. Each *International Federation* shall publish a list which identifies those *Athletes* included in its *Registered Testing Pool* either by name or by clearly defined, specific criteria.

Sample or Specimen: Any biological material collected for the purposes of *Doping Control* tests.

Comment: It has sometimes been claimed that the collection of blood samples violates the tenets of certain religious or cultural groups. It has been determined that there is no basis for any such claim.

Signatories: Those entities signing the *Code* and agreeing to comply with the *Code*, including the International Olympic Committee, International Federations, International Paralympic Committee, National Olympic Committees, National Paralympic Committees, major *Event* organisations, National *Anti-Doping Organisations*, and *WADA*.

Standard: The CGF Anti-Doping Standard or relevant *International Standard*.

Tampering: Altering for an improper purpose or in an improper way; bringing improper influence to bear; interfering improperly; obstructing, misleading or engaging in any fraudulent conduct to alter results or prevent normal procedures from occurring; or providing fraudulent information to an *Anti-Doping Organisation*.

Target Testing: Selection of *Athletes* for testing where specific *Athletes* or groups of *Athletes* are selected on a non-random/selective basis for testing at a specified time.

Team Sport: A sport in which the substitution of players is permitted during a *Competition*.

Testing: The parts of the *Doping Control* process involving test distribution planning, *Sample* collection, *Sample* handling, and *Sample* transport to the laboratory.

Trafficking: Selling, giving, transporting, sending, delivering or distributing a *Prohibited Substance* or *Prohibited Method* (either physically or by any electronic or other means) by an *Athlete*, *Athlete Support Personnel* or any other *Person* subject to the jurisdiction of an Anti-Doping Organization to any third party; provided, however, this definition shall not include the actions of 'bona fide' medical personnel involving a *Prohibited Substance* used for genuine and legal therapeutic purposes or other acceptable justification, and shall not include actions involving *Prohibited Substances* which are not prohibited in *Out-of-Competition Testing* unless the circumstances as a whole demonstrate such *Prohibited Substances* are not intended for genuine and legal therapeutic purposes.

Use: The utilization, application, ingestion, injection or consumption by any means whatsoever of any *Prohibited Substance* or *Prohibited Method*.

WADA: The World Anti-Doping Agency.

XX Commonwealth Games: the period of the Glasgow Commonwealth Games 2014, that being from 13 July 2014 to 6 August 2014.

Defined Terms
Blood Collection Officer (BCO): An official who is qualified to and has been authorised by the *Anti-Doping Organisation* to collect a blood *Sample* from an *Athlete*.

Chain of Custody: The sequence of individuals or organisations who have the responsibility for a *Sample* from the provision of the *Sample* until the *Sample* has been received for analysis.

Chaperone: An official who is trained and authorised by the *Anti-Doping Organisation* to carry out specific duties including one or more of the following: Notification of the *Athlete* selected for *Sample* collection; accompanying and observing the *Athlete* until arrival at the *Doping Control Station*; and/or witnessing and verifying the provision of the *Sample* where the training qualifies him/her to do so.

Doping Control Officer (DCO): An official who has been trained and authorised by the *Anti-Doping Organisation* with delegated responsibility for the on-site management of a *Sample collection session*.

Doping Control Station: The location where the *Sample collection session* will be conducted.

Doping Control Station Manager: An official who has been trained and authorised by the *Doping Control Supplier* for the management of a *Doping Control Station*.

Doping Control Supplier: The organization with delegated responsibility from *Glasgow 2014* and the Commonwealth Games Federation for *Doping Control* at the *XX Commonwealth Games*.

Failure to Comply: A term used to describe anti-doping rule violations under *Code* Articles 2.3, 2.5 and 2.8.

Filing Failure: A failure by the *Athlete* (or by a third party to whom the *Athlete* has delegated this task, in accordance with Clause 11.3.6 or Clause 11.5.4) to make an accurate and complete *Whereabouts Filing* in accordance with Clause 11.3 or Clause 11.5.6.

International Federation (IF): An international non-governmental organisation or equivalent body administering one or more sports at world level.

Missed Test: A failure by the *Athlete* to be available for testing at the location and time specified in his/her *Whereabouts Filing* for the day in question.

