TREATY SERIES 2009
Nº 9

International Convention against Doping in Sport

Adopted in Paris on 19 October 2005

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Entered in to force with respect to Ireland on 1 September 2008

Presented to Dáil Éireann by the Minister for Foreign Affairs

INTERNATIONAL CONVENTION AGAINST DOPING IN SPORT

The General Conference of the United Nations Educational, Scientific and Cultural Organization, hereinafter referred to as "UNESCO", meeting in Paris, from 3 to 21 October 2005, at its 33rd session,

Considering that the aim of UNESCO is to contribute to peace and security by promoting collaboration among nations through education, science and culture,

Referring to existing international instruments relating to human rights,

Aware of resolution 58/5 adopted by the General Assembly of the United Nations on 3 November 2003, concerning sport as a means to promote education, health, development and peace, notably its paragraph 7,

Conscious that sport should play an important role in the protection of health, in moral, cultural and physical education and in promoting international understanding and peace,

Noting the need to encourage and coordinate international cooperation towards the elimination of doping in sport,

Concerned by the use of doping by athletes in sport and the consequences thereof for their health, the principle of fair play, the elimination of cheating and the future of sport,

Mindfiul that doping puts at risk the ethical principles and educational values embodied in the International Charter of Physical Education and Sport of UNESCO and in the Olympic Charter,

Recalling that the Anti-Doping Convention and its Additional Protocol adopted within the framework of the Council of Europe are the public international law tools which are at the origin of national anti-doping policies and of intergovernmental cooperation,

Recalling the recommendations on doping adopted by the second, third and fourth International Conferences of Ministers and Senior Officials Responsible for Physical Education and Sport organized by UNESCO at Moscow (1988), Punta del Este (1999) and Athens (2004) and 32 C/Resolution 9 adopted by the General Conference of UNESCO at its 32nd session (2003),

Bearing in mind the World Anti-Doping Code adopted by the World Anti-Doping Agency at the World Conference on Doping in Sport, Copenhagen, 5 March 2003, and the Copenhagen Declaration on Anti-Doping in Sport,

Mindful also of the influence that elite athletes have on youth,

Aware of the ongoing need to conduct and promote research with the objectives of improving detection of doping and better understanding of the factors affecting use in order for prevention strategies to be most effective,

Aware also of the importance of ongoing education of athletes, athlete support personnel and the community at large in preventing doping,

Mindfiul of the need to build the capacity of States Parties to implement anti-doping programmes,

Aware that public authorities and the organizations responsible for sport have complementary responsibilities to prevent and combat doping in sport, notably to ensure the proper conduct, on the basis of the principle of fair play, of sports events and to protect the health of those that take part in them,

Recognizing that these authorities and organizations must work together for these purposes, ensuring the highest degree of independence and transparency at all appropriate levels,

Determined to take further and stronger cooperative action aimed at the elimination of doping in sport,

Recognizing that the elimination of doping in sport is dependent in part upon progressive harmonization of anti-doping standards and practices in sport and cooperation at the national and global levels,

Adopts this Convention on this nineteenth day of October 2005.

I. Scope

Article 1
Purpose of the Convention

The purpose of this Convention, within the framework of the strategy and programme of activities of UNESCO in the area of physical education and sport, is to promote the prevention of and the fight against doping in sport, with a view to its elimination.

Article 2
Definitions

These definitions are to be understood within the context of the World Anti-Doping Code. However, in case of conflict the provisions of the Convention will prevail.

For the purposes of this Convention:

1. "Accredited doping control laboratories" means laboratories accredited by the World Anti-Doping Agency.

2. "Anti-doping organization" means an entity that is responsible for adopting rules for initiating, implementing or enforcing any part of the doping control process. This includes, for example, the International Olympic Committee, the International Paralympic Committee, other major event organizations that conduct testing at their events, the World Anti-Doping Agency, international federations and national anti-doping organizations.

3. “Anti-doping rule violation” in sport means one or more of the following:

(a) the presence of a prohibited substance or its metabolites or markers in an athlete’s bodily specimen;

(b) use or attempted use of a prohibited substance or a prohibited method;

(c) refusing, or failing without compelling justification, to submit to sample collection after notification as authorized in applicable anti-doping rules or otherwise evading sample collection;

(d) violation of applicable requirements regarding athlete availability for out-of-competition testing, including failure to provide required whereabouts information and missed tests which are declared based on reasonable rules;

(e) tampering, or attempting to tamper, with any part of doping control;

(f) possession of prohibited substances or methods;

(g) trafficking in any prohibited substance or prohibited method;

(h) administration or attempted administration of a prohibited substance or prohibited method to any athlete, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an anti-doping rule violation or any attempted violation.

