

# USA POWERLIFTING

## In-Meet Drug Testing Guideline

- 2020 -



## **Introduction**

The in-meet drug testing guideline is intended to mirror the World Anti-Doping (WADA) standards for testing and is used by the designated USA Powerlifting Doping Control Officer(s) (USAPL DCO).

## **Doping Control Station**

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.)

## **Athlete Notification** (See *Appendix A: Athlete Notification Form sample*)

1. Lifters selected for testing are to be notified after they have finished lifting. It is acceptable to notify after their flight has completed deadlifts rather than wait until the end of the session. Refusal to test and failure to show after notification, including leaving the venue to avoid notification are all considered drug test failures. If a lifter has been selected for Drug Testing, and an Athlete Notification Form completed, this counts towards the ten percent required tests for the meet director, even if the lifter is a failure to show. The Athlete Notification Form with appropriate remarks shall be sent to the National Office along with all Drug Testing Forms. 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.
2. 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.*
3. Verify the lifter's identity via photo ID, or when an ID is not available, a person can vouch for the identity. An athlete's inability to produce a photo ID does not invalidate a test. Indicate the state abbreviation followed by DL for driver's license (eg: AK DL 12345) and use PP for passport (eg: PP 12345). If an alternative form of ID is used, for example a school ID, the lifter identification is at the discretion of the DCO, but should not contain the lifter's name.

4. Fill out all sections of the Athlete Notification Form. If the athlete refuses to test, refuses to sign, or does not show for testing when announced, mark the form appropriately.
5. If a Chaperone of the same gender is required, the name and signature of the chaperone should be noted on the Form.
6. 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.

### **Sample Collection**

1. The athlete may be accompanied by a representative, coach, parent, or chaperone.
2. Following Notification, the first urine sample must be collected.
3. The athlete is accountable for any food or beverage consumed prior to sample collection. The DCO should encourage the athlete not to over hydrate.
4. Minors must have an adult chaperone present. In cases where there is not an adult chaperone, 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.
5. The athlete selected for testing should have a choice of at least 3 sample collection kits.
6. Once the athlete has selected the collection kit, the athlete retains control of the collection kit until it is sealed. Impaired athletes may request assistance in handling the collection kits.
7. The DCO observes the athlete urinate into the large specimen cup at least up to the 70mL line (the line above the 60 mL on the collection cup).
8. 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.
9. The athlete then splits the sample into the two smaller vials at least up to the 30mL line.

10. The athlete seals the vials by snapping the top closed then turn it upside down and pressed to the table surface to ensure the vials are not leaking.
11. Athlete and DCO will then complete the Chain of Custody Form.

**Special Consideration: Insufficient volume** if an athlete is unable to provide at least 70 ml of urine, the following procedure shall follow the following procedure:

**IF THE COLLECTION CUPS WITH THE FOIL TOPS ARE USED:**

1. The A sample split vial is filled as much as possible. If it is filled up to the 30 ml mark, this is sufficient for this split and the vial should be sealed and labelled with the appropriate labels from the chain of custody form. The remainder of the urine should be poured into the B sample split vial, the lid closed, and a white self-adhesive label with the athlete ID number written in ink, placed over the top to seal the lid. If there is not enough urine to fill to the 30 ml mark in the A vial, then the urine should be poured into vial A, the lid closed, and a white self-adhesive label marked in ink with the athlete ID number should be placed over the lid and down the sides.
2. 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.
3. When the athlete is prepared to produce additional sample, he is given a choice of three sample collection kits. Additional sample is collected into a new collection cup.
4. The athlete, in the presence of the DCO or chaperone, breaks the seal on the vial with the insufficient sample volume, then fills to the remaining required volume for both A and B samples. The lids are sealed. The ink written label can be removed and discarded. Paperwork is then completed.
5. 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.

## **Insufficient volume:**

### **IF THE COLLECTION CUPS WITH THE PLASTIC REPLACEABLE LIDS ARE USED:**

1. If the athlete cannot produce the required volume of urine, the athlete shall replace the lid on the collection cup. The lid shall then be sealed with a self-adhesive label, which has the athlete ID marked in ink, over the top and down the sides of the collection cup.
2. 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.
3. When the athlete is prepared to produce additional sample, he is given a choice of three sample collection kits. Additional sample is collected into a new collection cup.
4. The athlete, in the presence of the DCO or chaperone, breaks the seal on the collection cup with the insufficient sample volume, then fills the collection cup to the required volume with the specimen collected from the second sample. The sample is then split into the A and B vials and the session proceeds as normal. Additional urine may be discarded.
5. 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.

### **Chain of Custody Form (COC)** (See *Appendix B* for a completed form sample)

1. Write legibility and press hard to ensure print copies to all 5 copies of the COC
2. The Chain of Custody Form can be partially filled out by the DCO prior to testing or be filled out after the sample collection. This is at the discretion of the DCO.
3. All sections of the form must be completed. In the remarks section, include any medications the athlete is taking, at least within the 7 days prior, as well as supplements if the athlete chooses to report them. If none are reported mark the form "no medications reported". Also, if the athlete has a TUE (Therapeutic Use Exemption) for a medication, this should be noted here.
4. Unless otherwise instructed by the meet director, OMT Coordinator, or other USA Powerlifting employees, Step 3 of the Chain of Custody (COC) form should be marked "Steroids" unless otherwise instructed.

### Labeling and Packaging the Specimen Vials

1. Peel off label “A” from the COC and place it over 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.*
2. Place the two vials inside the small plastic bag marked. “BIOHAZARD” inside the portion with the small absorbent towel.
3. Remove the adhesive liner and fold the bag over and seal the bag.
4. Remove the “Security Seal” from the COC, fold the bag over once more and place the seal over the fold.



