SUBSTANCES AND METHODS PROHIBITED AT ALL TIMES (IN AND OUT-OF-COMPETITION)

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); **miboleron**e; **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-3α,17α-diol; **5α-androstane-3α,17β-diol**; **5α-androstane-3β,17α-diol**; **5α-androstane-3β,17β-diol**; **5β-androstane-3α,17β-diol**; **androst-4-ene-3α,17α-diol**; **androst-4-ene-3α,17β-diol**; **androst-4-ene-3β,17α-diol**; **androst-5-ene-3α,17α-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); **androsterone; 3β-hydroxy-5a-androstan-17-one; epi-dihydrotestosterone**; **epitestosterone**; **etiocholanolone**; **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, e.g. **andarine** and **ostarine**), **tibolone**, **zeranol**, and **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, RELATED SUBSTANCES AND MIMETICS

The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited:

1. Erythropoietin-Receptor agonists:

1.1. **Erythropoiesis-Stimulating Agents** (ESAs) including e.g. **darbepoietin** (dEPO); **erythropoietins** (EPO); **EPO-Fc**; **EPO-mimetic peptides** (EMP), e.g. **CNTO 530** and **peginesatide**; **methoxy polyethylene glycol-epoetin beta** (CERA);

1.2. **Non-erythropoietic EPO-Receptor agonists**, e.g. **ARA-290**; **asialo EPO; carbamylated EPO**.

2. Hypoxia-inducible factor (HIF) **stabilizers**, e.g. **cobalt** and **FG-4592**; and **HIF activators**, e.g. **argon**, **xenon**;

3. Chorionic Gonadotrophin (CG) and **Luteinizing Hormone** (LH) and their releasing factors, e.g **buserelin**, **gonadorelin** and **leuprorelin**, in males;

4. Corticotrophins and their releasing factors, e.g. **corticorelin**;

5. Growth Hormone (GH) and its releasing factors including: **Growth Hormone Releasing Hormone** (GHRH) and its **analogues**, e.g. **CJC-1295**, **sermorelin** and **tesamorelin**; **Growth Hormone Secretagogues** (GHS), e.g. **ghrelin** and **ghrelin mimetics**, e.g. **anamorelin** and **ipamorelin**; **GH-Releasing Peptides** (GHRPs), e.g. **alexamorelin**, **GHRP-6**, **hexarelin** and **pralmorelin** (GHRP-2).

Additional prohibited growth factors:

Fibroblast Growth Factors (FGFs); **Hepatocyte Growth Factor** (HGF); **Insulin-like Growth Factor-1** (IGF-1) and its **analogues**; **Mechano Growth Factors** (MGFs), **Platelet-Derived Growth Factor** (PDGF); **Vascular-Endothelial Growth Factor** (VEGF) and any other growth factor affecting muscle, tendon or ligament protein synthesis/ degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.

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
- Inhaled **salmeterol** 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 (AAF)* 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 **hormones** and **metabolic modulators** 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** and **testolactone**.

2. Selective estrogen receptor modulators (SERMs) including, but not limited to: **raloxifene**; **tamoxifen** and **toremifene**.

3. Other **anti-estrogenic substances** including, but not limited to: **clomiphene**; **cyclofenil** and **fulvestrant**.

4. Agents modifying myostatin function(s) including, but not limited, to: **myostatin inhibitors**.

5. Metabolic modulators:

5.1. **Activators of the AMP-activated protein kinase** (AMPK), e.g. **AICAR**; and **Peroxisome Proliferator Activated Receptor δ** (PPARδ) **agonists**, e.g. **GW 1516**;

5.2. **Insulins** and **insulin-mimetics;**

5.3. **Meldonium;**

5.4. **Trimetazidine.**

S5. DIURETICS AND MASKING AGENTS

The following **diuretics** and **masking agents** are prohibited, as are other substances with a similar chemical structure or similar biological effect(s).

Including, but not limited to:

- **Desmopressin**; **probenecid**; **plasma expanders**, e.g. **glycerol** and intravenous administration of **albumin**, **dextran**, **hydroxyethyl starch** and **mannitol**.
- **Acetazolamide**; **amiloride**; **bumetanide**; **canrenone**; **chlortalidone**; **etacrynic acid**; **furosemide**; **indapamide**; **metolazone**; **spironolactone**; **thiazides**, e.g. **bendroflumethiazide**, **chlorothiazide** and **hydrochlorothiazide**; **triamterene** and **vaptans**, e.g. **tolvaptan**.