4. “Athlete” means, for the purposes of doping control, any person who participates in sport at the international or national level as defined by each national anti-doping organization and accepted by States Parties and any additional person who participates in a sport or event at a lower level accepted by States Parties. For the purposes of education and training programmes, “athlete” means any person who participates in sport under the authority of a sports organization.

5. “Athlete support personnel” means any coach, trainer, manager, agent, team staff, official, medical or paramedical personnel working with or treating athletes participating in or preparing for sports competition.

6. “Code” means the World Anti-Doping Code adopted by the World Anti-Doping Agency on 5 March 2003 at Copenhagen which is attached as Appendix 1 to this Convention.

7. “Competition” means a single race, match, game or singular athletic contest.

8. “Doping control” means the process including test distribution planning, sample collection and handling, laboratory analysis, results management, hearings and appeals.

9. “Doping in sport” means the occurrence of an anti-doping rule violation.

10. “Duly authorized doping control teams” means doping control teams operating under the authority of international or national anti-doping organizations.

11. “In-competition” testing means, for purposes of differentiating between in-competition and out-of-competition testing, unless provided otherwise in the rules of an international federation or other relevant anti-doping organization, a test where an athlete is selected for testing in connection with a specific competition.

12. “International Standard for Laboratories” means the standard which is attached as Appendix 2 to this Convention.

13. “International Standard for Testing” means the standard which is attached as Appendix 3 to this Convention.

14. “No advance notice” means a doping control which takes place with no advance warning to the athlete and where the athlete is continuously chaperoned from the moment of notification through sample provision.

15. “Olympic Movement” means all those who agree to be guided by the Olympic Charter and who recognize the authority of the International Olympic Committee, namely the international federations of sports on the programme of the Olympic Games, the National Olympic Committees, the Organizing Committees of the Olympic Games, athletes, judges and referees, associations and clubs, as well as all the organizations and institutions recognized by the International Olympic Committee.

16. “Out-of-competition” doping control means any doping control which is not conducted in competition.

17. “Prohibited List” means the list which appears in Annex I to this Convention identifying the prohibited substances and prohibited methods.

18. “Prohibited method” means any method so described on the Prohibited List, which appears in Annex I to this Convention.

19. “Prohibited substance” means any substance so described on the Prohibited List, which appears in Annex I to this Convention.

20. “Sports organization” means any organization that serves as the ruling body for an event for one or several sports.

21. “Standards for Granting Therapeutic Use Exemptions” means those standards that appear in Annex II to this Convention.

22. “Testing” means the parts of the doping control process involving test distribution planning, sample collection, sample handling and sample transport to the laboratory.

23. “Therapeutic use exemption” means an exemption granted in accordance with Standards for Granting Therapeutic Use Exemptions.

24. “Use” means the application, ingestion, injection or consumption by any means whatsoever of any prohibited substance or prohibited method.

25. “World Anti-Doping Agency” (WADA) means the foundation so named established under Swiss law on 10 November 1999.

Article 3
Means to achieve the purpose of the Convention

In order to achieve the purpose of the Convention, States Parties undertake to:

(a) adopt appropriate measures at the national and international levels which are consistent with the principles of the Code;

(b) encourage all forms of international cooperation aimed at protecting athletes and ethics in sport and at sharing the results of research;

(c) foster international cooperation between States Parties and leading organizations in the fight against doping in sport, in particular with the World Anti-Doping Agency.

Article 4
Relationship of the Convention to the Code

1. In order to coordinate the implementation, at the national and international levels, of the fight against doping in sport, States Parties commit themselves to the principles of the Code as the basis for the measures provided for in Article 5 of this Convention. Nothing in this Convention prevents States Parties from adopting additional measures complementary to the Code.

2. The Code and the most current version of Appendices 2 and 3 are reproduced for information purposes and are not an integral part of this Convention. The Appendices as such do not create any binding obligations under international law for States Parties.

3. The Annexes are an integral part of this Convention.

Article 5
Measures to achieve the objectives of the Convention

In abiding by the obligations contained in this Convention, each State Party undertakes to adopt appropriate measures. Such measures may include legislation, regulation, policies or administrative practices.

