



WORLD ANTI-DOPING AGENCY

# **INDEPENDENT OBSERVER'S REPORT**

XVII COMMONWEALTH GAMES  
MANCHESTER, 25<sup>TH</sup> JULY TO 4<sup>TH</sup> AUGUST

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# 1. INTRODUCTION

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The present report has been submitted by the Independent Observer's Team (IO Team) that attended the XVII<sup>th</sup> Commonwealth Games in Manchester, United Kingdom. The IO Team observed the anti-doping program of the Commonwealth Games Federation (CGF) operating with its Medical Commission and a subcontractor - UK Sports - for ensuring the effective realisation of its doping control program.

The Team of Independent Observers appointed by WADA consisted of 9 people regarded as experts in their own particular field and within their own countries<sup>1</sup>.

The Chair of this highly committed and enthusiastic team was pleased to note their expertise in the programme and specifically in understanding its value to the athletes, who are in fact, the most "important people of the programme". The athletes certainly felt reassured by seeing "Athlete Representation" within the Independent Observer Team; which could assure them of WADA's objectivity and independence in observing the protocols and procedures of the Anti Doping Programme thus attempting to provide a transparent, harmonized and standardized Anti-Doping programme. No athlete irrespective of their qualifications, standards or backgrounds would now feel prejudiced against in any manner whatsoever in regard to Anti Doping procedures.

## 2. AGREEMENTS AND PREPARATORY MEETINGS

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In preparation of the Games an agreement was signed between the Commonwealth Games Federation and WADA in order to ensure that the IO Team would be able to observe all the different levels of the doping control process during the Games. The independent observation of all or some aspects of the doping control operations prior to and during assigned games or sporting event can be defined as the primary role of the Office of the Independent Observers, to both protect the integrity of the doping control process and to enhance athlete, sport and public confidence in the doping control process.

WADA's Independent Observers would be observing the doping control procedures, including:

- ◆ Test distribution planning, the input from the International Federations for the test coverage

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<sup>1</sup> See Annex 1 for the members of the IO Team.

- ◆ Selection policies and the type of testing planned and delivered including blood testing, out of competition testing, target testing of medal winners and random selection through the Games competition
- ◆ Sample collection procedures, doping control officer services, chaperoning and facilities for testing, documentation, equipment and overall management
- ◆ Transfer of samples to the laboratory, security, access and observation of the Laboratory during testing, quality control samples, B sample arrangements.
- ◆ Results reporting, initial assessment of the collection procedures and accountability, results management system interface between the laboratory and CGF, CGF and its review and disciplinary process
- ◆ Management of information between CGF and individual Team Management and athlete to ensure confidentiality, fair and timely processes into the CGF Court and referral to the Ad Hoc sessions of The Court of Arbitration for Sport ( CAS)
- ◆ Overall management of results to teams and the public management of announcements regarding progress on drug free sport.
- ◆ Management of declarations of medications, observation of any Anti Doping procedures carried out the Medical Centre situated in the Games Village

The Independent Observer Team would be able to attend and observe all testing sessions, CGF Medical Committee Meetings, laboratory analyses, results management inclusive of any disciplinary hearings relating to Anti Doping as well as CAS hearings.

Furthermore, contact was made between WADA and the responsible liaison person from UK sports, as well as with the accredited laboratory in London. Information material was exchanged and several important questions clarified. In particular, the concrete roles and responsibilities of the Independent Observers as well as confidentiality related issues were outlined and discussed.

Generally speaking the above mentioned preparatory work could be carried out smoothly. Sometimes even more communication would have made the whole process even more effective.

Prior to the Independent Observer team arriving in Manchester arrangements were put in place for scheduled meetings to be held between WADA as and the responsible persons from the CGF Medical Commission and UK Sports in order to clarify certain aspects of the programme and thus ensure for smooth interface during the Games.

This meeting was duly held on the 23<sup>rd</sup> July 2002<sup>2</sup> and was attended by Dr Brian Sando, representing the Commonwealth Games Medical Commission, Michelle Verroken representing UK Sport, Professor David Cowan representing the London Laboratory and Raymond Hack and Jennifer Ebermann representing the Independent Observers Team.

It was absolutely necessary to have this first meeting as it appeared that many issues relating to the IO operation were not completely understood or interpreted differently from what is stated in the Independent Observers Manual. Especially, clarification was sought in matters of confidentiality, systematic receipt of all relevant copies (doping control forms, therapeutical justifications, laboratory test results etc.) including the actual organization of this process as well as with regards to the drafting of the final IO report. It was agreed that important information concerning the organizational aspects of the doping control procedures, numbers of tests, times and events would be given to the Observers during a second meeting the next day. This essential information package was finally obtained after more discussions and explanations.

What is more, the Chair of the CGF Medical Commission, Dr. Brian Sando, requested that Michele Verroken of UK Sport liaise with WADA's Independent Observer Team and ensure that all Doping Control documentation and correspondence were received by WADA on a daily basis

## **RECOMMENDATIONS**

*The IO Team recommends that all the concerned local staff members are informed in advance of the particular roles and responsibilities of the Independent Observers to avoid misunderstandings and misinterpretations.*

*The IO Team is nevertheless of the opinion that a first meeting with all the relevant persons is absolutely necessary and represents an excellent opportunity to clarify important issues and to get to know the each other.*

Prior to the commencement of the Games an initial meeting was convened with all members of the Independent Observer team in terms of which their role as an Independent Observer was clearly explained and defined in compliance with the WADA policy. All members were required to adhere and confirm to the principals and provisions contained in the Independent Observer Code of Professional Conduct, declaration of confidentiality and conflict of interest. They were also advised of the procedures to be followed in respect of the WADA office administration process as well as their roles and operational responsibilities.

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<sup>2</sup> The minutes of this meeting can be found under annex 2.

During the Games the members of the Independent Observer team met on a daily basis together with the office administration. The purpose of these meetings were to:

- ◆ Assess and to receive reports on the previous days schedule
- ◆ Discuss potential problems which may have arisen
- ◆ Advise members of the daily schedules
- ◆ Receive reports from the Medical Commissioners Meeting and matters arising therefrom
- ◆ Discuss any matters of interest arising out of any observation in respect of Anti Doping control
- ◆ Review any media or communication reports relating to Doping Control issues

Any aspect of the media and communication to and from WADA was also discussed on a daily basis.

### 3. ARRANGEMENTS

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The Independent Observer Team were provided with full accreditation by the Commonwealth Games Organizing Committee to enable them to observe all aspects of Doping Control during the Games.

Furthermore, the IO Team compliments the Commonwealth Games Federation for its excellent organization of the event in itself. No appreciable problems with regard to the transportation and accommodation in Manchester were observed. On the contrary, volunteers and staff of the Local Organizing Committee were very helpful and friendly. Meeting rooms were secured and the small Independent Observer's office in the hotel was entirely sufficient for the running of the operations. A secure 24 hour fax and phone line was also secured for confidential and result management observation. The close proximity to the athlete's village was most suitable as same had easy access to all sporting venues, transportation as well as to the Commonwealth Games Medical Centre within the village.

## 4. OBSERVATIONS

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### a. FACILITIES

With the exception of Shooting, which took place at Bisley approximately 20 kilometres from London, the facilities utilised by the individual sports took place at the under mentioned venues:

<b>NAME OF VENUE</b>	<b>LOCATION</b>	<b>SPORT</b>
<b>Belle Vue Regional Hockey Centre</b>	<b>Belle Vue</b>	<b>Hockey</b>
<b>Bolton Arena</b>	<b>Horwich</b>	<b>Badminton</b>
<b>City of Manchester Stadium</b>	<b>Manchester</b>	<b>Athletics, Rugby 7's</b>
<b>Forum Centre, Wythenshawe</b>	<b>Manchester (heats)</b>	<b>Boxing</b>
<b>G Mex</b>	<b>Manchester</b>	<b>Gymnastics, Judo, Wrestling</b>
<b>Heaton Park</b>	<b>Prestwich</b>	<b>Lawn Bowls</b>
<b>Manchester International Convention Centre</b>	<b>Manchester</b>	<b>Weightlifting</b>
<b>Manchester Aquatic Centre</b>	<b>Manchester</b>	<b>Diving, Swimming, Synchro</b>
<b>National Cycling Centre</b>	<b>Manchester</b>	<b>Cycling</b>
<b>National Shooting Centre</b>	<b>Surrey</b>	<b>Shooting</b>
<b>National Squash Centre</b>	<b>Sportcity, Manchester</b>	<b>Squash</b>
<b>Rivington, Bolton</b>	<b>Bolton</b>	<b>Mountain Bike, Road Race</b>
<b>Salford Quays</b>	<b>Salford</b>	<b>Triathlon</b>
<b>Table Tennis Centre</b>	<b>Sportcity, Manchester</b>	<b>Table Tennis</b>
<b>Athlete Village, Village Medical Centre and Hollins Building</b>		



In making the following observations cognizance must be taken of the fact that the majority of the facilities utilized for Doping Control were in fact existing sports facilities and in some cases such facilities had to be adapted in the form of office space to fulfill the needs of Doping Control for the particular sport assigned to these facilities.

As such, such observation should not be construed as being critical of the venue bearing in mind that obviously when the venues were constructed no cognizance was given to the fact that Doping Control may have been required within these facilities but should rather be regarded as food for thought for the construction of future venues and focusing specifically on a Doping Control Station and suitable access for disabled athletes. However, the IO Team failed to observe any temporary measures put in place by the CGF to enlarge the Doping Control stations.