Except:

- Drospirenone; pamabrom; and ophthalmic use of carbonic anhydrase inhibitors (e.g. dorzolamide, brinzolamide).
- Local administration of felypressin in dental anaesthesia.

The detection in an *Athlete's Sample* at all times or *In-Competition*, as applicable, of any quantity of the following substances subject to threshold limits: formoterol, salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine, in conjunction with a diuretic or masking agent, will be considered as an *Adverse Analytical Finding* unless the *Athlete* has an approved *TUE* for that substance in addition to the one granted for the diuretic or masking agent.

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 and 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*, to alter the integrity and validity of *Samples* collected during *Doping Control*. Including, but 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, surgical procedures 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 AND METHODS PROHIBITED IN-COMPETITION

In addition to the categories S0 to S5 and M1 to M3 defined to the left, the following categories are prohibited *In-Competition*:

PROHIBITED SUBSTANCES

S6. STIMULANTS

All **stimulants**, including all **optical isomers**, e.g. ***d-*** and ***l-*** where relevant, are prohibited.

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; phentermine; prenylamine** and **prolintane.**

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

b: Specified Stimulants:

Including, but not limited to:

Benzfetamine; cathine; cathinone** and its **analogues**, e.g. **mephedrone**, **methedrone**, and **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; phenthylamine** and its **derivatives; phenmetrazine; phenpromethamine; propylhexedrine; pseudoephedrine*****; selegiline; sibutramine; strychnine; tenamfetamine** (methylenedioxyamphetamine), **tuaminoheptane**; and other substances with a similar chemical structure or similar biological effect(s).

Except:

- Clonidine
- Imidazole derivatives for topical/ ophthalmic use and those stimulants included in the 2016 Monitoring Progam*.

* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2016 Monitoring Program, and are not considered *Prohibited Substances*.

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

*** Ephedrine and methylephedrine: Prohibited when the concentration of either in urine is greater than 10 micrograms per milliliter.

**** Epinephrine (adrenaline): Not prohibited in local administration, e.g. nasal, ophthalmologic, or sco-administration with local anaesthetic agents.

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

S7. NARCOTICS

Prohibited:

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

S8. CANNABINOIDS

Prohibited:

Natural, e.g. **cannabis, hashish** and **marijuana**, or **synthetic Δ9-tetrahydrocannabinol** (THC).

Cannabimimetics, e.g. **"Spice", JWH-018, JWH-073, HU-210.**

S9. GLUCOCORTICOIDS

All **glucocorticoids** are prohibited when administered by oral, intravenous, intramuscular or rectal routes.

THE 2016 PROHIBITED LIST

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.

IMPORTANT: Some stimulants may be available under several other names. For example "methylhexaneamine" is sometimes presented as methylhexanamine, dimethylamylamine, pentylamine, geranimine, Forthane, 2-amino-4-methylhexane, geranium root extract or geranium oil.

ANTI-DOPING
THE FACTS

The Tennis Anti-Doping Programme (the "Programme") applies to any player who enters or participates in a Covered Event or who has an ATP Tour or WTA ranking in the 2016 calendar year. The Events covered by the Programme include Grand Slam tournaments, Davis Cup, Fed Cup, Hopman Cup, the Olympic Tennis Event, the Paralympic Tennis Event, other IOC-recognised International Events, WTA tournaments and season-end championships, ATP World Tour tournaments and ATP World Tour Finals, ATP Challenger Tour tournaments, ITF Pro Circuit tournaments, ITF Juniors events, ITF Seniors events, ITF Wheelchair events, and ITF Beach Tennis Tour events.

The Programme rules and procedures apply to all Covered Events. Samples collected under the Programme are analysed for prohibited substances and methods in accordance with the prevailing version of the World Anti-Doping Agency Prohibited List.