Article 6
Relationship to other international instruments

This Convention shall not alter the rights and obligations of States Parties which arise from other agreements previously concluded and consistent with the object and

purpose of this Convention. This does not affect the enjoyment by other States Parties of their rights or the performance of their obligations under this Convention.

II. Anti-doping activities at the national level

Article 7
Domestic coordination

States Parties shall ensure the application of the present Convention, notably through domestic coordination. To meet their obligations under this Convention, States Parties may rely on anti-doping organizations as well as sports authorities and organizations.

Article 8
Restricting the availability and use in sport of prohibited substances and methods

1. States Parties shall, where appropriate, adopt measures to restrict the availability of prohibited substances and methods in order to restrict their use in sport by athletes, unless the use is based upon a therapeutic use exemption. These include measures against trafficking to athletes and, to this end, measures to control production, movement, importation, distribution and sale.

2. States Parties shall adopt, or encourage, where appropriate, the relevant entities within their jurisdictions to adopt measures to prevent and to restrict the use and possession of prohibited substances and methods by athletes in sport, unless the use is based upon a therapeutic use exemption.

3. No measures taken pursuant to this Convention will impede the availability for legitimate purposes of substances and methods otherwise prohibited or controlled in sport.

Article 9
Measures against athlete support personnel

States Parties shall themselves take measures or encourage sports organizations and anti-doping organizations to adopt measures, including sanctions or penalties, aimed at athlete support personnel who commit an anti-doping rule violation or other offence connected with doping in sport.

Article 10
Nutritional supplements

States Parties, where appropriate, shall encourage producers and distributors of nutritional supplements to establish best practices in the marketing and distribution of nutritional supplements, including information regarding their analytic composition and quality assurance.

Article 11
Financial measures

States Parties shall, where appropriate:

(a) provide funding within their respective budgets to support a national testing programme across all sports or assist sports organizations and anti-doping organizations in financing doping controls either by direct subsidies or grants, or by recognizing the costs of such controls when determining the overall subsidies or grants to be awarded to those organizations;

(b) take steps to withhold sport-related financial support to individual athletes or athlete support personnel who have been suspended following an anti-doping rule violation, during the period of their suspension;

(c) withhold some or all financial or other sport-related support from any sports organization or anti-doping organization not in compliance with the Code or applicable anti-doping rules adopted pursuant to the Code.

Article 12
Measures to facilitate doping control

States Parties shall, where appropriate:

(a) encourage and facilitate the implementation by sports organizations and anti-doping organizations within their jurisdiction of doping controls in a manner consistent with the Code, including no-advance notice, out-of-competition and in-competition testing;

(b) encourage and facilitate the negotiation by sports organizations and anti-doping organizations of agreements permitting their members to be tested by duly authorized doping control teams from other countries;

(c) undertake to assist the sports organizations and anti-doping organizations within their jurisdiction in gaining access to an accredited doping control laboratory for the purposes of doping control analysis.

III. International cooperation

Article 13
Cooperation between anti-doping organizations and sports organizations

States Parties shall encourage cooperation between anti-doping organizations, public authorities and sports organizations within their jurisdiction and those within the jurisdiction of other States Parties in order to achieve, at the international level, the purpose of this Convention.

Article 14
Supporting the mission of the World Anti-Doping Agency

States Parties undertake to support the important mission of the World Anti-Doping Agency in the international fight against doping.

Article 15
Equal finding of the World Anti-Doping Agency

States Parties support the principle of equal funding of the World Anti-Doping Agency's approved annual core budget by public authorities and the Olympic Movement.

Article 16
International cooperation in doping control

Recognizing that the fight against doping in sport can only be effective when athletes can be tested with no advance notice and samples can be transported in a timely manner to laboratories for analysis, States Parties shall, where appropriate and in accordance with domestic law and procedures:

(a) facilitate the task of the World Anti-Doping Agency and anti-doping organizations operating in compliance with the Code, subject to relevant host countries' regulations, of conducting in- or out-of-competition doping controls on their athletes, whether on their territory or elsewhere;

(b) facilitate the timely movement of duly authorized doping control teams across borders when conducting doping control activities;

(c) cooperate to expedite the timely shipping or carrying across borders of samples in such a way as to maintain their security and integrity;

(d) assist in the international coordination of doping controls by various anti-doping organizations, and cooperate to this end with the World Anti-Doping Agency;

(e) promote cooperation between doping control laboratories within their jurisdiction and those within the jurisdiction of other States Parties. In particular, States Parties with accredited doping control laboratories should encourage laboratories within their jurisdiction to assist other States Parties in enabling them to acquire the experience, skills and techniques necessary to establish their own laboratories should they wish to do so;

(f) encourage and support reciprocal testing arrangements between designated anti-doping organizations, in conformity with the Code;

(g) mutually recognize the doping control procedures and test results management, including the sport sanctions thereof, of any anti-doping organization that are consistent with the Code.

