USA POWERLIFTING

In-Meet Drug Testing Instructions

October 2026

1. Introduction

a. The in-meet drug testing instructions shall be used by the designated USA Powerlifting Meet Directors and Doping Control Officer(s) (USAPL DCO).

b. Required extent of testing: The table included in this document shall be used to determine the number of drug tests required based on the number of lifters in attendance for the event; Table 1 – Number of Lifters to be Tested. At State and Regional meets, all Open American Records must be tested and will be included with the total required per the Table. At National Meets and the Arnold, all records will be tested and will be in addition to the total required per the Table.

2. Doping Control Station

a. The Doping Control Station is where athletes will report for drug testing and complete the necessary paperwork. Meet directors should establish a private location for the Doping Control Station. (If necessary, paperwork need not be completed in a private location, however, sample collection must have a dedicated area.)

3. Athlete Notification and Chain of Custody Forms

a. Lifters selected for testing are to be notified after they have finished lifting, either after the final deadlift or the final bench press if it is a bench press only event. The Athlete Notification Form (Appendix A) can be pre-filled out with all relevant information prior to presenting the form to the athlete. Present the athlete with the Athlete Notification Form and have the athlete sign as certification of notification that they have been selected for drug testing. If the athlete refuses to submit to drug testing, mark the appropriate box at the bottom of the form. Inform the athlete that refusal to test and failure to show after notification, including leaving the venue to avoid notification are all

considered drug test failures, and subject to sanctions including suspension. Lifters who want to leave the venue before the end of the contest must check with the drug testing official or meet director before they leave. If an athlete has not been notified by the end of the awards ceremony, they are free to leave the venue, and this is not considered a failure to report. Meet Director and DCO should make reasonable attempts to locate an athlete, including phone calls and text messages to summon the athlete back to the venue if they have left.

b. Minors selected for testing must be notified in the presence of an adult (person of the age 18 or older). *Only minors turning the age of 14 in the calendar year or are 14 and older are eligible for testing. Youth lifters (age 8-13) are not eligible for testing.*

c. A sample Chain of Custody Form is shown in Appendix B. Draw the attention of the athlete to the back of page 4 of the Chain of Custody Form and permit them time to read the Athlete Rights and Responsibilities. Fill out **Step 1** of the Chain of Custody Form. Much of this may be done in advance of notifying the athlete***. The USAPL member ID shall be used in the ID field***. Do not include any identifying criteria such as the Lifter's name in this field. Verify the lifter's identity via photo ID, or when an ID is not available, a person can vouch for the identity of the athlete. An athlete's inability to produce a photo ID does not invalidate the athlete from testing. Select **"IMT"** for the reason for test.

d. In **Step 2** of the Chain of Custody Form, check the box "yes" for checking the temperature and "yes" for split specimen once these steps have been completed. In the Remarks section, record any medications that the athlete reports, or any other comments regarding the drug test, including if the athlete produces a TUE. If additional space is required, an extra piece of paper, signed by the DCO and athlete if the athlete has additional comments, may be used and uploaded to the National Office along with the COC form. **IMPORTANT: If no medications or supplements are reported write "none reported"** Unless otherwise notified, the Specific Gravity field of the form can remain blank. Events where specific gravity will be tested will receive separate instructions on that procedure.

e. In **Step 3** of the Chain of Custody Form, on both sides, select "**USAPL Custom**" unless otherwise directed. Have the donor initial and date both copies of the labels, including the labels at the bottom of the form, below step 6.

f. **Step 4** will be completed, and signature of the athlete obtained once the samples have been sealed and both stickers applied to both vials.

g. In **Step 5,** the Doping Control Officer will complete and sign the form and fill out the competition's name and location. **If a second DCO is used to observe the collection of the sample, or to be present for the testing of a minor, record the name and signature of the DCO in the "chaperone" field**. Portions of this section may be filled out prior to notifying the athlete. Be sure to note the time of collection.