Certain of the Doping control venues were inadequate in terms of "ideal" size in that the working areas were somewhat small and did not allow for privacy in respect of the athlete, further the waiting rooms were mostly combined and this caused congestion and undue pressure on both the DCO and the athlete. In some instance athletes and DCO's together with their chaperones were required to wait in the passage in full view of the media and other non Anti-Doping Personnel.

Signage in many venues was also not adequate and this led to added pressure for the officials.

In a large number of cases the working rooms had more than one working area with no warranty that the athlete's privacy was maintained at all times during the collection and sealing of samples (an athlete could easily hear the declaration of medicaments of other athletes, for example).

Almost all the waiting rooms had educational reading material relating to Anti Doping from WADA and UK Sport, but none had televisions whereby the athletes and their representatives could view and watch the competitions. Other reading material was not available either.

All the venues had cooled and sealed mineral water but some hadn't energetic drinks. Some of the venues were very hot what created difficulties in the work of DCO and in the recuperation of the athletes.

At some venues there were PC's or monitors like for example in the mixed zone at the Stadium. This was very helpful for the Chaperone's and DCO's who at all times could watch the results of the different races and therefore identify the selected athletes more easily.

## **RECOMMENDATIONS**

*In view of the time spent by the athletes in providing samples and bearing in mind the courtesy extended in "looking after" athletes it is suggested that television sets and additional reading material be provided where practical in the doping control stations during the period of the Games/event.*

*It is also recommended that all Doping Control Stations allow the athletes the choice of either bottled water alternatively bottled energy drinks.*

*Involving low costs, the IO Team recommends that dividers should be put between the different working areas allowing for more privacy.*

### **b. PERSONNEL**

The quality of the personnel provided by UK Sport to the Commonwealth Games Federation for the purpose of Anti Doping was of the highest caliber and in a large number of cases it was evident that the DCO's were highly professional and well trained in their field. The notification process involving chaperones worked well in the majority of cases. The people employed were professional, polite and avoided possible confrontations specifically when confronted by team, press and medical officers who required the presence of the athlete for their own particular needs.

All personnel were easily identifiable through their dress code and were appropriately accredited.

No conflict of interest arose in regard to the personnel employed in Doping Control event though it was evident that certain athletes were familiar with the DCO/ISO personnel employed by the Commonwealth Games.

Especially in the beginning, the personnel were not completely aware of the Independent Observer's roles and responsibilities. Clarification was sought in many cases.

Due to the amount of testing conducted over the period of the Games some problems with the procedures and protocol occurred and these included the following:

- ◆ Certain personnel were not altogether familiar with the procedures with regards to notification in respect of certain sports i.e. Cycling, weightlifting, badminton and this resulted in lapses in the procedure which could potentially have been detrimental to the process in view of the subsequent positive findings specifically relating to Weightlifting
- ◆ The athletes early departure from events prior to notification of random selection thus necessitating officials having to locate and return the athletes in question to the Doping Control station
- ◆ The notification of athletes in Wrestling and weightlifting who were selected for random testing and who were not medal contenders and had left the event prior to posting of notification

## **RECOMMENDATIONS**

*It is recommended that prior to a specific sporting event at the Games, the Head of the Doping Control Programme for that event ensure that all personnel utilized are familiar with the specific rules relating to Anti Doping as well as the rules governing the particular sport. This would alleviate unnecessary concerns in regard to posting and notification of the selection process in specific sports i.e. cycling wrestling and badminton.*

*All Doping Control personnel should be briefed on the role of the Independent Observer Team.*

*The procedure adopted by the CGF in regard to Doping Control be published in distributed early enough in order to ensure that all athletes and personnel are aware of any change in policy or procedure from that adopted by UK Sport.*

### **c. BRIEFINGS**

The personnel utilized in the doping control venues were well versed in their roles and responsibilities and were represented by both genders.

In certain cases the lead DCO's due to their "personality" as well as their professionalism were able to adapt quickly to any situation which arose specifically in regard to congestion as a result of confined spacing and not optimal working and sampling facilities. This was evident in the pre-briefing sessions which were conducted well in advance of an event as well as the constant checking by the lead DCO of all personnel by reiterating their respective roles and responsibilities.

In certain instances the lead DCO's drew the attention of his/her personnel to possible language difficulties (English being the Games language) and alerted them to the language manual that was available.

A minor concern was that in some instances the personnel were not made aware of the rules and regulations of the specific procedures governing the Sport i.e. Cycling and Wrestling, some specific badminton events which contain a variation from the norm.

## **RECOMMENDATIONS**

*The extract of the specific requirements relating to specific sports i.e. wrestling, cycling and badminton which adopt different notification procedures be made available to the lead DCO for distribution and dissemination to all relevant parties concerned.*

### **d. DOCUMENTATION**

The Anti Doping documentation utilised by UK Sport for the CGF was well prepared and adequate for the Games save and except for two minor instances: one relating to the sampling officers interpretation of the information required on the form given to the athlete, the other being in respect of completion of the document for partially impaired athletes.

The interpretation sometimes conveyed to the athletes with regards to that part of the form which requires the disclosure of the substance taken and "last taken" raised concern with certain athletes who were tested regularly over a short period of time.

Some athletes were of the opinion that because they were instructed to complete the form highlighting the substance and date when last taken and because of the fact that the same information was inserted on the Doping Control forms several times, they felt that their identity was being compromised.

The sample collection forms were well designed and conformed to acceptable standards

## **RECOMMENDATIONS**

*In the event of an agreement being entered into timeously between the World Anti-Doping Agency and the Organising Committee, the Independent Observers require sight and copies of certain documentation in respect of the Anti-Doping forms. It is suggested that an extra copy be produced i.e. 7 copies instead of 6:*

- i. Original copy – CGFMC
- ii. Blue copy – UK Sport
- iii. Purple copy – Held by UK Sport for checking
- iv. Yellow copy – laboratory
- v. Green copy – Athletes confirmation
- vi. Red copy – Athletes notification
- vii. White copy – WADA Copy

*Alternatively the system of four copies as utilised by the IOC at the Olympic Games be utilised.*

*Similarly, the chain of custody forms could also be adapted. This would alleviate the necessity to continuously photo stating documents and thus would avoid the time delays which occurred often due to the enormity of documents which had to photo stated and provided to the Independent Observers Team as well as the enormity of the workload of the person designated as the liaison between the CGF, UK Sport and Independent Observers.*

*This would alleviate the problem where Doping Control forms were not made available on a daily basis which made it difficult to observe and check the relevant processes and results.*

## e. MEDICAL NOTIFICATION

The CGFMC restricted the use of Beta 2 Agonists. This applied specifically to the use of formoterol, salbutamol, salmeterol and terbutaline through inhalant use which were only permitted for the treatment of exercise induced asthma. Parties wishing to avail themselves of this dispensation were required to submit an application in writing on a specific form together with their medical history to the Village Medical Centre approximately 1 week prior to competition. A Sub Committee of the CGFMC was on hand to review all applications.

The CGFMC did not require the need for notification of the use of local anaesthetics and of local or intra-articular injections of glucocorticosteroids.

The CGFMC received a total of 359 medical notifications in respect of anti-asthmatic conditions. This represents 9.5% of participants who required exemption for this condition<sup>3</sup>.

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<sup>3</sup> See Annex 7: Medical notification by sport/percentage per number of participants.

Three sports namely triathlon, swimming and cycling reflect a high percentage of Beta 2 Agonists per the number of participants whilst four other sports namely netball, gymnastics and hockey reflected a percentage of Beta 2 Agonists usage per number of participants higher than the average of 9.5% taking in to consideration all the sports.

As can be observed salbutamol and the association of salbutamol together with salmeterol reflected the substances with the most notification applications<sup>4</sup>.

A total of 50 countries (69.4%) did not present any medical notification of Beta 2 Agonists whilst 22 countries (30.6%) did in fact present medical notification for Beta 2 Agonists. It is noted that the majority of countries did not present notifications or presented a lower percentage of notifications per the number of participants whilst 9 countries did present a higher percentage of notifications per number of participants.

The laboratory analysis reflects a finding of 24 cases of Beta 2 Agonists 20 of which were for salbutamol and 4 for terbutaline.

## **RECOMMENDATIONS**

*As was highlighted in the hearing relating to the use of salbutamol for asthmatic induced conditions in sport it is essential that the country, federation, athlete as well as athletes entourage ensure that the relevant application for approval be lodged and recorded timeously.*

*It is also recommended that the rules relating to the cut off period for exemption not be waived or amended as this creates a perception within the public and athletic domain of the lack of harmonization and standardization of procedures to be followed within the Games rules.*

*The CGFMC should continue with the need for providing medical notification of Beta 2 Agonists as well as monitoring of percentage of use by the total number of participants per country per sport in order to obtain a wider knowledge of the usage of Beta 2 Agonists.*

*That the CGFMC review the need of notification for the use of local anaesthetics and of local and intra-articular injections of glucocorticosteroids to prevent the abuse of these substances by the athletes and to get better knowledge of the use of these substances.*

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<sup>4</sup> See Annex 8: medical notification per country/percentage per number of participants.

## **Approval of prescribed substances as medication**

Athletes who wished to utilise prescribed substances or methods for treatment were required to submit written applications to the Medical Commissioner of the CGF for permission to utilise such medication during the period of the Games. Such written application was to be verified by the team medical practitioner or prescribing physician and was required to be submitted together with a full medical history and results of tests conducted on the athlete concerned.