Article 17
Voluntary Fund

1. A "Fund for the Elimination of Doping in Sport", hereinafter referred to as "the Voluntary Fund", is hereby established. The Voluntary Fund shall consist of funds-in-

trust established in accordance with the Financial Regulations of UNESCO. All contributions by States Parties and other actors shall be voluntary.

2. The resources of the Voluntary Fund shall consist of:

(a) contributions made by States Parties;

(b) contributions, gifts or bequests which may be made by:

(i) other States;

(ii) organizations and programmes of the United Nations system, particularly the United Nations Development Programme, as well as other international organizations;

(iii) public or private bodies or individuals;

(c) any interest due on the resources of the Voluntary Fund;

(d) funds raised through collections, and receipts from events organized for the benefit of the Voluntary Fund;

(e) any other resources authorized by the Voluntary Fund's regulations, to be drawn up by the Conference of Parties.

3. Contributions into the Voluntary Fund by States Parties shall not be considered to be a replacement for States Parties' commitment to pay their share of the World Anti-Doping Agency's annual budget.

Article 18
Use and governance of the Voluntary Fund

Resources in the Voluntary Fund shall be allocated by the Conference of Parties for the financing of activities approved by it, notably to assist States Parties in developing and implementing anti-doping programmes, in accordance with the provisions of this Convention, taking into consideration the goals of the World Anti-Doping Agency, and may serve to cover functioning costs of this Convention. No political, economic or other conditions may be attached to contributions made to the Voluntary Fund.

IV. Education and training

Article 19
General education and training principles

1. States Parties shall undertake, within their means, to support, devise or implement education and training programmes on anti-doping. For the sporting community in general, these programmes should aim to provide updated and accurate information on:

(a) the harm of doping to the ethical values of sport;

(b) the health consequences of doping.

2. For athletes and athlete support personnel, in particular in their initial training, education and training programmes should, in addition to the above, aim to provide updated and accurate information on:

(a) doping control procedures;

(b) athletes' rights and responsibilities in regard to anti-doping, including information about the Code and the anti-doping policies of the relevant sports and anti-doping organizations. Such information shall include the consequences of committing an anti-doping rule violation;

(c) the list of prohibited substances and methods and therapeutic use exemptions;

(d) nutritional supplements.

Article 20
Professional codes of conduct

States Parties shall encourage relevant competent professional associations and institutions to develop and implement appropriate codes of conduct, good practice and ethics related to anti-doping in sport that are consistent with the Code.

Article 21
Involvement of athletes and athlete support personnel

States Parties shall promote and, within their means, support active participation by athletes and athlete support personnel in all facets of the anti-doping work of sports and other relevant organizations and encourage sports organizations within their jurisdiction to do likewise.

Article 22
Sports organizations and ongoing education and training on anti-doping

States Parties shall encourage sports organizations and anti-doping organizations to implement ongoing education and training programmes for all athletes and athlete support personnel on the subjects identified in Article 19.

Article 23
Cooperation in education and training

States Parties shall cooperate mutually and with the relevant organizations to share, where appropriate, information, expertise and experience on effective anti-doping programmes.

V. Research

Article 24
Promotion of research in anti-doping

States Parties undertake, within their means, to encourage and promote anti-doping research in cooperation with sports and other relevant organizations on:

(a) prevention, detection methods, behavioural and social aspects, and the health consequences of doping;

(b) ways and means of devising scientifically-based physiological and psychological training programmes respectful of the integrity of the person;

(c) the use of all emerging substances and methods resulting from scientific developments.

Article 25
Nature of anti-doping research

When promoting anti-doping research, as set out in Article 24, States Parties shall ensure that such research will:

(a) comply with internationally recognized ethical practices;

(b) avoid the administration to athletes of prohibited substances and methods;

(c) be undertaken only with adequate precautions in place to prevent the results of anti-doping research being misused and applied for doping.