The aim of the Programme is to maintain the integrity of tennis and to protect the health and rights of all tennis players. It is the responsibility of each Player to:

- Acquaint him/herself, and to ensure that each Person from whom he/she takes advice (including medical personnel) is acquainted, with all the requirements of the Programme.
- Know what constitutes an Anti-Doping Rule Violation under the Programme, and what substances and methods are prohibited.
- Ensure that anything he/she ingests or uses, as well as any medical treatment received, does not give rise to an Anti-Doping Rule Violation.
- To be available for Sample Collection at all times on request.
- To disclose any prior infringement of anti-doping rules within the last 10 years.
- To cooperate with any ITF/other Anti-Doping Organisation's investigation into possible Anti-Doping Rule Violations.

In addition, players are advised to:

- Understand the Sample Collection procedures and your rights and responsibilities during testing.
- Keep a list of medications, substances and supplements you are taking with you at all times, including the reference number of any valid TUEs, so that you can accurately list them on the Doping Control Form at the time of testing.
- Maintain accurate and up-to-date Whereabouts details (as necessary).

This document is a summary of parts of the Programme. Players are required to be familiar with the full Programme, which constitutes the definitive anti-doping rules applicable to tennis players. A full copy of the Programme is available at **www.itftennis.com/anti-doping**.

The Programme is managed and enforced by the ITF on behalf of the ATP, WTA and Grand Slams.

RECENT ANTI-DOPING RULE CHANGES

The Tennis Anti-Doping Programme – changes are made to the Programme, including the list of prohibited substances, on a regular basis, so do not assume that it is unchanged. **You are advised to read it thoroughly. You are also strongly advised to check whether any medication or other product you are taking, or intend to take, contains any substance that is on the 2016 Prohibited List**. Note that section S6(b) of the list (Specified Stimulants) provides only examples of prohibited stimulants, i.e. other stimulants not listed may also be prohibited.

Sample Collection – no photography or audio/video recording of the Sample Collection Session is permitted. Failure to comply with this requirement may result in an Anti-Doping Rule Violation. Players must make any comments on the Doping Control Form, which is the definitive record of the Sample Collection Session.

TUE Applications – all applications for the therapeutic Use of prohibited substances must be submitted to IDTM using the TUE application form, available from www.itftennis.com/anti-doping/tue/tue.aspx. Incomplete and/or illegible applications will be returned, and so will increase the time taken to process the application.

Cartoons providing an overview of the Tennis Anti-Doping Programme are available to view at www.itftennis.com/anti-doping. They are not a substitute for the full Tennis Anti-Doping Programme (the "Programme"). Further information is available from the following web sites:

www.wada-ama.org

www.idtm.se

This document is a summary of parts of the Tennis Anti-Doping Programme. Players are required to be familiar with the full Programme, which constitutes the definitive anti-doping rules applicable to tennis players. A full copy of the Programme is available at www.itftennis.com/anti-doping.

The Programme is managed and enforced by the ITF on behalf of the ATP, WTA and Grand Slams:

International Tennis Federation

Tel: +44 208 878 6464
Fax: +44 208 392 4696
Email: anti-doping@itftennis.com
Web: www.itftennis.com/anti-doping

All testing, requests for product information and the processing of TUE applications is administered by:

International Doping Tests & Management (IDTM)

Tel: +46 8 555 10 999
Fax: +46 8 555 10 995
Email: tennis@idtm.se
Web: www.idtm.se

THERAPEUTIC USE EXEMPTION

If you have a medical condition that requires Use of a medication or other product containing a substance or a method that is on the 2016 Prohibited List, a Therapeutic Use Exemption (TUE) is required. A TUE permits you to use the prohibited medication or method without committing an Anti-Doping Rule Violation, providing that all such use is in accordance with the conditions of the TUE.

TUE Applications:

- Download a TUE Application Form from: **www.itftennis.com/anti-doping/tue**
- Ask your physician to complete the form in UPPER CASE and in English, and preferably typed. If the form is incomplete or illegible, it will be returned unprocessed.
- Submit the completed form to IDTM, with all necessary supporting medical evidence. If you do not receive notification that your TUE application has been received **within 72 hours**, you may contact IDTM again to establish the status of your application.
- **An application for a new TUE (or renewal of an existing TUE) should be submitted at least 30 days in advance of the first date on which use of the substance is required.**
- Please note that failure to provide the required information may result in the application being denied and/or delayed until you supply additional information.
- Use of a prohibited substance without a valid TUE is at your own risk.