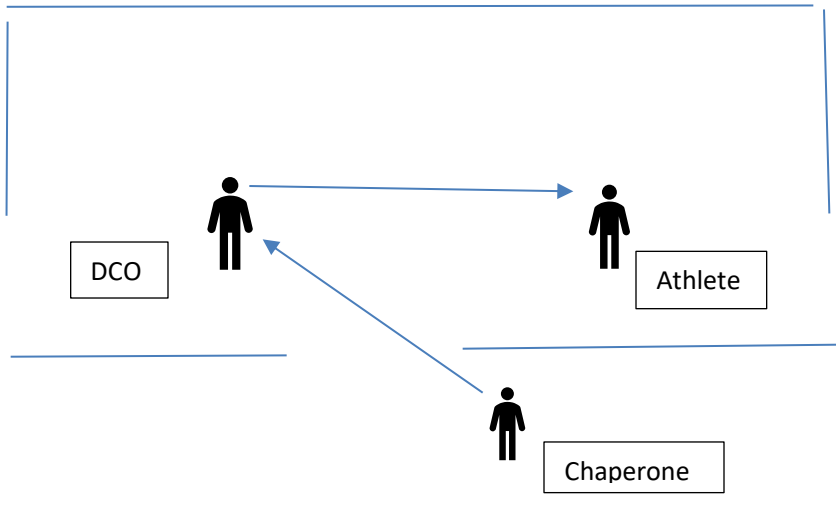
4. Sample Collection

a. The athlete may be accompanied by a representative, coach, parent, or chaperone.

b. Following notification, the first urine sample must be collected. From the time the athlete is notified until sample collection and completion of the process, the athletes must remain with a Doping Control Officer (DCO) or designated chaperone.

c. The athlete is accountable for any food or beverage consumed prior to sample collection. The DCO should encourage the athlete not to over hydrate.

d. Minors must have an adult chaperone present. In cases where there is not an adult chaperone over the age of 18, such as a parent or coach, two Doping Control Officers shall be present. The chaperone may not observe the collection of the sample unless the minor requests that they observe, however, the chaperone must be in the same room. If a minor is tested, please include the name of the chaperone or second DCO in Step 5. The DCO should observe the collection of a minor, while the chaperone or second DCO observes the DCO.



e. The athlete selected for testing should have a choice of at least 2 sample collection kits.
f. Once the athlete has selected the collection kit, the athlete retains control of the collection kit until the sample has been split and sealed with the lids closed and snapped shut. Impaired athletes may receive assistance from the DCO in handling the collection kits. If assistance is rendered in splitting or sealing the A and B vials, the DCO shall note this in the remarks section in Step 2. Once the vials are sealed (snapped shut), the DCO may assist in the application of the stickers to the vials.
g. The DCO observes the athlete urinate into the large specimen cup up to the 60 mL line. An absolute minimum of 60 ml needs to be collected.
h. The DCO shall observe that the temperature is registered on the temperature strip, however, lack of observing a measurement does not invalidate a sample, and the sample shall still be processed.
i. The athlete then splits the sample into the two smaller vials at least up to the 30mL line.
j. The athlete seals the vials by snapping the top closed.

5. Special Consideration: Insufficient Volume

a. If the athlete cannot produce the required volume of urine, the athlete shall replace the lid on the collection cup. Seal the cup with tape over the top and label the tape with the lifter's name.
b. The athlete and DCO or chaperone return to the waiting area where the athlete and samples remain under continuous surveillance by the DCO or chaperone, or in a locked and secured room. If the athlete must leave the Doping Control Station, for an awards ceremony for example, the partial sample remains in the Doping control Station under constant surveillance or with the DCO.

c. When the athlete is prepared to produce an additional sample, he is given a choice of two sample collection kits. Additional samples are collected into a new collection cup.

d. The athlete, in the presence of the DCO or chaperone, breaks the seal on the collection cup with the insufficient sample volume. The sample from the second collection cup is then added to the original sample until a minimum volume of 60 ml is achieved. The sample is then split into the A and B vials both to 30ml. Additional urine may be discarded, unless the DCO has been previously notified to test specific gravity.

e. It is critical in the case of insufficient sample that the partial urine specimen be secured in a locked room or under constant surveillance, and the athlete remain under continuous observation.

6. Labeling and Packaging the Specimen Vials

a. Peel off label "A" from the COC and place it over the top of the small specimen vial and down the sides. Place the wider label around the vial, capturing the sides of label "A". Repeat the same for specimens B. *See Figure 1*.

b. Place the two vials inside the small plastic bag marked. "BIOHAZARD" inside the portion with the small absorbent towel.

c. Remove the adhesive liner and fold the bag over and seal the bag.

d. Remove the "Security Seal" from the COC, fold the bag over once more and place the seal over the fold.