Article 26
Sharing the results of anti-doping research

Subject to compliance with applicable national and international law, States Parties shall, where appropriate, share the results of available anti-doping research with other States Parties and the World Anti-Doping Agency.

Article 27
Sport science research

States Parties shall encourage:

(a) members of the scientific and medical communities to carry out sport science research in accordance with the principles of the Code;

(b) sports organizations and athlete support personnel within their jurisdiction to implement sport science research that is consistent with the principles of the Code.

VI. Monitoring of the Convention

Article 28
Conference of Parties

1. A Conference of Parties is hereby established. The Conference of Parties shall be the sovereign body of this Convention.

2. The Conference of Parties shall meet in ordinary session in principle every two years. It may meet in extraordinary session if it so decides or at the request of at least one third of the States Parties.

3. Each State Party shall have one vote at the Conference of Parties.

4. The Conference of Parties shall adopt its own Rules of Procedure.

Article 29
Advisory organization and observers to the Conference of Parties

The World Anti-Doping Agency shall be invited as an advisory organization to the Conference of Parties. The International Olympic Committee, the International Paralympic Committee, the Council of Europe and the Intergovernmental Committee for Physical Education and Sport (CIGEPS) shall be invited as observers. The Conference of Parties may decide to invite other relevant organizations as observers.

Article 30
Functions of the Conference of Parties

1. Besides those set forth in other provisions of this Convention, the functions of the Conference of Parties shall be to:

(a) promote the purpose of this Convention;

(b) discuss the relationship with the World Anti-Doping Agency and study the mechanisms of funding of the Agency's annual core budget. States non-Parties may be invited to the discussion;

(c) adopt a plan for the use of the resources of the Voluntary Fund, in accordance with Article 18;

(d) examine the reports submitted by States Parties in accordance with Article 31;

(e) examine, on an ongoing basis, the monitoring of compliance with this Convention in response to the development of anti-doping systems, in accordance with Article 31. Any monitoring mechanism or measure that goes beyond Article 31 shall be funded through the Voluntary Fund established under Article 17;

(f) examine draft amendments to this Convention for adoption;

(g) examine for approval, in accordance with Article 34 of the Convention, modifications to the Prohibited List and to the Standards for Granting Therapeutic Use Exemptions adopted by the World Anti-Doping Agency;

(h) define and implement cooperation between States Parties and the World Anti-Doping Agency within the framework of this Convention;

(i) request a report from the World Anti-Doping Agency on the implementation of the Code to each of its sessions for examination.

2. The Conference of Parties, in fulfilling its functions, may cooperate with other intergovernmental bodies.

Article 31
National reports to the Conference of Parties

States Parties shall forward every two years to the Conference of Parties through the Secretariat, in one of the official languages of UNESCO, all relevant information concerning measures taken by them for the purpose of complying with the provisions of this Convention.

Article 32
Secretariat of the Conference of Parties

1. The secretariat of the Conference of Parties shall be provided by the Director-General of UNESCO.

2. At the request of the Conference of Parties, the Director-General of UNESCO shall use to the fullest extent possible the services of the World Anti-Doping Agency on terms agreed upon by the Conference of Parties.

3. Functioning costs related to the Convention will be funded from the regular budget of UNESCO within existing resources at an appropriate level, the Voluntary Fund established under Article 17 or an appropriate combination thereof as determined every two years. The financing for the secretariat from the regular budget shall be done on a strictly minimal basis, it being understood that voluntary funding should also be provided to support the Convention.

4. The secretariat shall prepare the documentation of the Conference of Parties, as well as the draft agenda of its meetings, and shall ensure the implementation of its decisions.

Article 33
Amendments

1. Each State Party may, by written communication addressed to the Director-General of UNESCO, propose amendments to this Convention. The Director-General shall circulate such communication to all States Parties. If, within six months from the date of the circulation of the communication, at least one half of the States Parties give

their consent, the Director-General shall present such proposals to the following session of the Conference of Parties.

2. Amendments shall be adopted by the Conference of Parties with a two-thirds majority of States Parties present and voting.

3. Once adopted, amendments to this Convention shall be submitted for ratification, acceptance, approval or accession to States Parties.