As is highlighted in Annex 7, the CGFMC who received 17 applications for approval of prescriptive substances as medication approved 14 applications and rejected 3 applications, the reasons for such rejection are not known.

## **f. ANTI-DOPING EQUIPMENT**

UK Sport used the Berlinger Kits for urine collection consisting of an A and B samples bottles which were housed in a polystyrene encasement box and sealed and secured by means of 2 separate taping systems. In the majority of cases this system proved dependable and secure.

In a small minority of cases, some athletes and/or team doctors claimed that the markings on the sample bottles which reflected either the A and B numbers had left "floating black dots" as a result of a labeling process and therefore discarded the entire sample kit offered to them.

A small amount of collection vessels were not sealed properly and certain athletes rejected same, this occurred often prior to partial samples being taken.

The stripes utilized to measure specific gravity (SG) and pH were in certain instances unsatisfactory due to the fact that they did not allow adequate measurement in borderline cases. The scale of colours displayed on the relevant strips do not allow for the measurement of pH lower than 5 and for this reason the said prohibit the measurement of the lowest values of pH.

## **RECOMMENDATIONS**

*It is recommended that in order to avoid even the slightest criticism in a highly efficient equipment collecting procedure that the covers of the collection vessels specifically the lids be investigated in order to ensure proper sealing.*

*It is also recommended that specific gravity must be measured with a refractometer allowing for a more precise measurement thus avoiding problems in borderline cases. The strips required to measure pH must allow for measurements with a level lower than 5.*

## g. PLANNING OF TESTS

A thorough and comprehensive planning schedule was implemented by the Commonwealth Games Federation Medical Commission (CGFMD) incorporating and providing for the testing of 17 different sporting codes during the 11 days of competition. A total of 882 tests were provided for<sup>5</sup>.

As highlighted, the planned test distribution contained 69 second samples collected as a result of the specific gravity and/or pH balances being out of range. Based on the above, the tests conducted were found to have been strategically deployed and effective on a daily basis due to the limitation of facilities.

## **RECOMMENDATIONS**

*It is recommended that the CGFMC define a more precise criteria for the planning of tests in the different sports dividing up the modalities into 3 different risk groups taking into account the number of participants in each sport and utilizing the information available from historical data in respect of positive cases in these groups.*

## h. SELECTION OF ATHLETES

The policy for the selection of the athletes to be tested had been pre-determined by the Commonwealth Games Federation Medical Committee (CGFMC) in conjunction with the International Sports Federation's selection policies. The majority of the selections were the medal winners as well as certain random selections.

These selections were identified by the lead DCO with the Medical Commissioners prior to the event. Information relating to the selection policy had been supplied to the relevant parties as a result of the information provided from the CGFMC.

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<sup>5</sup> See Annex 3: comparison between the planned and completed test distribution.



In the majority of cases this was done without any deviation but it was noted in certain instances that a Medical Commissioner would overrule or alternatively vary the interpretation as understood by the lead DCO.

No specifically defined provision was either in place for a reserve selection in the event of injury or in the event of their being a tie in a medal position. This particular aspect would cause in an immediate problem with regards to notification and chaperoning in respect of personnel.

Due to the variants of the selection procedure in certain sports i.e. cycling initial confusion arose as to the roles of the relevant personnel.

## **RECOMMENDATIONS**

- ◆ *Under no circumstances should a Medical Commissioner be the sole judge as to the selection process in the event of the DCO not being sure of the procedure to be followed*
- ◆ *That the rules clearly define reserve tie and injury policy relating to selection*
- ◆ *That all parties be aware of the specific provisions relating to the selection of athletes in the respective sporting codes*
- ◆ *That a specialised software programme be investigated that would allow for a more confidential and alleatoric random selection of athletes*

### **i. NOTIFICATION AND CHAPERONING**

In the majority of cases the notification and chaperoning of the athletes were completed without experiencing any problems. The ratio of chaperones to athletes was adequate for the event and the athletes were notified timeously and informed of their rights and duties.

Certain minor infractions were observed but these were a result of circumstances occasioned presumably by the event rather than in a lapse in the procedure.

Examples which were noted included:

- I. The chaperoning of athletes of opposite gender thus creating problems in the procedure as well the changing areas
- II. The athletes having left the competition area prior to notification (random selection) and completion of the competition
- III. The lack of a defined policy in respect of injury, illness and a tied position

- IV. The lack of awareness concerning variations of the specific provisions relating to notification of athletes in certain sporting codes
- V. Notification and chaperoning was delayed in certain venues due to the athlete having been diverted to the “press” areas. Unfortunately in some instances notification was given in full view of the “press and public” which could lead to unnecessary speculation and could compromise the athlete.
- VI. In certain instances the athlete was identified by a Passport Number as opposed to an accreditation number.
- VII. Due to the variants of notification and chaperoning in certain sports i.e. Cycling confrontation often occurred between the Commissioner of the Sports Federation and the Anti-Doping personnel. The procedure relating to the notification and selection of athletes in cycling was that the selected athletes were listed on two posters displayed within the media interview area.  

In the majority of cases the selected athletes (first three) were not notified at the end of the event neither were they chaperoned during the period between the end of the competition and their arrival at the doping control station.
- VIII. Due to restrictions imposed by the available space in certain of the venues i.e. swimming conditions were made difficult for all parties concerned and this sometimes led to unnecessary confrontations between the team management and the persons responsible for notification and chaperoning. Similar problems were also witnessed in athletics and boxing.

## ***RECOMMENDATIONS***

*The need for a standardized procedure in respect to the notification and chaperoning of athletes in all of the International Federation’s Anti-Doping Regulations is essential in order to ensure that the athlete is not compromised in any manner whatsoever in regard to perceptions by both the public and the media in respect of the sampling procedure.*

*That prior to the commencement of the Games the CGF enter into written agreements with International Sporting Federations in order to clarify and resolve any discrepancies which may arise in their respective anti doping regulations.*

### **j. SAMPLE COLLECTION**

The collection of samples was conducted in a highly professional and competent manner and was only hindered in certain instances by the limited and sometimes inadequate facilities.

The DCO's were professional in the manner in which they conducted the majority of tests. These tests conformed with the procedures recommended by the International Standard for Doping Control.

Their explanation to the athletes relating to the procedures to be followed was always conducted in a polite and friendly manner. Athletes who experienced language difficulties were advised of the translation contained in the manual provided by UK Sport which had been translated into 19 different languages.

During the Games 69 double sample collections for pH and/or specific gravity tests were performed as tabulated in Annex 3, appended hereto. The reasons for a collection of a second sample were:

- pH reasons (n=31) – 44,9%
- SG reasons (n=20) – 29,0%
- Both reasons (n=18) – 26,1%

In highlighting the high percentage of double sample collection because of pH reasons, attention is drawn to the results of the collection of the second samples which were:

- No improvement (n=39) – 56,5%
- Some improvement (n=21) – 30,4%
- Improvement (n=9) – 13,1%

The average time between the collection of the two samples was 34 minutes and 30 seconds.

Minor infractions noted were:

- At least in two instances the DCO's accepted first samples with SG and/or pH out of range
- In certain cases the DCO's had doubts relating to the measurements of borderline cases SG and pH but accepted the samples as good ones
- Variances occurred in the manner in which DCO's requested information about medications
- On some occasions the DCO was not aware of the role of the WADA Independent Observer and requested that the Independent Observer sign the collection form and assist in decisions relating to the SG or pH measurement and readings which could not be done and was in fact not done.
- In two cases observation was made of translation difficulties due to the athlete's inability to speak English and assistance could not be sought from the translation book. The athlete was required to accept the abridged translation as provided by the Medical Commissioner who seemed to be aware of the language understood by the athlete.

- In certain instances the Independent Observe Team observed the athletes voicing their concern at the fact the DCO's did not discard the left over urine into the ablution facilities in their presence but rather allowed the "leftover" to remain in the containers and presumably discarded into the dustbin facilities provided
- Certain cases were observed whereby the athlete informed the DCO/ISO that they required total privacy to enable him/her to produce an adequate sample, in these instances the athlete was left on their own whilst the DCO cognizant of the athletes problem chose to remain outside the confined area in an attempt to allow the athlete to produce the relevant sample. No mirrors were available to assist in full-unrestricted observation.

## **RECOMMENDATIONS**

*That the excess urine samples collected be destroyed and cleared in the athletes presence thus elevating any doubt in the athletes mind as to usage of excess sample fluid.*

*That if possible, the working Doping Control area be divided off by means of portable dividers thus securing ultimate privacy for the athlete and the DCO and thus avoiding any potential intrusion of the athletes privacy and disclosures made by the athlete.*

*That if possible mirrors be fitted in the relevant sample collection areas thus allowing the DCO the necessary unrestricted observation platform in instances where athletes have problems of privacy for religious or self conscious reasons when producing samples.*

## **k. STORAGE**

The acceptable requirement for storage of samples is to be kept in a cool and secure place.

In the majority of facilities available to the doping control personnel the secure place consisted of a "lockup" cupboard.

Refrigerators were available in some venues but these were utilized for the storage of drinking water and not for the storage of samples.

A space (box) for the identification of a second sample when specific gravity or pH readings were out of range was not provided and thus the DCO had to complete a second form. Furthermore, no provision was made for informing the laboratory that the sample was from the same athlete.