Is a TUE granted by a National Anti-Doping Organisation (NADO) valid for events covered under the Tennis Anti-Doping Programme?

No. A TUE granted by a NADO must be submitted to IDTM for recognition prior to participation in an event covered under the Programme. There is no automatic recognition of a TUE granted by a NADO. The conditions of any TUE granted by a NADO may be amended prior to being recognised under the Tennis Anti-Doping Programme. Any such application for recognition should be submitted 30 days in advance of the first date on which such recognition is required.

Can the decision to grant/deny a TUE be overturned?

All TUE decisions are subject to review by the World Anti-Doping Agency (WADA), whose own TUE Committee (TUEC) may reverse any decision. A player whose TUE application is denied by the TUEC can appeal the decision to the WADA TUEC (at their own expense). A TUE application that is reversed by WADA can be appealed to the Court of Arbitration for Sport for a final decision.

When can I start using the medication and how long for?

Players should not assume that their application will be granted, even for the renewal of an existing TUE, and are advised to wait until they receive notification of approval from IDTM before using the substance(s) concerned. Most TUEs are granted for a specific period of time and so do expire. Before a TUE has expired, a new application must be submitted to permit continued use of the Prohibited Substance under the Programme.

Can I get a back-dated TUE?

TUEs may be retroactively approved for the following reasons:

- Emergency treatment or exceptional circumstances (including imminent competition);
- The Player had not played in the qualifying draw or main draw of any Covered Event prior to being tested;
- The ITF and WADA agree that fairness requires a retroactive TUE to be granted.

The application form includes a space to describe such treatment or circumstances.

What happens if a prohibited substance is detected in my sample?

When the report is received from the laboratory, an initial review will take place to verify whether the player has a valid TUE for the substance(s) concerned, and whether the results of the analysis are consistent with any TUE granted. If these conditions are met, the result of the test will be recorded as negative.

Where do I send the completed TUE Application?

The completed TUE Application Form and supporting medical information must be sent to IDTM:

- By email to: tennis@idtm.se
- By fax to: +46 8 555 10 95
- By registered post/courier to: IDTM, Blasieholmsgatan 2 A, 111 48 Stockholm, Sweden

If you need to contact IDTM by telephone, please call: +46 8 555 10 999.

Players are solely responsible for all substances that they ingest, including all medicines they take. Thus, it is crucial that all medication is checked for Prohibited Substances.

WARNING ON DIETARY SUPPLEMENTS

These products may not be subject to governmental regulation and so their manufacture and distribution may not be controlled. In addition, some products may contain ingredients not listed on the label, or in different quantities than stated on the label, or may be contaminated with other substances which may be prohibited.

The consumption of any dietary supplement (or other product) that contains a Prohibited Substance may result in an Anti-Doping Rule Violation.

IMPORTANT
Keep this card with you at all times. Give a copy to your physician, coach and personal trainer. A player must apply for a TUE before using any Prohibited Substance or Method.

If you are unsure if a product contains a Prohibited Substance or whether you require a TUE, contact the IDTM

24-HOUR HOTLINE: +46 8 555 10 999

A GUIDE TO SAMPLE COLLECTION

You will be notified that you have been selected for testing by a Doping Control Officer (DCO) or Chaperone, who will have an authorisation document from the Anti-Doping Organisation responsible for the test.

Following notification, you must remain in full view of the DCO or Chaperone until a Sample has been provided. **Once notified, refusal or failure to submit to Sample Collection may result in you being charged with an Anti-Doping Rule Violation.**

Once notified, you must report to the Doping Control Station (DCS) immediately. You should not urinate prior to attending the DCS, unless you are only required to provide a blood Sample.

URINE SAMPLES

Upon arrival at the DCS, the DCO will explain the Sample Collection procedure to you and you will be offered a choice of sealed Sample Collection vessels. You should retain control of the chosen vessel and keep it in sight at all times until your Sample is securely sealed in the Sample Collection bottle(s).