4. With respect to the States Parties that have ratified, accepted, approved or acceded to them, amendments to this Convention shall enter into force three months after the deposit of the instruments referred to in paragraph 3 of this Article by two thirds of the States Parties. Thereafter, for each State Party that ratifies, accepts, approves or accedes to an amendment, the said amendment shall enter into force three months after the date of deposit by that State Party of its instrument of ratification, acceptance, approval or accession.

5. A State that becomes a Party to this Convention after the entry into force of amendments in conformity with paragraph 4 of this Article shall, failing an expression of different intention, be considered:

(a) a Party to this Convention as so amended;

(b) a Party to the unamended Convention in relation to any State Party not bound by the amendments.

Article 34
Specific amendment procedure for the Annexes to the Convention

1. If the World Anti-Doping Agency modifies the Prohibited List or the Standards for Granting Therapeutic Use Exemptions, it may, by written communication addressed to the Director-General of UNESCO, inform her/him of those changes. The Director-General shall notify such changes as proposed amendments to the relevant Annexes to this Convention to all States Parties expeditiously. Amendments to the Annexes shall be approved by the Conference of Parties either at one of its sessions or through a written consultation.

2. States Parties have 45 days from the Director-General's notification within which to express their objection to the proposed amendment either in writing, in case of written consultation, to the Director-General or at a session of the Conference of Parties. Unless two thirds of the States Parties express their objection, the proposed amendment shall be deemed to be approved by the Conference of Parties.

3. Amendments approved by the Conference of Parties shall be notified to States Parties by the Director-General. They shall enter into force 45 days after that notification, except for any State Party that has previously notified the Director-General that it does not accept these amendments.

4. A State Party having notified the Director-General that it does not accept an amendment approved according to the preceding paragraphs remains bound by the Annexes as not amended.

VII. Final clauses

Article 35
Federal or non-unitary constitutional systems

The following provisions shall apply to States Parties that have a federal or non-unitary constitutional system:

(a) with regard to the provisions of this Convention, the implementation of which comes under the legal jurisdiction of the federal or central legislative power, the obligations of the federal or central government shall be the same as for those States Parties which are not federal States;

(b) with regard to the provisions of this Convention, the implementation of which comes under the jurisdiction of individual constituent States, counties, provinces or cantons which are not obliged by the constitutional system of the federation to take legislative measures, the federal government shall inform the competent authorities of such States, counties, provinces or cantons of the said provisions, with its recommendation for their adoption.

Article 36
Ratification, acceptance, approval or accession

This Convention shall be subject to ratification, acceptance, approval or accession by States Members of UNESCO in accordance with their respective constitutional procedures. The instruments of ratification, acceptance, approval or accession shall be deposited with the Director-General of UNESCO.

Article 37
Entry into force

1. This Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date of deposit of the thirtieth instrument of ratification, acceptance, approval or accession.

2. For any State that subsequently expresses its consent to be bound by it, the Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date of deposit of its instrument of ratification, acceptance, approval or accession.

Article 38
Territorial extension of the Convention

1. Any State may, when depositing its instrument of ratification, acceptance, approval or accession, specify the territory or territories for whose international relations it is responsible and to which this Convention shall apply.

2. Any State Party may, at any later date, by a declaration addressed to UNESCO, extend the application of this Convention to any other territory specified in the declaration. In respect of such territory the Convention shall enter into force on the first day of the month following the expiration of a period of one month after the date of receipt of such declaration by the depositary.

3. Any declaration made under the two preceding paragraphs may, in respect of any territory specified in such declaration, be withdrawn by a notification addressed to UNESCO. Such withdrawal shall become effective on the first day of the month following the expiration of a period of one month after the date of receipt of such a notification by the depositary.

Article 39
Denunciation

Any State Party may denounce this Convention. The denunciation shall be notified by an instrument in writing, deposited with the Director-General of UNESCO. The denunciation shall take effect on the first day of the month following the expiration of a period of six months after the receipt of the instrument of denunciation. It shall in no way affect the financial obligations of the State Party concerned until the date on which the withdrawal takes effect.

Article 40
Depositary

The Director-General of UNESCO shall be the Depositary of this Convention and amendments thereto. As the Depositary, the Director-General of UNESCO shall inform the States Parties to this Convention, as well as the other States Members of the Organization of:

(a) the deposit of any instrument of ratification, acceptance, approval or accession;

(b) the date of entry into force of this Convention in accordance with Article 37;

(c) any report prepared in pursuance of the provisions of Article 31;

(d) any amendment to the Convention or to the Annexes adopted in accordance with Articles 33 and 34 and the date on which the amendment comes into force;

(e) any declaration or notification made under the provisions of Article 38;

(f) any notification made under the provisions of Article 39 and the date on which the denunciation takes effect;

(g) any other act, notification or communication relating to this Convention.