Variations of the above mentioned procedure occurred in certain instances where the athlete did not accept or disagreed with the procedure adopted by the DCO in respect of the storage of partial samples and indicated their preference to a system whereby the samples would be sealed in a plastic bag.

## **RECOMMENDATIONS**

*That where possible samples including partial samples be secured either in a "lockup cupboard" which they were not, alternatively in a refrigerator with a lockage system which would be located under the direct and sole control of the lead DCO.*

### **I. QUALITY CONTROL**

Quality control samples were in certain instances observed being introduced in to the testing process by the Head of Doping Control for UK Sport. The quality control samples were introduced as normal samples in the doping control venues with the collaboration of the lead DCO/ISO and the Medical Commissioners who completed a normal sample collection form to simulate a normal sample collection. The blind samples were prepared in the IOC Accredited Laboratory of Cologne.

The Independent Observer observed the introduction of four quality control samples but only received the analytical report of three of these samples namely:

Acetazolamide, Cathine, 2-Hydroxymethyl-17-Methyl-Androstan-3, 17-Diol

In the first instance a cycling (track) athlete was required to provide 2 samples due to the first sample being out of the pH range. The laboratory report highlighted the presence of Salbutamol in the first sample but not in the second. Closer analysis revealed that the first sample had an SG of 1010 and a pH of 8.5 whereas the second sample revealed an SG of 1000 and a pH of 8.5 the second sample having obtained 23 minutes after the first one.

The second instance involving an athlete from the same sport who was also required to produce a second sample under similar conditions. The laboratory reported that Terbutaline might be present in the first sample but not in the second. The SG being 1010 with a pH of 8.5 in the first sample whereas the second reflected a SG of 1005 and a pH of 8.5, which was, also obtained 23 minutes after the first one.

The above two cases reflect the importance of a sample collection of SG equal or higher than 1010.

In the third instance involving an athlete from swimming who was also required to provide a second sample due to the fact that the first sample reflected an SG out of the range. The laboratory reported that Salbutamol might be present in the first sample whereas Terbutaline might be present in the second sample. The first sample had an SG of 1000 and a pH of 7 whereas the second reflected an SG of 1000 and a pH of 6.5. The medical notification form of the athlete declared only Terbutaline and did not declare the use of Salbutamol in the anti doping form.

In terms of quality control every lead DCO made a report at the end of each session of tests. In some cases the DCO reported non-conformities that were analyzed following the procedures of the Quality System of the UK Sport Anti-Doping Program.

The UK Sport Anti-Doping Program holds an ISO 9001 certification and the IOC Accredited Laboratory in London holds an ISO 17025 certification.

## m. HANDLING AND TRANSPORTATION OF SAMPLES

At the conclusion of the testing procedures the completed samples together with all necessary documentation (securely sealed) was collected and transported directly by means of motor transport (Shooting) or alternatively from a central point (Commonwealth House – headquarters of UK Sport) by means of an independent courier service provider.

The chain of custody documentation as well as the mode and method of transportation and delivery were all carried out in a efficient manner and received by the relevant laboratory secure and intact for analysis this process being observed by the Independent Observer Team.

The samples, after the collection, were securely stored and sealed in a transport bag of DHL. The lead DCO/ISO completed the chain of custody form that was signed by him and by the Medical Commissioner.

The DHL bags and the related documentation from different venues were transported by the DCO/ISO's in vehicles to the Commonwealth House where prior to dispatch to the London Laboratory they were stored in a safe and secure place. Thereafter all the sample bags were sent to the London Laboratory by the DHL services. The Laboratory provided written confirmation of receipt. During the transport the samples were secure and cool but not refrigerated.

## n. LABORATORY

Situated at Kings College in London, the laboratory is ISO 17025 accredited and is managed by Professor David Cowan. It contains state of the art equipment and all spaces are efficiently and effectively utilized.

Access to the laboratory by all personnel is secured by means of a card system that provides for ultimate security and confidentiality. All visitors are required to register prior to any movement within the laboratory.

During the period of the Games approximately 39 extra staff members were engaged from laboratories world wide, amongst those Italy, Los Angeles, Sydney and Austria. The laboratory was operative 24 hours per day and samples were delivered at approximately 5 AM with the results being processed between the following morning. Samples from Shooting were received in the afternoon and were analyzed with the batches from the next morning.

The laboratory conducted the appropriate testing and screens on the samples for detecting the presence of the listed substances. In the event of Salbutamol being detected, the arrangement with CGFMC was that such results would be available simultaneously to the Chair of Independent Observers Team to observe that the proper notification and permission for the use of Salbutamol had been approved and was present for confirmation of a positive report.

All procedures within the laboratory were documented in easily accessible and user friendly laboratory manuals.

It was evident that the scientific staff employed in the laboratory were highly qualified, well trained and performed their functions at the optimum level of their expertise.

Upon receipt of the samples which were delivered in sealed transport bags by the Courier Company the staff member who received the relevant sample bag and was responsible for the analysis thereof personally opened the bag in terms of the chain of the chain of custody protocols thus avoiding any possibility of interference. All opening and extractions of samples were supervised by highly experienced analysts. The A and B samples are then stored in refrigerators whereafter the samples are removed for the analytical procedure. Within a period of 2 hours approximately 100 samples were labeled and measured for specific gravity, pH and aliquoted.

All samples are analyzed and any irregularity on the specimen receipt (seal numbers or sample documentation) is declared and recorded on the prescribed within the laboratory procedure.

Certain errors detected between the code of the bottle and the code of the form were recorded and reported.

The analytical laboratory is divided into different zones inclusive of a chemical zone where different procedures are undertaken. A special room housing specialized instruments (IRMS/ GCQ) is also available should any necessity arise. All samples were also analyzed for low concentration compounds i.e. nandrolone, stanozolol, with GCQ and samples with high T/E ratios were analyzed by means of IRMS.

Other personnel record and read the results of samples and in the event of a specific substance being detected a new aliquot was immediately re-analyzed. This procedure was performed by a completely different analyst thus adhering to protocol and avoiding any room for error as well as reflecting total transparency.

All results were confirmed by 2 independent analysts and any positive results were forwarded to the Head of the Laboratory. In the event of their being a complicated case in respect of T/E ratios this was brought to the attention of the laboratory head and in the case of a particular sample it was decided to request a further sample for immediate analysis. The results as to what transpired and the findings of such analysis were not observed and are not known or been made available.

Observations consisted of but were not limited to the observation of the receipt laboratory forms, screening procedures in determining stimulants, diuretics, anabolic steroids, hCG, pH and specific gravity measurements as well as the aliquoting of samples and the review of analytical reports of salbutamol. The arrival and opening of the samples including the chain of custody forms, the evaluation of T/E ratios as well as the quality control systems within the laboratory were also observed.

## **RECOMMENDATIONS**

*That future Games Laboratories adopt the procedures for analysis as carried out in this highly professional and effective laboratory.*



## o. ATHLETES/DOCTORS/COACHES

It was observed that athletes from the larger country contingents were usually accompanied by a medical practitioner or a chaperone well versed in Anti-Doping procedures, however this was sometimes not the case with smaller contingents and in many instances athletes were accompanied by personnel who had little or no knowledge of Anti-Doping procedures.

The added anxiety and stress to the athlete specifically to those athletes who were tested for the first time was evident.

Instances occurred whereby athletes were placed under further unnecessary stress by not being able to produce a sample immediately and continuously being "harassed" by the chaperone who indicated that he/she had other duties to perform and in certain instances left the athlete to fend for themselves.

Language in two instances proved to be a daunting factor as unfortunately the translation manual (which was highly commendable and well presented) did not cater for these specific athletes. Therefore the completion and understanding of the form by the athletes raised concern.

Some athletes also produced the athletes passport (WADA Passport and Sport Federation Passport) for signature by the DCO's who were in some instances not aware of these documents and what they were required to do with it.

### **RECOMMENDATIONS**

*That prior to the commencement of the Games the Games Medical Committee ensure that educational material specifically relating to Anti-Doping be made available to the various contingents so as to alert and to educate the athletes as well as the coaches as to the procedures to be followed in respect of Anti-Doping (similar to the UK Sport document on sample collection which was available in certain doping facilities).*

*This again underlines WADA's belief in the necessity for harmonization and standardization of Anti-Doping procedures.*

## p. MEDICAL COMMISSIONERS

Medical Commissioners were appointed by the CGFMC and were comprised of independent Commissioners as well as medical team doctors from various country contingents.

The concept of medical commissioners is a sound one but the role of the Medical Commissioner needs to be further and fully defined and understood by the Commissioners concerned.

Whilst accepting the expertise of certain of the Commissioners in relation to their medical expertise it was noted that others Commissioners did not fully understand their role and tended to overstate their position alternatively interfere directly with the procedures followed by the personnel employed in the doping facilities.

Examples of these are:

- ◆ Interference in and/or interpretation of the selection procedure
- ◆ Confrontation with athletes and DCO's in regard to sampling procedures
- ◆ Assumptions as to the roles of certain WADA Independent Observers
- ◆ Overriding of readings in regard to specific gravity and pH balance readings
- ◆ Failure to be properly attired i.e. attired in national uniform whilst on duty as a Commissioner and freely engaging in discussions with that countries athletes to the exclusion of others thus creating a perception of not being objective
- ◆ Not being familiar with the rules relating to Anti-Doping within the specific sport i.e. Cycling and Wrestling
- ◆ Creating an unfair perception of familiarity with certain athletes in the presence of other athletes and medical staff from other countries.