Random Selection: Selection of *Athletes* for testing which is not *Target Testing*. *Random selection* may be: completely random (where no pre-determined criteria are considered, and *Athletes* are chosen arbitrarily from a list or pool of *Athlete* names); or weighted (where *Athletes* are ranked using pre-determined criteria in order to increase or decrease the chances of selection).

Responsible Anti-Doping Organisation: The *Anti-Doping Organisation* with responsibility for a particular whereabouts or other anti-doping matter.

Sample Collection Equipment: Containers or apparatus used to directly collect or hold the *Sample* at any time during the *Sample* collection process. *Sample collection equipment* shall, as a minimum, consist of:

For urine *Sample* collection:

- Collection vessels for collecting the *Sample* as it leaves the *Athlete's* body;
- Sealable and tamper-evident bottles and lids for securing the *Sample;*
- Partial *Sample* kit.

For blood *Sample* collection:

- Needles for collecting the *Sample;*
- Blood tubes with sealable and tamper-evident devices for holding the *Sample.*

Sample Collection Personnel: A collective term for qualified officials authorised by the Anti-Doping organisation which may carry out or assist with duties during the *Sample collection session.*

Sample Collection Session: All the sequential activities that directly involve the *Athlete* from notification until the *Athlete* leaves the *Doping Control Station* after having provided his/her *Sample(s)*

Standard: The Commonwealth Games Federation Anti-Doping Standard.

Suitable Specific Gravity for Analysis: Specific gravity measured at 1.005 or higher with a refractometer, or 1.010 or higher with reagent strips/lab sticks.

Suitable Volume of Urine for Analysis: A minimum of 90ml.

Test Distribution Plan: As defined in Clause 4.2.1.

Unsuccessful Attempt Report: A detailed report of an unsuccessful testing attempt.

Whereabouts Failure: A filing failure or a *Missed Test*.

Whereabouts Filing: Information provided by or on behalf of an *Athlete* in a *Registered Testing Pool* that sets out the *Athlete's* whereabouts during the Games period.

Application form

THERAPEUTIC USE EXEMPTIONS (TUE)

Please complete all sections in capital letters or typing.

1. Athlete information

Surname: _____ Given names: _____

Male/Female:_____ Date of Birth (dd/mm/yy):_____

Address: _____

City: _____ Country: _____ Postcode:_____

Tel: _____ Email: _____
(with international code)

Sport:_____ Discipline/Position:_____

International or National Sport Organisation: _____

Please mark the appropriate box:

☐ I am part of an International Federation Registered Testing Pool

☐ I am part of a National Anti-Doping Organization Testing Pool

☐ I am participating in an International Federation event for which a TUE granted pursuant to the International Federation's rules is required[1] – Name of the competition:

☐ None of the above

If athlete with disability, indicate disability:_____

[1] Refer to your International Federation for the list of designated events.

2. Medical information

Diagnosis with sufficient medical information (see note 1):

_____

_____

_____

If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication:

_____

_____

_____

3. Medication details

Prohibited substance(s): Generic name	Dose	Route	Frequency
1.			
2.			
3.			

Intended duration of treatment: (Please tick appropriate box)	☐ Once only ☐ Emergency or duration (week/month):_____

Have you submitted any previous TUE application? ☐ Yes ☐ No

For which substance?

_____

To Whom? _____ When? _____

Decision: ☐ Approved ☐ Rejected

4. Medical practitioner's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name: _____

Medical specialty: _____

Address: _____

Tel: _____

Fax: _____

Email: _____

Signature of medical practitioner: _____ Date: _____

5. Athlete's declaration

I, _____, certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organisation (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the provisions of the Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint to WADA or CAS.

Athlete's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

(If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)

6. Notes

Note 1	Diagnosis Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.

Incomplete applications will be returned and will need to be resubmitted.

Please submit the completed form to the CGF Medical Commission TUE Committee and keep a copy for your records.

Applications should be sent through the Athlete's CGA and be received by CGF TUEC from sixty (60) days in advance of the official opening of the CGV at the following address: tue@glasgow2014.com.

The 2014 Prohibited List
World Anti-Doping Code
Valid 1 January 2014

In accordance with Article 4.2.2 of the World Anti-Doping Code, all Prohibited Substances shall be considered as 'Specified Substances' except Substances in classes S1, S2, S4.4, S4.5, S6.a, and Prohibited Methods M1, M2 and M3.