Figure 1 – Applying Stickers to Vials



7. Paperwork

a. Scan the top copy of the Chain of Custody form and the Athlete Notification Form and upload along with results upload to the National Office. Please upload PDFS NOT pictures or jpeg images as they do not download well.

b. The Laboratory Copy MUST be sent in the shipping bag along with the samples**. No other forms are to be sent to the lab.**

c. Copy 4 of the Chain of Custody Form will be given to the athlete. Pink copy of the Athlete Notification Form will be given to the athlete.

d. Meet Director will retain copies of Chain of Custody Forms and Athlete Notification forms for one year after which time they may be disposed of. Forms do not need to be mailed to the National Office unless specifically requested.

8. Shipping

a. The FedEx Tracking number will be required for results upload, be sure to keep copy of the tracking.

b. The Laboratory Copy MUST be sent in the shipping bag along with the samples**. No other forms are to be sent to the lab.** Shipping paks and labels will be provided with your meet supplies.

Laboratory Address:

Sports Medicine Research and Testing Lab/Eagle Diagnostics

10644 South Jordan Gateway

South Jordan, UT 84095-4022

Attn: Sample Receiving

Appendix A – Athlete Notification Form

USA Powerlifting
1605 Central Ave, STE 6, Box 287
Summerville, SC 29483
Phone: (260) 248-4889 Fax: (260) 248-4879
Email: nationaloffice@usapowerlifting.com Website: www.usapowerlifting.com

ATHLETE NOTIFICATION OF DOPING CONTROL

You have been selected for Doping Control – testing and are required to report to the Doping Control Room immediately following the competition.

You may be accompanied by an attendant (e.g. Team Official, Doctor)

Athlete Name: _____
Last First Middle Initial

Identification #: _____

USAPL #: _____ Weight Class #: _____

Competition Name: _____

City/State: _____

Date: _____ Time: _____

Name of Doping Control Officer (Print): _____

Signature of Doping Control Officer: _____

I certify I have received an invitation to Doping Control.

_____
Athlete's Signature

☐ Refusal to test ☐ Refusal to sign Doping Control Form

If you refuse to comply, you will be subject to sanctions.

White Original – National Office Yellow – Meet Director Pink – Lifter

Appendix B – Chain of Custody Form

USA POWERLIFTING

SPECIMEN ID NO. B 8301

CHAIN OF CUSTODY FORM

B8301

STEP 1: *TO BE COMPLETED BY COLLECTOR* ***Press Down. Print Clearly.***

LAB ACCESSION NO.

Account Name / Address / Phone / Fax
(COLLECTOR)

USA Powerlifting
1605 Central Ave. Ste. 6 Box #287 // Summerville , SC 29483
Ph: 260.248.4889 // Fax: 260.248.4879

USAPL I.D. 12345678

Sex: [X] **Male** [ ] **Female**

Reason for test: [X] **(IMT) In Meet Test** [ ] **(OMT) Out of Meet Test** [ ] **Other**

Donor identification verified by: [X] **Photo I.D.** [ ] **Other**

STEP 2: *TO BE COMPLETED BY COLLECTOR* ***Press Down. Print Clearly.***

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? [X] Yes [ ] No, Enter Remark Below **Split Specimen Collection:** [X] Yes [ ] No

Remarks: *Additional paper may be used if necessary* VYVANSE (JUE) ATORVASTATIN,

Specific gravity: N/A

STEP 3: *COLLECTOR AFFIXES BOTTLE SEAL(S) TO BOTTLE(S). COLLECTOR DATES SEAL(S). DONOR INITIAL SEAL(S).* ***Press Down. Print Clearly.***

[ ] 5550 Steroids [ ] WADA
[ ] 5552 Stimulants [ ] WADA-P
[ ] 5551 Diuretics [X] USAPL Custom
[ ] Other

B8301

Date: 7/4/26 Donor's Initials: DB
ID:
GC/RS Confirm:

USA Powerlifting // 1605 Central Ave. Ste. 6 Box #287 // Summerville, SC 29483 // Ph: 260.248.4889 // Fax: 260.248.4879

[ ] 5550 Steroids [ ] WADA
[ ] 5552 Stimulants [ ] WADA-P
[ ] 5551 Diuretics [X] USAPL Custom
[ ] Other

B8301

Date: 7/4/26 Donor's Initials: DB
ID:
GC/RS Confirm:

USA Powerlifting // 1605 Central Ave. Ste. 6 Box #287 // Summerville, SC 29483 // Ph: 260.248.4889 // Fax: 260.248.4879