### **RECOMMENDATIONS**

*That Medical Commissioners be uniformed and accredited differently to enable them to be easily identifiable whilst on duty.*

*That they sign a document similar to the "conflict of interest" document which would clearly define their roles and duties with regards to the specific sports Anti-Doping policies to which they are officiating.*

## 5. RESULT MANAGEMENT

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### a. NOTIFICATION OF POSITIVES

During the duration of the Games and in terms of the agreement<sup>6</sup> the WADA IO Team were advised of instances in which positive analytical analysis were detected.

The first instance related to the use of salbutamol. The relevant information was forwarded by the London Laboratory to the Chairman of the CGFMC who thereafter proceeded in terms of the rules and regulations of the CGF. Notification to the athlete of an initial hearing took place<sup>7</sup> prior to the matter being referred to the Federation Court for hearing.

At the initial Medical Commission Panel ("panel") hearing certain matters of concern were observed. These included: -

- ◆ The failure of the panel to advise the athlete of his right to representation (legal)
- ◆ The lack of understanding of the rules specifically in regard to the costs of the B-analysis
- ◆ The advise given to the athlete by one of the commissioners in respect of the rules of different federations, which interpretation was in fact incorrect
- ◆ The failure to recognise a potential conflict of interests situation and to act on same

The panel thereafter referred the matter to The Federation Court (Court) for a formal hearing, after deliberation by the members of the Court, who felt the necessity to seek clarification on a specific matter from the Athletes International Federation. A decision was then arrived at and a ruling made and published.

The second instance related to the finding of a ratio of testosterone to epitestosterone greater than that permitted by the rules of the CGFMC. This was also referred to the CGFMC Panel, who conducted a telephonic interview with the athlete's mother due to the fact that the athlete had already left the athlete's village. Again the panel seemed unsure as to the procedure and did not set out any guidelines or rules relating to the telephonic interview. The panel thereafter decided that a further urine sample should be obtained from the athlete and analysed prior to a decision being made. The details and result of the above procedure were not furnished to the Independent Observers.

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<sup>6</sup> See Annex 4 of this report

<sup>7</sup> Attached hereto marked Annex 5 is a copy of the media release relating to the Federation Ruling.

The third instance related to the finding of norandrosterone, the concentration of which was measured as greater than the IOC reporting threshold.

This was also referred to the CGFMC Panel, who in terms of their rules notified the athlete together with the relevant personnel of a hearing. The hearing duly took place<sup>8</sup> and was properly constituted and referred to the Federation Court who proceeded in terms of their rules and regulations and thereafter issued and published a finding. The entire procedure was observed by the Independent Observer.

A further infraction related to a male weightlifter that had tested positive for the prohibited stimulant, strychnine was reported. Such hearing occurred on the day of the closing ceremony and was convened by the panel. It was evident to the Independent Observer that such hearing was conducted under difficult circumstances due to the closing ceremony and the fact that the athlete had not been apprised of his rights specifically in regard to the B sample costing (although this is clearly covered within the CGF rules) and the proposed procedure which was discussed relating to the handing back of his medals prior to a hearing by the Federation Court. Language translation also seemed to be a problem for the athlete and his chaperone and no interpreter was present.

The athlete again voiced his concern about the procedure in respect of the notification and process and after a telephonic discussion with the Chairman of the Federation Court, it was decided that this matter would be referred to the Federation Court. The procedure adopted thereafter and the final outcome thereof were not observed or the finding conveyed to the Independent Observers in terms of the original agreement.

A further infraction relating to a Boxer whose analysis revealed an elevated T/E Ratio was also disclosed on the day of the closing ceremony. Telephonic notification was given to the athlete and the athlete duly appeared before the Chairman of the CGFMC only who thereafter proceeded to conduct an enquiry. The athlete was not apprised of his rights and after much discussion it was agreed between the parties that the athlete should be allowed to provide a further sample which he duly did. This matter was thereafter referred to the Federation Court. The procedure followed after the Games was not observed neither were findings passed on to the Independent Observers.

It would appear from media reports that two further positive analyses were detected by the laboratory after the conclusion of the Games. The details as to the analysis and any subsequent findings thereafter are not known and were not furnished to the Independent Observers.

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<sup>8</sup> Attached hereto marked Annex 6 is a copy of the media release relating to the Federation Ruling

## **RECOMMENDATIONS**

- ◆ *That the CGFMC panel insure that they are fully conversant with the rules and regulations relating to all aspects of a Pre-Court hearing as contained in the CGF rules and regulations*
- ◆ *That the CGFMC members refrain from personal opinions (in the presence of the athlete) in respect of the interpretation of federation rules.*
- ◆ *That the CGFMC ensure that interpreters are provided for athletes who are not conversant with the game's language.*
- ◆ *That the CGFMC panel recognise and be aware of any potential conflict of interest situations and act objectively thus ensuring total transparency with respect to the hearing procedure.*
- ◆ *The CGFMC panel consider co-opting a member of the legal profession onto the panel to advise on procedural matters and the correct interpretation of the rules*
- ◆ *In the event of there being any positive analysis detected after the conclusion of the Games by the laboratory then the due process as contained in the Commonwealth Games rules and regulations relating to the above be followed in order to ensure that the risk management aspect is completed in its entirety (as outlined in the WADA/CDF agreement) and this particular aspect can be satisfactorily concluded i.e. all positives to be finalised in all aspects inclusive of hearings if necessary.*
- ◆ *In the event of a hearing concluding that the procedure as contained in the rules and regulations of the CGF have not been followed, than the sanctions as laid down in the rules and regulations should be adhered to.*

### **b. NOTIFICATION OF NEGATIVES**

At the initial meeting referred to under Annex 2 the representative of UK Sport announced that all athletes who tested negative would receive notification of such analysis. During the various observations it was noted that certain of the DCO's and/or sampling personnel had indicated to the athletes concerned that they would receive notification of the testing procedure ranging from 48 hours to 3 days.

It has ultimately been documented that the turn-around time for the relevant analysis was approximately 41 hours.

During the Games period no athletes (to the best of our knowledge) were made aware of the findings of a negative result.

## **RECOMMENDATIONS**

*That the implementation and viability of this concept proposed by UK Sport be further investigated bearing in mind the need for standardisation and harmonisation, as it is believed that this concept would be of benefit to the athletes.*

*The athlete would also receive an acknowledgement and would be party to the fight to eradicate doping in sport.*

## **c. HEARINGS**

During the period of the games two separate hearings were convened under the auspices of the CGF. These hearings consisted of the hearing relating to the use of salbutamol as referred to the hearing committee by the CGFMC as well as a hearing also referred by the CGFMC for the detection of norandrosterone.

In the first case, the Committee was of the opinion that a technical violation had been committed in that the athlete's country had not provided the necessary documentation in respect of a medical exemption. Here the Committee sought guidance from the Athletes International Federation who provided the necessary guideline and thereafter a decision was reached and acted upon.

The second hearing was also convened in terms of the CGF rules and regulations and dealt with the detection of norandrosterone in an athlete's sample.

The matter proceeded and the athlete elected to waive the option of the "B" sample and a decision was ultimately arrived at. It should be noted that the athlete in question was not conversant in English and relied upon the interpretation of his representative.

## **RECOMMENDATIONS**

*That the policies as contained in the Rules and Regulations of the Games be strictly applied and that prior to the Games educational programs be embarked upon, highlighting the dangers of non-compliance, thus avoiding the perception of flouting of the rules and unnecessary speculation.*

*That for all hearings, unless the parties concerned waive in writing their rights to an interpreter, official qualified interpreters be provided.*

*That members of the Hearing Board be advised in advance of WADA's role as observers, thus avoiding any potential conflict of interest.*

#### **d. CAS HEARING**

During the period of the Games, CAS were required to convene on two separate occasions relating to matters which had arisen prior to the commencement of the Games.

The first matter related to a finding of a decision in respect of triathlon and the second matter to a decision relating to rugby. Both these matters were dealt with fully and comprehensively by CAS and the relative decisions were passed on to the parties concerned as well as to the media.

## **6. DISABLED ATHLETES**

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For the first time the CGF decided to open competition to Disabled Athletes in five sporting codes within the Games, the sports being: athletics, lawn bowls, swimming, table tennis and weightlifting.

A total of one hundred and thirty two athletes competed (3.5%) and as such were eligible to be included in doping control procedures with special norms dependant on their specific disability.

It was evident from the observations that the necessary planning and procedure had not been applied adequately in some respects of the doping control procedures. The venues in some instances were not "user friendly" to the athletes concerned, neither was specialized equipment provided: e.g. catheters or special sample collection vessels. Certain doping personal were also not versant in the collection of samples from disabled athletes.

### **RECOMMENDATIONS**

*That the CGFMC give specific provisions for the testing of disabled athletes as well as ensuring the facilities or part of the facilities utilized for Doping Control are conducive and user friendly for disabled athletes.*

*That the DCO's involved in the testing of disabled athletes are competent in this specific highly specialized field and the specialized equipment necessary for testing procedures are available and in place.*

## 7. BLOOD TESTING

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The CGFMC performed blood doping controls on 14 selected athletes from four different sporting codes namely athletics, cycling, swimming and triathlon<sup>9</sup>. In terms of the procedure established they provided for the collection of blood samples (3 ml) as well as for the collection of urine samples (75ml).