Doping Control during the period of the XX Commonwealth Games shall be deemed to be In-Competition for purposes of the Prohibited List, and therefore may include Testing for all Prohibited Substances and all Prohibited Methods referred to in the Prohibited List. For the avoidance of doubt, during the Games Period, the full Prohibited List applies.

Prohibited Substances

S0. Non-Approved Substances

Any pharmacological substance which is not addressed by any of the subsequent sections of the List and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.

S1. Anabolic Agents

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous* AAS, including:

1-androstenediol (5α-androst-1-ene-3β,17β-diol); 1-androstenedione (5α-androst-1-ene-3,17-dione); bolandiol (estr-4-ene-3β,17β-diol); bolasterone; boldenone; boldione (androsta-1,4-diene-3,17-dione); calusterone; clostebol; danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17α-ol); dehydrochlormethyltestosterone (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one); desoxymethyltestosterone (17α-methyl-5α-androst-2-en-17β-ol); drostanolone; ethylestrenol (19-norpregna-4-en-17α-ol); fluoxymesterone; formebolone; furazabol (17α-methyl[1,2,5] oxadiazolo[3',4':2,3]-5α-androstan-17β-ol); gestrinone; 4- hydroxytestosterone (4,17β-dihydroxyandrost-4-en-3-one); mestanolone; mesterolone; metandienone (17β-hydroxy-17α-methylandrosta-1,4-dien-3-one); metenolone; methandriol; methasterone (17β-hydroxy-2α,17α-dimethyl-5α-androstan-3-one); methyldienolone (17β-hydroxy-17α-methylestra-4,9-dien-3-one); methyl-1-testosterone (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one); methylnortestosterone (17β-hydroxy-17α-methylestr-4-en-3-one); methyltestosterone; metribolone (methyltrienolone, 17β-hydroxy-17α-methylestra-4,9,11-trien-3-one); mibolerone; nandrolone; 19-norandrostenedione (estr-4-ene-3,17-dione); norboletone; norclostebol; norethandrolone; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanozol (17β-[(tetrahydropyran-2-yl)oxy]-1'H-pyrazolo[3,4:2,3]-5α- androstane); quinbolone; stanozolol; stenbolone; 1-testosterone (17β-hydroxy-5α-androst-1-en-3-one); tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17α-pregna-4,9,11-trien-3-one); trenbolone (17β-hydroxyestr-4,9,11-trien-3-one); and other substances with a similar chemical structure or similar biological effect(s).

b. Endogenous** AAS when administered exogenously:

androstenediol (androst-5-ene-3β,17β-diol); androstenedione (androst-4-ene-3,17-dione); dihydrotestosterone (17β-hydroxy-5α-androstan-3-one); prasterone (dehydroepiandrosterone, DHEA, 3β-hydroxyandrost-5-en-17-one); testosterone;

and their metabolites and isomers, including but not limited to:

5α-androstane-3, 17α-diol; 5α-androstane-3, 17β-diol; 5α-androstane-3, 17α-diol; 5α-androstane-3, 17 -diol; androst-4-ene-3, 17α-diol; androst-4-ene-3, 17β-diol; androst-4-ene-3, 17-diol; androst-5-ene-3α,17 -diol; androst-5-ene-3α, 17β-diol; androst-5-ene-3β,17α-diol;4-androstenediol (androst-4-ene-3β,17β-diol); 5-androstenedione (androst-5-ene-3,17-dione); epi-dihydrotestosterone; epitestosterone; etiocholanolone; 3α-hydroxy-5α-androstan-17-one; 3β-hydroxy-5α- androstan-17-one; 7α-hydroxy-DHEA; 7β-hydroxy-DHEA; 7-keto-DHEA;19-norandrosterone; 19-noretiocholanolone.

2. Other Anabolic Agents, including but not limited to:
Clenbuterol, selective androgen receptor modulators (SARMs), tibolone, zeranol, zilpaterol.

For purposes of this section:

* 'exogenous' refers to a substance which is not ordinarily produced by the body naturally.
** 'endogenous' refers to a substance which is ordinarily produced by the body naturally.