STEP 4: *TO BE COMPLETED BY DONOR* *NOTIFICATION AND CONSENT* ***Press Down. Print Clearly.***

Donor consent: *I acknowledge that I have read the Athlete Rights and Responsibilities text on the overleaf of Copy 4 and I consent to provide a sample. I understand that failure or refusal to provide a sample may constitute an anti-doping rule violation. I authorize the collection of this specimen for the purpose of drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence, and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form of its designated agents.*

X David Bowie — *Signature of Donor*
DAVE BOWIE — *(Print) Donor's Name (First, MI, Last)*
7/4/26 — *Date (Mo/Day/Yr)*

Phone: 555-555-1212
Date of Birth: 1/8/47 *(Mo/Day/Yr)*

[ ] **Refusal to Test** [ ] **Refusal to Show**

STEP 5: *TO BE COMPLETED BY COLLECTOR* ***Press Down. Print Clearly.***

Collector certification: *I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.*

X William Idol — *Signature of Collector*
2:45pm — *Time of Collection*
X N/A — *Signature of Chaperone*

X WILLIAM IDOL — *(Print) Collector's Name (First, MI, Last)*
7/4/26 — *Date (Mo/Day/Yr)*
X N/A — *(Print) Chaperone's Name (First, MI, Last)*

Competition Name and Location 2026 USA POWERLIFTING ROCK n ROLL CLASSIC MEMPHIS, TN

STEP 6: *TO BE COMPLETED BY LABORATORY PERSONNEL ONLY* ***Press Down. Print Clearly.***

Received At Laboratory
X — *Initials*
Date (Mo/Day/Yr)

Specimen A: Bottle seal intact? [ ] Yes [ ] No
Specimen B: Bottle seal intact? [ ] Yes [ ] No

Specimen bottle released to:
Bottle A:
Bottle B:

SECURITY SEAL

B8301

Bottle A
B8301
Bottle B
B8301

USA Powerlifting **A** 7/4/26 DB
DATE *DONOR'S INITIALS*

USA Powerlifting **B** 7/4/26 DB
DATE *DONOR'S INITIALS*



1. Snap vial lid closed and push tab into lock position.
2. Place security seal across lid as shown.
3. Place athlete I.D. label around bottle as shown.

1 of 4 National Office Copy

Appendix C- Number of Lifters to be Tested

Up to 20	1	601 through 620	31	1201 through 1220	61
21 through 40	2	621 through 640	32	1221 through 1240	62
41 through 60	3	641 through 660	33	1241 through 1260	63
61 through 80	4	661 through 680	34	1261 through 1280	64
81 through 100	5	681 through 700	35	1281 through 1300	65
101 through 120	6	701 through 720	36	1301 through 1320	66
121 through 140	7	721 through 740	37	1321 through 1340	67
141 through 160	8	741 through 760	38	1341 through 1360	68
161 through 180	9	761 through 780	39	1361 through 1380	69
181 through 200	10	781 through 800	40	1381 through 1400	70
201 through 220	11	801 through 820	41	1401 through 1420	71
221 through 240	12	821 through 840	42	1421 through 1440	72
241 through 260	13	841 through 860	43	1441 through 1460	73
261 through 280	14	861 through 880	44	1461 through 1480	74
281 through 300	15	881 thorugh 900	45	1481 through 1500	75
301 through 320	16	901 through 920	46	1501 through 1520	76
321 through 340	17	921 through 940	47	1521 through 1540	77
341 through 360	18	941 through 960	48	1541 through 1560	78
361 through 380	19	961 through 980	49	1561 through 1580	79
381 through 400	20	981 through 1000	50	1581 through 1600	80
401 through 420	21	1001 through 1020	51	1601 through 1620	81
421 through 440	22	1021 through 1040	52	1621 through 1640	82
441 through 460	23	1041 through 1060	53	1641 through 1660	83
461 thorugh 480	24	1061 through 1080	54	1661 through 1680	84
481 through 500	25	1081 through 1100	55	1681 through 1700	85
501 through 520	26	1101 through 1120	56	1701 through 1720	86
521 through 540	27	1121 through 1140	57	1721 through 1740	87
541 through 560	28	1141 through 1160	58	1741 through 1760	88
561 through 580	29	1161 through 1180	59	1761 through 1780	89
581 through 600	30	1181 through 1200	60	1781 through 1800	90