The athlete was notified on a specific day of his selection by telephone and was requested to report to the Doping Control Station within 3 hours of notification. Two athletes arrived more than three hours after notification and two athletes arrived the day following notification, none of the athletes were escorted.

The documentation utilized for blood collection was prepared but required the DCO to complete same in triplicate. No collection time was recorded and this prevented the laboratory from ensuring a quality system was implemented. However, the results were available from the laboratory within 1 hour after having been received.

The athlete was afforded the opportunity of selecting specially designed Berlinger doping kits and the sample in question was collected by a qualified blood sampling officer. The urine sample procedure was in terms of the existing regulations.

Once the sample had been collected same was then sent to a qualified public hospital laboratory approximately 30 minutes away from the Games Village by means of motor transportation. The CGFMC requested the laboratory to report on the analysis of 3 parameters namely: hemoglobin, hematocrit and a percentate of reticulocytes.

The urine sample was forwarded to the Anti-Doping Laboratory in London who was requested to perform the normal analysis as well as to screen for EPO detection. All analysed samples were negative for EPO.

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<sup>9</sup> See Annex 9.



CGFMC did not provide any specific protocol with regards to the procedures concerning blood sampling and the criteria attached to the finding of a positive blood control, blood samples were not stored in cool conditions and only arrived at the laboratory three hours after collection.

## **RECOMMENDATIONS**

*That the CGFMC provide suitable guidelines in respect of all aspect of blood testing defining the rights and duties of all parties to all participants thus avoiding any potential misunderstanding of conflict situations as well as embarking on an educational programme prior to the Games highlighting the needs and protocol of this procedure.*

*That contained in the above guidelines is a provision for escorting of athletes as well as an acceptable notification and selection process.*

*That specifically in regard to blood doping controls the venue in question makes provision to ensure that the venue provides adequate privacy for the athlete.*

*That the documentation required is pre-prepared in a format that avoids unnecessary paper work and time for both the athlete and the DCO as well as providing for time provision to enable all parties to monitor the time between collection, arrival and analysis of the samples.*

*That all samples be refrigerated during storage and transport thus ensuring that the analysis is conducted within a 3 hour window to avoid the possibility of a false positive or negative reading.*

## **8. FINDINGS**

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After observing the procedures and personnel put in place by the CGFMC in respect of the procuring of samples required for the purposes of doping control the Independent Observers Team are of the opinion that save and accept for minor variances and situations which arose and which have been addressed under proposed recommendations and that:

- ❖ The doping control procedures that were conducted in a effective and professional manner
- ❖ That personnel employed were highly competent and conducted themselves in a friendly, polite and efficient manner
- ❖ That the testing procedures were transparent and free from outside interference

- ❖ That the laboratory analysis was completed in a transparent, effective and timeous manner

Nevertheless, it has to be noted that since the closure of the Games no information was made available for the IO Team to ensure that the procedures during the Games were conform with the procedures after the Games<sup>10</sup>.

## 9. ACKNOWLEDGEMENTS

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In compiling this report, cognisance and thanks must be recorded to Ms. Jennifer Ebermann Manager of the WADA Independent Observer's Programme who worked and continues to work tirelessly for the betterment of WADA and for ensuring that Independent Observers world wide are able to contribute to WADA's belief in trying to ensure that a standardized and harmonized system in respect for Anti-Doping is achievable for all sports people irrespective of their standards, backgrounds, nationalities and levels of expertise.

Dr. Luis Horta, the Vice Chair of the Independent Observers Team and each and every member of the team whose commitment, enthusiasm and unwavering belief in the Independent Observers Program (despite having to endure unnecessary criticism from certain sectors who were of the opinion that only highly qualified personnel from countries who are at the forefront of scientific and medical expertise and who regarded themselves as "first world" should be involved in the fight against Anti-Doping) is to be commended and acknowledged.

To the Chairman of the CGF, Mr. Mike Fennell, for his assistance and guidance.

To Mr. Mike Hooper, Chief Executive Officer of the CGF for his continued support and assistance.

To Brian Sando, Chairman of the CGFMC who continuously provided guidance, support in a friendly and amiable manner and was unwavering in his commitment to the WADA Independent Observers Team.

To Professor David Cowan, Director of the London Laboratory, and his extremely competent staff for the open and transparent manner in which he provided accessibility to the Independent Observer on an ongoing basis

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<sup>10</sup> See Annex 10 for reference.

To Ms. Michele Verroken of UK Sport for undertaking the unenviable task of co-ordinating the various functions between the CGF and the Independent Observers Team.

To Karen Delauney, the Sports Manager of UK Sport for ensuring the smooth, friendly and effective liaison between the Independent Observers Group and all the personnel of UK Sport.

To the WADA office and personnel for their assistance and support.

To Sibylle Villard, the WADA Office Administrator for her tireless efforts and commitment in ensuring that the needs of the Independent Observers Team were met.

To Stacy Spletzer, Outreach Manager of WADA and her team for their continuous support, warmth and hospitality in always assisting the Independent Observers Team.

To all the personnel and staff of UK Sport for the friendly and courteous manner in which they accepted the Independent Observers Team.

To all the Officials and Volunteers of the Commonwealth Games for providing a memorable and rewarding Games.

And last but not least to all the athletes of the Games specifically those who were selected to participate in Doping Control procedures (some of whom were selected on numerous occasions) and (sometimes had to participate under extreme time constraints) who continue to support and advocate for the creation of a transparent, harmonized and standardized Anti-Doping Program which would ensure that WADA's concept of "Play True" becomes a reality as opposed to a "Dream".

Our thanks and appreciation is extended to you all.

**Mr. Raymond Hack**  
**Chair of the Independent Observer's Team**

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### MEMBERS OF THE IO TEAM

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- Mr. Raymond Hack – Legal Expert (South Africa)  
**Chair of the Independent Observers**
- Dr. Luis Horta – Medical Expert (POR)  
**Vice Chair of the Independent Observers**  
Sports Physician, Director of the Institute of Sports in Lisbon
- Ms. Jennifer Ebermann – Doping Control Expert (GER)  
**Manager IO Programme /Independent Observer**  
Manager, WADA
- Mr. Travis Tygart – Legal Expert (USA)  
**Independent Observer**
- Ms. Kerri Tepper – Athletes Representative (AUS)  
**Independent Observer**
- Mr. Maurice Leeser – Doping Control Expert (NL)  
**Independent Observer**
- Ms. Carine Schweizer – Laboratory Expert (SUI)  
**Independent Observer**  
Supervisor of the Swiss Laboratory of Doping Analysis (Lausanne)
- Ms. Pyttan Asplund - Doping Control Expert (SWE)  
**Independent Observer**  
Responsible for Doping Control at the Swedish Sports Confederation
- Dr. Rüstü Güner – Medical Expert (TUR)  
**Independent Observer**  
Associate Professor, Ankara University Medical Faculty, Department of Sports Medicine

- Ms. Sibylle Villard – Office Administrator (SUI)  
Administrative Office, WADA

## Annex 2.

### MINUTES OF THE MEETING OF 23<sup>rd</sup> JULY 2002

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#### **XVII Commonwealth Games**

***MEETING BETWEEN CGF MC, WADA, UK SPORT & DRUG CONTROL CENTRE, LONDON ON 23<sup>RD</sup> JULY 2002 at 6:00 p.m.***

#### ***Present***

<u>WADA</u>	<u>CGF MC</u>	<u>UK SPORT</u>	<u>DRUG CONTROL CENTRE</u>
Raymond Hack Jennifer Ebermann	Dr Brian Sando Dr Jegathesan	Michele Verroken	Prof.David Cowan

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Raymond Hack introduced the purpose of the WADA Independent Observer Team as the achievement of harmonization and standardization in anti-doping across the world. The IO Team are in place at the invitation of the CGF to observe and to report upon their observations. The IO Team are experienced individuals and a requirement of the team members is to serve an apprenticeship (ISO – 5 years; Laboratory expertise 8 years). If there are any problems arising from the IO Team presence, RH requested that the concerns be reported to JE or RH. The IO Team sign a confidentiality agreement (copies of which will be provided to the CGF, UKS and DCC, as well as conflict of interest declarations (any conflict of interest should be reported to JE/RH).

The IO Team members should not discuss or comment on the activities they observe. The subsequent report would be made available to the parties present and there would be an opportunity to reply to the comments made. The WADA IO Team would make comments based upon their judgment. The WADA IO report in respect of the laboratory only would be forwarded to Professor Cowan who would then have the opportunity of appending any response to any aspect of the observation of the laboratory.

Copies of the final report would then be sent to all parties, but could not be altered or amended by any of the parties as this was an independent report but any comments that they had could be forwarded to WADA who presumably would append any comments to the published document.

The authorities operating at the Games were clarified, CGF had invited WADA to observe the anti doping programme at the Games, this involved observation of the arrangements put in place by the organizing committee M2002, the ISO certified anti doping programme of UK Sport, the ISO 17025 and IOC accredited laboratory contracted by UK Sport to provide analytical services – the Drug Control Centre, London.

Reporting lines for results were clarified, the original report would be directed to the CGF and copies would be made available to UK Sport and via UK Sport to WADA. It was noted that WADA would want to ensure that there was no delay in information being passed to them and it was noted that MV had been asked by the CGF to facilitate this liaison to enable the CGF MC to concentrate on its responsibilities.