**FIGURE 1.** Example of proper labeling

### Paperwork

- The bottom of each form copy clearly indicates where each copy goes.
- COC *Copy 2: “Lab Copy”* should NOT be placed in the plastic bag with the sample, it should remain outside of the sealed bag and simply included within the FedEx package to the lab.
- Meet Director: Ship the paperwork to the National Office as soon as possible.
- Meet Director: Urine samples should be sent out within 24 hours. If, due to a weekend or holiday they cannot be shipped, samples should be refrigerated until sent.

### Special Consideration

Out of Meet Chain of Custody Forms shall not be used for In Meet Drug Testing. ONLY the GREEN Chain of Custody Forms shall be used for In Meet Testing. If an Out of Meet Test or an In Meet WADA Test is requested of the meet director, the WADA Forms and Kits will be provided to the Meet Director. OMT samples are **NOT** to be sent to the meet testing lab, Redwood Toxicology. OMT tests are sent to a different lab, SMRTL in Salt Lake City Utah.



# Appendix B

SPECIMEN ID NO. **000000**

## CHAIN OF CUSTODY FORM



**000000**

### STEP 1: TO BE COMPLETED BY COLLECTOR

LAB ACCESSION NO.

<b>Account Name / Address / Phone / Fax</b>	<b>MRO Name / Address / Phone / Fax</b>
123709 USA Powerlifting 1120 Huffman Rd, Ste 24 #223 // Anchorage, AK 99515 Ph: 260.248.4889 // Fax: 260.248.4879	
<b>Donor ID: PA DL 123456 (do not use name: use ID number)</b>	
<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Reason for test:</b> <input checked="" type="checkbox"/> (IMT) In Meet Test <input type="checkbox"/> (OMT) Out of Meet Test <input type="checkbox"/> Other	
<b>Collection site name / Address:</b> USA Powerlifting 1120 Huffman Rd, Ste 24 #223 // Anchorage, AK 99515 Ph: 260.248.4889 // Fax: 260.248.4879	<b>Collector Phone No. (260) 248-4889</b>
<b>Donor identification verified by:</b> <input checked="" type="checkbox"/> Photo I.D. <input type="checkbox"/> Other	<b>Collector Fax No. (260) 248-4879</b>

### STEP 2: TO BE COMPLETED BY COLLECTOR

**Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F?**  Yes  No, Enter Remark Below

**Split Specimen Collection:**  Yes  No

**Remarks: No Medications Reported (list medications, supplements or TUE as reported by athlete)**

**Specific gravity:** \_\_\_\_\_  
**pH:** \_\_\_\_\_

### STEP 3: COLLECTOR AFFIXES BOTTLE SEAL(S) TO BOTTLE(S). COLLECTOR DATES SEAL(S). DONOR INITIAL SEAL(S).

Acct# 123709 <input checked="" type="checkbox"/> 5550 Steroids <input type="checkbox"/> 5552 Stimulants <input type="checkbox"/> 5551 Diuretics <input type="checkbox"/> Other _____ Date: <u>01/01/2019</u> Donor's Initials <u>JS</u> ID: _____ GC/RS Confirm: _____ <small>Redwood Toxicology Laboratory // 3650 Westwind Blvd, Santa Rosa, CA 95403 // Laboratory phone: 800.255.2159</small>	<p><b>000000</b></p>	Acct# 123709 <input checked="" type="checkbox"/> 5550 Steroids <input type="checkbox"/> 5552 Stimulants <input type="checkbox"/> 5551 Diuretics <input type="checkbox"/> Other _____ Date: <u>01/01/2019</u> Donor's Initials <u>JS</u> ID: _____ GC/RS Confirm: _____ <small>Redwood Toxicology Laboratory // 3650 Westwind Blvd, Santa Rosa, CA 95403 // Laboratory phone: 800.255.2159</small>	<p><b>000000</b></p>
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### STEP 4: TO BE COMPLETED BY DONOR

**Donor consent:** 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 Jan Smith Jan Smith 01/01/2019  
Signature of Donor (Print) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Daytime Phone: 215-867-5309 Evening Phone: 215-867-5309 Date of Birth: 07/04/1999  
(MM)

### STEP 5: TO BE COMPLETED BY COLLECTOR

**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 Jessica Jones 2:17 PM Specimen bottle(s) released to:  
Signature of Collector Time of Collection

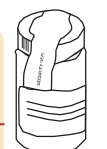
X Jessica Jones 01/01/2019  
(Print) Collector's Name (First, MI, Last) Date (Mo/Day/Yr)

\_\_\_\_\_  
Name of Delivery Service Transferring Specimen to Lab

### STEP 6: TO BE COMPLETED BY LABORATORY PERSONNEL ONLY

<b>Received At Laboratory</b>	<b>Specimen A: Bottle seal intact?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Specimen bottle released to:</b>
<u>X</u> <small>Initials</small>	<b>Specimen B: Bottle seal intact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bottle A:</b> _____
_____ <small>Date (Mo/Day/Yr)</small>		<b>Bottle B:</b> _____

<b>SECURITY SEAL</b>	Bottle A	Acct# 123709	<b>A</b>	<u>01/01/19</u> <u>JS</u> <small>DATE DONOR'S INITIALS</small>
	Bottle B	Acct# 123709	<b>B</b>	<u>01/01/19</u> <u>JS</u> <small>DATE DONOR'S INITIALS</small>



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