S2. Peptide Hormones, Growth Factors And Related Substances
The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited:

1. Erythropoiesis-Stimulating Agents [e.g. erythropoietin (EPO), darbepoetin (dEPO), hypoxia-inducible factor (HIF) stabilizers, methoxy polyethylene glycol-epoetin beta (CERA), peginesatide (Hematide)];
2. Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors, in males;
3. Corticotrophins and their releasing factors;
4. Growth Hormone (GH) and its releasing factors and Insulin-like Growth Factor-1 (IGF-1).

In addition, the following growth factors are prohibited:

Fibroblast Growth Factors (FGFs), Hepatocyte Growth Factor (HGF), Mechano Growth Factors (MGFs), Platelet-Derived Growth Factor (PDGF), Vascular-Endothelial Growth Factor (VEGF) as well as any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching;

and other substances with similar chemical structure or similar biological effect(s).

S3. Beta-2 Agonists
All beta-2 agonists, including all optical isomers (e.g. d- and l-) where relevant, are prohibited except inhaled salbutamol (maximum 1600 micrograms over 24 hours), inhaled formoterol (maximum delivered dose 54 micrograms over 24 hours) and salmeterol when taken by inhalation in accordance with the manufacturers' recommended therapeutic regimen.

The presence in urine of salbutamol in excess of 1000 ng/ml or formoterol in excess of 40 ng/ml is presumed not to be an intended therapeutic use of the substance and will be considered as an Adverse Analytical Finding unless the Athlete proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of the therapeutic inhaled dose up to the maximum indicated above.

S4. Hormone And Metabolic Modulators

The following are prohibited:

1. Aromatase inhibitors including, but not limited to: aminoglutethimide, anastrozole, androsta-1,4,6-triene-3,17-dione (androstatrienedione), 4-androstene-3,6,17 trione (6-oxo), exemestane, formestane, letrozole, testolactone.
2. Selective estrogen receptor modulators (SERMs) including, but not limited to: raloxifene, tamoxifen, toremifene.
3. Other anti-estrogenic substances including, but not limited to: clomiphene, cyclofenil, fulvestrant.
4. Agents modifying myostatin function(s) including, but not limited, to: myostatin inhibitors.
5. Metabolic modulators:
   a) Insulins
   b) Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists (e.g. GW 1516), PPARδ-AMP-activated protein kinase (AMPK) axis agonists (e.g. AICAR)

S5. Diuretics And Other Masking Agents

Masking agents are prohibited. They include:

Diuretics, desmopressin, plasma expanders (e.g. glycerol; intravenous administration of albumin, dextran, hydroxyethyl starch and mannitol), probenecid; and other substances with similar biological effect(s).

Local administration of felypressin in dental anaesthesia is not prohibited.

Diuretics include:

Acetazolamide, amiloride, bumetanide, canrenone, chlortalidone, etacrynic acid, furosemide, indapamide, metolazone, spironolactone, thiazides (e.g. bendroflumethiazide, chlorothiazide, hydrochlorothiazide), triamterene, vaptans (e.g. tolvaptan); and other substances with a similar chemical structure or similar biological effect(s) (except drospirenone, pamabrom and topical dorzolamide and brinzolamide, which are not prohibited).

The use In- and Out-of-Competition, as applicable, of any quantity of a substance subject to threshold limits (i.e. formoterol, salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine) in conjunction with a diuretic or other masking agent requires the deliverance of a specific Therapeutic Use Exemption for that substance in addition to the one granted for the diuretic or other masking agent.

S6. Stimulants

All stimulants, including all optical isomers (e.g. d- and l-) where relevant, are prohibited, except imidazole derivatives for topical use and those stimulants included in the 2014 Monitoring Program*.

Stimulants include:

a) Non-Specified Stimulants:

Adrafinil; amfepramone; amfetamine; amfetaminil; amiphenazole; benfluorex; benzylpiperazine; bromantan; clobenzorex; cocaine; cropropamide; crotetamide; fencamine; fenetylline; fenfluramine; fenproporex; fonturacetam [4-phenylpiracetam (carphedon)]; furfenorex; mefenorex; mephentermine; mesocarb; metamfetamine(d-); p-methylamphetamine; modafinil; norfenfluramine; phendimetrazine; phenmetrazine; phentermine; prenylamine; prolintane.