The estimated time of contact from the laboratory is 6 AM and 6 PM Samples are scheduled to arrive at the laboratory between 1 AM and 6 AM, samples for the day would be processed through the administrative hub at Commonwealth House and should conclude between 11 PM and 2 AM. Samples would be transferred by dedicated courier (DHL) in constant radio contact with Manchester and the laboratory. About 6 PM. the laboratory should be able to identify the majority of negative samples, this also meant that the samples requiring confirmatory analysis would be identified and this would be the opportunity for therapeutic approval to be identified and the confirmation analysis to be suspended. The same process would also be applied to quality control samples, the key to these samples would be held in confidence by UK Sport and available to CGF and WADA IO Team.

The CGF MC would meet daily from Thursday at 8 AM. WADA would send one/two observer(s) to this meeting. The CGF process for managing analytical positives was summarized as a review meeting to confirm the evidence constituted a case to answer, checking the prior approval, rules and sample collection/transport process.

A review meeting with the athlete (and his/her representative) to listen to any explanation offered by the athlete. If the review agreed there was a case to answer the CGF MC chair would advise the CGF CEO who would call the Federation Court together to proceed with a hearing.

The athlete is suspended from competition on the A sample and arrangements would be progressed for the B sample as soon as this was determined so that the B sample result (if required) would be available for the hearing. An appeal would be forwarded to CAS, RH emphasized that the WADA IO Team would observe these stages and in particular consider whether there was agreement by the parties to present the appeal to CAS.

On the arrangements for the WADA IO team member to attend the laboratory, Carine Schweizer would spend 2 days in Manchester before traveling to London. The security standards of entry and health and safety requirements at the laboratory would be adhered to. It was noted that the standards for B sample analysis provided for limited numbers to attend and this information must be pre notified. (UK Sport would facilitate this arrangement).

On the specific legislative issues in the UK, MV explained the legal restriction on guns and why the shooting competition was taking place at Bisley in the South of England. Also because of legislation on the protection of data it was imperative that WADA confirmed in writing the standards for the security, storage and destruction of the personal data collected through the Games. WADA agreed to confirm this. WADA IO Team would require copies of all analytical results and would be reviewing all positive results and a random sample of negative reports.

Meeting concluded at 7.45 PM.

## Annex 3.

### COMPARISON BETWEEN THE PLANNED AND COMPLETED TEST DISTRIBUTION

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See Table 1.

## AGREEMENT BETWEEN WADA AND THE CGF

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### AGREEMENT

Between the

Commonwealth Games Federation

**and the**

World Anti-Doping Agency

**Within the framework of the independent observation scheme set up by the WADA for the XVII's Commonwealth Games in Manchester, United Kingdom, 25<sup>th</sup> July – 4<sup>th</sup> August 2002;**

- 1) The Commonwealth Games Federation hereby authorizes and approves the presence of the WADA Independent Observers Team to observe during all the stages of the doping control procedures and all other aspects of doping control. These include:
  - Selection of competitors
  - Notification of doping control
  - Procedure of therapeutic justification
  - Sample taking procedures
  - Transport of sample
  - Sample analysis at the laboratory
  - Result management process including all hearings
  
- 2) Regarding the management of the doping control results, the Independent Observers shall have access and at all times to all the Doping Control Official Records pertaining to the analyses, as soon as the relevant commissions have received them, and shall receive systematically a copy thereof on the same day.



- 3) Should the received Doping Control Official Records pertaining to the analyses indicate the presence of a banned substance, the Chairman or designate of the Independent Observer Team shall immediately be informed of the time and all related arrangements of the entire procedure applied to managing the positive case, in particular the hearing of the athlete, the analysis of the B sample and other decision-taking procedures undertaken by the competent commission.
  
- 4) Confidentiality: During the Games WADA agrees to adhere to the role of Independent Observers and no public pronouncements will be made by WADA in relation to matters covered by this agreement during the period of the Games.

26 June 2002

Date

Commonwealth Games Federation

Name of Organisation

Michael Hooper - Chief Executive

Name of representative/Title

\_\_\_\_\_  
Signature

World Anti-Doping Agency

Niggli Olivier

Name of representative/Title

\_\_\_\_\_  
Signature

## COPY OF A MEDIA RELEASE - FEDERATION RULING I



# MEDIA RELEASE

Thursday 01 August

### **FEDERATION RULING FOLLOWING DRUG TEST RESULT**

As part of the doping control programme in place for the Commonwealth Games the test result on 100m gold medallist Kim Collins showed the presence of Salbutamol (a prohibited substance). Salbutamol is used in the treatment of asthma.

The use of Salbutamol is permitted under certain conditions and the levels found in Mr Collins' sample was consistent with normal therapeutic use and was not considered to be performance enhancing.

Mr Collins declared the use of the medication at the time the test was taken but in accordance with Commonwealth Games Federation rules, use of this medication must be declared prior to competition and verified by a doctor.

All participating countries were made aware of the prior notification procedures ahead of the Games. In the case of Mr Collins the required declaration was not supplied by his Commonwealth Games Association (CGA).

The Commonwealth Games Federation's Medical Commission met with Mr Collins and representatives of St Kitts & Nevis Olympic Committee and it was acknowledged that a breach of the procedures in relation to this declaration had occurred and the matter was, therefore, referred to the Federation Court which consists of the officers of the Federation.

In accordance with the Federation's Constitution, the Court convened on July 31<sup>st</sup> to review the case and receive representations from the athlete.

The athlete confirmed that he had been diagnosed with asthma and had been using the medication for some time. He confirmed he had consistently declared such use when tested in and out of competition.

The athlete volunteered his medical records to confirm his existing medical condition.

Whilst the records were being secured, the athlete also agreed to undergo a respiratory function test by an independent doctor (selected by The Federation) to confirm his condition.

The test was undertaken this morning (1 August).

The Federation Court was reconvened this afternoon to receive further reports from Dr Brian Sando, Head of the Federation's Medical Commission.

The independent medical report confirmed that Mr Collins had 'constitutional asthma with marked exercise induced symptoms'.

Upon considering the report from the acting Medical Adviser the Federation Court came to the unanimous decision that the athlete should NOT be penalised as a consequence of the failure of team management and the St Kitts & Nevis Olympic Committee to submit the required declaration in advance of competition.

Games Federation Chairman Mr Michael Fennell admonished the athlete and said: "This incident stressed the need for all athletes to take personal responsibility for ensuring all competition requirements are met."

He also congratulated him on an outstanding performance in the 100m.

Kim Collins said: "This has taught me a powerful lesson and one that all athletes should learn from. This is my future and I will take personal responsibility for making sure all competition requirements are met. I would like to thank the Commonwealth Games Federation for the very fair manner in which this matter has been dealt with."

For further information contact:

### **Commonwealth Games Federation**

Michael Fennell, Chairman  
07900 910 007

Michael Hooper, CEO  
07818 046 767

Michael Pirrie, Capital PR  
07763 177 753

### **St Kitts & Nevis Olympic Committee**

Dennis Knight  
President, St Kitts & Nevis Olympic Committee

## COPY OF A MEDIA RELEASE - FEDERATION RULING II

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# MEDIA RELEASE

**03 August 2002**

### **FEDERATION RULING FOLLOWING DRUG TEST RESULT**

Krishnan Madasamy, an athlete representing India in the Men's up to 62kg division in the Weightlifting competition has been disqualified as a result of a positive drug test.

Mr Madasamy had been awarded three Silver Medals in this competition.

This athlete tested positive for 19-Norandrosterone, which is a metabolite of Nandrolone. The athlete's sample showed higher than acceptable levels of the substance and as a consequence he was interviewed by the Medical Commission at 10:00am this morning where it was determined that there was a case to answer.

In accordance with the Federation's Constitution, the Federation Court convened at 4:40pm to review the case and receive representations from the athlete.

The athlete and his representatives could not produce any evidence or information to explain the presence of this substance in his body.

The Federation Court ruled to disqualify the athlete and readjust the results with immediate affect.

As a result of the disqualification the medals have been returned and the results will be adjusted as follows:

Yourik Sarakisian from Australia retains his three Gold Medals.

Marcus Stephen from Nauru receives the Silver Medal for the Snatch (117.5kg), Clean & Jerk (147.5kg) and Combined (265kg).

Roswadi Rashid from Malaysia receives the Bronze Medal in the Snatch (115kg).

Terry Hughes from New Zealand receives the Bronze Medals for the Clean & Jerk (135kg) and Combined (245kg).

Games Federation Chairman Mr Michael Fennell said: "As we said at the outset of the Games, the Federation is committed to drug free sport. This is the most comprehensive anti doping programme ever undertaken at the Commonwealth Games and sends a clear message to any athlete contemplating the use of prohibited substances."

For further information contact:

**Commonwealth Games Federation**

Michael Fennell, Chairman  
07900 910 007

Michael Hooper, CEO  
07818 046 767

Michael Pirrie, Capital PR  
07763 177 753

## Annex 7.

### MEDICAL NOTIFICATION BY SPORT/PERCENTAGE PER PARTICIPANT

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See Table 2 and 2a.

## Annex 8.

### MEDICAL NOTIFICATION PER COUNTRY/PERCENTAGE PER NUMBER OF PARTICIPANTS

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See Table 3.

## Annex 9.

### BLOOD AND URINE TESTS PERFORMED FOR EPO DETECTION

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See Table 4.