During the provision of the urine Sample, you must remove sufficient clothing to enable the DCO to observe the urine leaving the body.

You will be offered a choice of sealed Sample Collection kit containing 'A' and 'B' bottles into which your urine is dispensed. You should retain sole control of these bottles until you have sealed them, and checked that they do not leak.

If your urine Sample is of insufficient volume, it shall be temporarily sealed and you will be required to provide further Samples until a sufficient volume has been collected.

The DCO will check that your Sample has a suitable specific gravity for analysis. If the Sample is too dilute, you will be required to provide further Samples until the requirement for specific gravity is met. In such circumstances, it is recommended that you completely void the bladder and **do not** hydrate excessively.

The DCO will record the code number of the Sample Collection bottles on the Doping Control Form. You should check that these match. You will also be asked to declare any medications, substances or supplements that you are taking or have taken in the last seven days, irrespective of their source and your perceived risk of taking those substances. *This section is provided for your protection, in order that you can show that you are not concealing the use of any such supplement, substance or medication.*

You will be asked to write your personal/contact details and sign the Doping Control Form, of which you will be provided with a copy.

You should ensure that all addresses you provide are legible, accurate and up-to-date, and that correspondence sent to those addresses is collected promptly. You should also check that all other information on the Doping Control Form is accurate.

BLOOD SAMPLES

You will be offered a choice of sealed Sample Collection Equipment. You should sit (not lie) for 10 minutes prior to providing the Sample. Note that, for Athlete Biological Passport samples, you must not have exercised in the previous two hous. No more than 3 attempts will be made to draw blood.

If you have any concerns about your treatment during the Sample Collection Session, or if you feel that the procedures have not been adhered to, note these on the Doping Control Form. You may also contact the ITF (contact details can be found on the cover of this document).

PLAYERS' RIGHTS AND RESPONSIBILITIES FOR SAMPLE COLLECTION

All Players covered under the Tennis Anti-Doping Programme must comply with all its provisions. As part of the process of Sample Collection, players have rights and responsibilities. These are summarised below.

PLAYERS' RIGHTS

- Ask to see authorisation. Chaperones will have a letter of authorisation from the responsible Anti-Doping Organisation. Doping Control Officers will also have photo identification.
- Have a representative present. You may be accompanied during the Sample Collection process by one (1) representative (e.g. coach or agent).
- Have an interpreter present. You may request an interpreter (if available) to accompany you during the Sample Collection process if there are language difficulties.
- More information. You may ask the Chaperone and/or Doping Control Officer for further information about the Sample Collection process.
- Delay reporting to (or temporarily leave) the Doping Control Station. You can request a delay in reporting to (or temporarily leave) the Doping Control Station for any of the following reasons: to participate in a victory ceremony, attend media commitments, participate in further competition, warm down, obtain medical treatment, locating a representative or interpreter, obtaining photo identification, or exceptional circumstances (to be agreed by the Doping Control Officer). You must be chaperoned during such times.
- Modifications to the Sample Collection Session for players with impairments, including assistance by the player's representative, and the use of alternative Sample Collection Equipment.
- Modifications to the Sample Collection Session for players who are Minors, including notification in the presence of an adult, and accompaniment by a representative throughout the Sample Collection Session.

PLAYERS' RESPONSIBILITIES

- Remain within direct observation of the Chaperone/Doping Control Officer from the time of notification until the completion of the Sample Collection process.
- Produce identification if requested to do so.
- Acknowledge notification (at the time of notification) by signing a form provided by the Chaperone or Doping Control Officer.
- Comply with the Sample Collection procedures, including providing Samples as directed by the Doping Control Officer once notified.
- Report to the Doping Control Station immediately, unless there is a valid reason for a delay (see Players' Rights above).
- Sit upright for 10 minutes before providing a blood Sample. You may lie down immediately prior to providing the Sample.
- Do not urinate between notification and attending the Doping Control Station (unless required to provide only a blood Sample).
- Provide a suitable urine Sample (i.e. of sufficient concentration and volume).
- Following provision of a dilute Sample, wait for at least one hour prior to providing any further Sample.

NOVEMBER 2015

ITF

Tennis Anti-Doping Programme

Prohibited List

2016

24-hour hotline:
+46 8 555 10 999