A stimulant not expressly listed in this section is a Specified Substance.

b) Specified Stimulants (examples):
Benzfetamine; cathine**; cathinone and its analogues (e.g. mephedrone, methedrone, α-pyrrolidinovalerophenone); dimethylamphetamine; ephedrine***; epinephrine**** (adrenaline); etamivan; etilamfetamine; etilefrine; famprofazone; fenbutrazate; fencamfamin; heptaminol; hydroxyamfetamine (parahydroxyamphetamine); isometheptene; levmetamfetamine; meclofenoxate; methylenedioxymethamphetamine; methylephedrine***; methylhexaneamine (dimethylpentylamine); methylphenidate; nikethamide; norfenefrine; octopamine; oxilofrine (methylsynephrine); pemoline; pentetrazol; phenpromethamine; propylhexedrine; pseudoephedrine*****; selegiline; sibutramine; strychnine; tenamfetamine (methylenedioxyamphetamine); trimetazidine; tuaminoheptane; and other substances with a similar chemical structure or similar biological effect(s).

* The following substances included in the 2014 Monitoring Program (bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, synephrine) are not considered as Prohibited Substances.

** Cathine is prohibited when its concentration in urine is greater than 5 micrograms per milliliter.

*** Each of ephedrine and methylephedrine is prohibited when its concentration in urine is greater than 10 micrograms per milliliter.

**** Local administration (e.g. nasal, ophthalmologic) of epinephrine (adrenaline) or co-administration with local anaesthetic agents is not prohibited.

***** Pseudoephedrine is prohibited when its concentration in urine is greater than 150 micrograms per milliliter.

S7. S7. Narcotics
The following are prohibited:

Buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.

S8. S8. Cannabinoids
Natural (e.g. cannabis, hashish, marijuana) or synthetic delta 9-tetrahydrocannabinol (THC) and cannabimimetics (e.g. "Spice", JWH018, JWH073, HU-210) are prohibited.

S9. Glucocorticosteroids
All glucocorticosteroids are prohibited when administered by oral, intravenous, intramuscular or rectal routes.

Prohibited Methods

M1. Manipulation Of Blood And Blood Components

The following are prohibited:

1. The administration or reintroduction of any quantity of autologous, allogenic (homologous) or heterologous blood or red blood cell products of any origin into the circulatory system.
2. Artificially enhancing the uptake, transport or delivery of oxygen, including, but not limited to, perfluorochemicals, efaproxiral (RSR13) and modified haemoglobin products (e.g. haemoglobin-based blood substitutes, microencapsulated haemoglobin products), excluding supplemental oxygen.
3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

M2. Chemical And Physical Manipulation

The following are prohibited:

1. Tampering, or attempting to tamper, in order to alter the integrity and validity of samples collected during Doping Control. These include but are not limited to urine substitution and/or adulteration (e.g. proteases).
2. Intravenous infusions and/or injections of more than 50 ml per 6 hour period except for those legitimately received in the course of hospital admissions or clinical investigations.

M3. Gene Doping

The following, with the potential to enhance sport performance, are prohibited:

1. The transfer of polymers of nucleic acids or nucleic acid analogues;
2. The use of normal or genetically modified cells.

Substances Prohibited In Particular Sports

P2. Beta-Blockers

Unless otherwise specified, beta-blockers are prohibited In-Competition only, in the following sports.

– Shooting

Beta-blockers include, but are not limited to, the following:

Acebutolol, alprenolol, atenolol, betaxolol, bisoprolol, bunolol, carteolol, carvedilol, celiprolol, esmolol, labetalol, levobunolol, metipranolol, metoprolol, nadolol, oxprenolol, pindolol, propranolol, sotalol, timolol.

GLASGOW 2014
XX COMMONWEALTH GAMES

Glasgow 2014 Ltd
Commonwealth House
32 Albion Street
Glasgow G1 1LH
Scotland, UK

Tel +44 (0)30 2014 0000
Fax +44 (0)30 2014 0001

www.glasgow2014.com

Alternative formats of this document are available on request.
Email contactus@glasgow2014.com or call 030 3333 2014.

If you wish to use a text relay service, see www.textrelay.org

BE THE GAMES