## Annex 10.

### FAX TO UK SPORTS

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**DIRECÇÃO DE SERVIÇOS DE MEDICINA DESPORTIVA**

Avª. Prof. Egas Moniz (Estádio Universitário)  
1600 LISBOA - PORTUGAL

**TELEFAX Nº.: 21 797 75 29**

**De:** Dr. Luís Horta

**Para:** **Mr. Richard Crawte**  
**Results Administrator of**  
**Anti-doping UK Sport**

**FAX Nº.:** 00 44 207 211 5248

**Nº. de Páginas:** 1 + 2

**Data:** 26/08/2002

Dear Richard Crawte

Thank you for sending me the paper work from Manchester.  
I need some more paper work that I didn't received yet.

**A. Results from the London Laboratory:**

1- Day 7

- Weightlifting (Event Code -29140)

Sample 031414  
" 031928  
" 031413  
" 031924

- Judo (Event Code -29136)  
16 Samples

2- Day 8

- Weightlifting (Event Code -29149)

Sample 031666  
" 031927  
" 031664  
" 031699

- Rugby Seven (Event Code -29164)  
16 Samples
- Swimming (Event Code -29142)  
17 Samples

3- Day 9

- Lawn Bowls (Event Code -29192)  
1 Sample
- Table Tennis (Event Code -29159)

Sample 031343  
" 031333  
" 031342  
" 031340  
" 031336  
" 031334

**B. Copies of the Sample Collection Forms:**

1- Day 7

- Swimming (Event Code -29131)

Sample 031851  
" 031858  
" 031857

2- Day 10

- Wrestling (Event Code -29175)

Sample 028801  
" 029087

I want to ask also how many Quality Control samples the London Laboratory received. I have copies of the sample collection forms of four Quality Control samples:

Day 7	Judo	Code Event 29136	Sample 031769
Day 8	Rugby	Code Event 29164	Sample 031454
Day 8	Swimming	Code Event 29142	Sample 032113
Day 8	Weightlifting	Code Event 29149	Sample 031927

If the Laboratory received more Quality Control samples please send me the copies of the sample collection forms.

I didn't receive any results about the screening of EPO in the urine samples of the athletes that gave also a blood sample.

Have you any information about the follow-up of the following positive cases:

Day 4	T/E = 6,8	Athletics
Day 7/9	T/E = 7,8/7,6	Boxing
Day 10	Triamterene	Wrestling
Day 10	Phentermine	Wrestling
Day 10	Cannabinoide	Wrestling

Best Regards.

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**Dr. Luís Horta**  
**Sports Medicine Director**



	Day 0		Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		Day 8		Day 9		Day 10		TOTAL	
	25th July		26th July		27th July		28th July		29th July		30th July		31st July		01 August		02 August		03 August		04 August		planned	completed
	planned	completed	planned	completed	planned	completed	planned	completed	planned	completed	planned	completed	planned	completed	planned	completed	planned	completed	planned	completed	planned	completed	planned	completed
Diving	6	6+1	6	6+1	6	6+1																	18	18+3
Swimming											15	17+3	15	15+2	33	34+2	15	16+1	36	36+2	27	25	141	143+10
Syncro Swimming			3	3	3	3																	6	6
Athletics			8	8+1	20	21+1	32	33	36	38+1	24	27+3	60	61+3									180	188+9
Marathon							8	8+1															8	8+1
Walks							8	8			4	4											12	12
Badminton											5	5					6	6+1			5	5	16	16+1
Boxing			4	4+1	4	4	4	4+1	4	4					24	24			24	24			64	64+2
Track Cycling							10	10+5			6	6+2	8	8+1	12	12+3	14	12+1					50	48+12
Mountain Bikes									6	6													6	6
Road Race					12	12													12	12			24	24
Gymnastics			3	3	3	3+1	4	4	6	6+1													16	16+2
Hockey							4	4	4	4			4	4					4	4+1	4	4	20	20+1
Judo											12	12	15	15	15	16							42	43
Lawn Bowls									2	2					2	1			2	1	4	6	10	10
Netball									8	8	2	2									10	10	20	20
Rugby 7's																	16	16			12	12+1	28	28+1
Shooting					4	4	4	4+2	4	4	7	8	9	9+1	18	18+3	12	12+1	15	15+1			73	74+8
Squash									6	6							6	6	2	2			14	14
Table Tennis			4	4+1	4	4+1	4	4+1	8	8+2	4	4	4	4+1	4	4+1	4	4	8	8+1	10	9+2	54	53+10
Triathlon																					10	10+1	10	10+1
Weightlifting											9	9	9	9+2	9	9+1	9	10	12	12			48	49+3
Wrestling																			12	12+1	10	10+1	22	22+2
	6	6+1	28	28+4	56	57+4	78	79+10	84	86+4	88	94+8	124	125+10	117	118+10	82	82+4	127	125+6	92	91+5	882	892+66

Table 1 - Planned and completed test distribution by sports (these data didn't include the tests made for EPO detection)

<b>Substance</b>	<b>Sport</b>	<b>Country</b>	<b>Decision</b>
Hydrochlorothiazide	Shooting	Australia	Approval
Atenelol/Ternimon	Lawn Bowls	Brunei	No approval
Prednisone	Lawn Bowls	Canada	Approval
Prednisolone	Lawn Bowls	Wales	Approval
Insulin	Lawn Bowls	South Africa	Approval
Insulin	Lawn Bowls	Wales	Approval
Morphine	Lawn Bowls	Australia	Approval
Insulin	Boxing	Australia	Approval
Hydrochlorothiazide	Lawn Bowls	South Africa	Approval
Lobivor	Shooting	Cyprus	Approval
Atenelol	Lawn Bowls	Guernsey	No approval
Atenelol	Lawn Bowls	Norfolk Islands	No approval
Pseudoephedrine	Lawn Bowls	Australia	Approval
Insulin	Judo	Wales	Approval
Hydrochlorothiazide	Shooting	Bermuda	Approval
Frusemide	Lawn Bowls	South Africa	Approval
Avapro HCT	Shooting	Australia	Approval

Change of medication

Table 2

	Salbutamol	Terbutaline	Salmeterol	Formoterol	Salbutamol Salmeterol	Salbutamol Formoterol	Terbutaline Salmeterol	Terbutaline Salbutamol	Total B2 use	Total N° of participants	% B2 use per participants
Athletics	41	2	4	1	7	1	1		57	831	6.9
Badminton	13				1				14	182	7.7
Bowls	17		3		1				21	275	7.6
Boxing	6								6	218	2.8
Cycling	34	2	1		6			1	44	228	19.3
Diving	1	1							2	33	6.1
Gymnastics	10	1							11	97	11.3
Hockey	21		1		5			1	28	256	10.9
Judo	9	1			2				12	143	8.4
Netball	14	1							15	120	12.5
Rugby	17	1	1	1	1				21	192	10.9
Shooting	12	1	1		2				16	334	4.8
Swimming	41	7	5	1	12	1	2	1	70	342	20.5
Squash	5	2							7	86	8.1
Table Tennis	7	1			1				9	162	5.6
Triathlon	9		2		1				12	58	20.7
Weightlifting	6				2				8	164	4.9
Wrestling	4	2							6	68	8.8
<b>TOTAL</b>	<b>267</b>	<b>22</b>	<b>18</b>	<b>3</b>	<b>41</b>	<b>2</b>	<b>3</b>	<b>3</b>	359	3789	9.5

Table 2A

	Total of B 2 agonists use	Total N° of participants	% B 2 agonists use per participants
Nigeria	2	108	1.9
Bahamas	1	33	3
Ghana	1	31	3.2
Nine Islands	1	26	3.8
South Africa	7	161	4.3
Jamaica	4	90	4.4
North Ireland	6	97	6.2
Brunei	1	16	6.3
Trinidad & Tobago	5	72	6.9
Jersey	2	25	8
Canada	27	281	9.6
Norfolk	2	18	11.1
Bermuda	3	25	12
Wales	32	228	14
Zimbabwe	3	21	14.3
Guernsey	5	31	16.1
Falkland Island	1	6	16.7
Scotland	35	203	17.2
England	87	442	19.7
New Zealand	40	203	19.7
Barbados	16	79	20.3
Australia	78	371	21
<b>TOTAL</b>	<b>359</b>	<b>3789*</b>	<b>9.5</b>

Table 3

	Date of sample collection	Sport	Sex of competitors	Blood parameters		
				HG(G/DL)	HT(%)	Retic(%)
1	7/28/2002	Cycling	Male	14,0	39,6	1,2
2	7/28/2002	Triathlon	Male	14,3	41,4	1,4
3	7/28/2002	Swimming	Female	14,7	41,5	1,8
4	7/29/2002	Athletics	Male	14,4	39,5	1,3
5	7/29/2002	Athletics	Female	13,3	37,9	2,5
6	7/29/2002	Athletics	Male	15,6	43,4	1,7
7	7/29/2002	Triathlon	Male	16,6	45,1	1,5
8	7/29/2002	Swimming	Male	16,1	44,9	1,2
9	7/29/2002	Triathlon	Female	14,7	40,4	1,7
10	7/29/2002	Cycling	Female	14,5	39,1	1,3
11	7/29/2002	Swimming	Male	16,4	46,5	2,1
12	7/29/2002	Athletics	Male	15,0	40,3	1,3
13	7/30/2002	Cycling	Male	13,9	39,4	1,3
14	8/1/2002	Cycling	Male	13,5	40,7	1,4

Table 4