Article 41
Registration

In conformity with Article 102 of the Charter of the United Nations, this Convention shall be registered with the Secretariat of the United Nations at the request of the Director-General of UNESCO.

Article 42
Authoritative texts

1. This Convention, including its Annexes, has been drawn up in Arabic, Chinese, English, French, Russian and Spanish, the six texts being equally authoritative.

2. The Appendices to this Convention are provided in Arabic, Chinese, English, French, Russian and Spanish.

Article 43
Reservations

No reservations that are incompatible with the object and purpose of the present Convention shall be permitted.

Annex I
Prohibited List - International Standard

Paris 2009

THE 2009 PROHIBITED LIST WORLD ANTI-DOPING CODE
Valid 1 January 2009

The use of any drug should be limited to medically justified indications.

All *Prohibited Substances* shall be considered as *"Specified Substances"* except Substances in classes S1, S2, S4.4 and S6(a) and *Prohibited Methods* Ml, M2 and M3.

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

PROHIBITED SUBSTANCES

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

S1.1 Anabolic Androgenic Steroids (AAS)

(a) Exogenous* AAS, including:

1-androstendiol (5α-androst-1-ene-3β, 17 β-diol); **1 -androstendione** (5α-androst-l-ene-3,17-dione); **bolandiol** (19-norandrostenediol); **bolasterone**; **boldenone**; **boldione** (androsta- l,4-diene-3,17-dione); **calusterone**; **clostebol**; **danazol** (17α-ethynyl-17β-hydroxyandrost-4-eno[2,3-d]isoxazole); **dehvdrochlormethyltestosterone** (4-chloro-17β-hydroxy-17α-methylandrosta- 1,4-dien-3-one); **desoxymethyltestosterone** (17α - methyl-5α -androst-2-en-17β-ol); **drostanolone**; **ethylestrenol** (19-nor-17α -pregn-4-en-17-ol); **fluoxymesterone; formebolone; furazabol** (17β-hydroxy-17α-methyl-5α-androstano[2,3-c]-furazan); **gestrinone**; **4-hydroxytestosterone** (4, 17β-dihydroxyandrost-4-en-3-one); **mestanolone**; **mesterolone**; **metenolone**; **methandienone** (17β-hydroxy-17α-methylandrosta-1,4-dien-3-one); **methandriol**; **methasterone** (2α, 17α-dimethyl-5α -androstane-3-one-17β-ol); **methyldienolone** (17β-hydroxy-17α-methylestra-4,9-dien-3-one); **methyl-1-testosterone** (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one); **methylnortestosterone** (17β-hydroxy-17α-methylestr-4-en-3-one); **methyltrienolone** (17β-hydroxy-17α-methylestra-4,9,11-trien-3-one); **methyltestosterone**; **mibolerone**; **nandrolone**; **19-norandrostenedione** (estr-4-ene-3,17-dione); **norboletone**; **norclostebol**; **norethandrolone**; **oxabolone**; **oxandrolone**; **oxymesterone**; **oxymetholone**; **prostanozol** (17β-hydroxy-5α -androstano [3,2-c]pyrazole); **quinbolone**; **stanozolol**; **stenbolone**; **1-testosterone** (17β-hydroxy-5α-androst-1-en-3-one); **tetrahydrogestrinone** (18a-homo-pregna-4,9,11-trien-17β-ol-3-one); **trenbolone** and other substances with a similar chemical structure or similar biological effect(s).

(b) Endogenous** AAS when administered exogenously:

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

and the following metabolites and isomers:

5α-androstane-3α,17α-diol; 5α-androstanc-3α,17β-dio1; 5α-androstane-3β,17α-diol; 5α-androstane-3β,17β-dio1; androst-4-ene-3α,17α-diol; androst-4-ene-3α,17β-diol; androst-4-ene-3β,17α-diol; androst-5-ene-3α,17α-diol; androst-5-ene-3α,17β-diol; androst-5-ene-3β,17α-diol; 4-androstenediol (androst-4-ene-3β, 17β-diol)**; 5-androstenedione** (androst-5-ene-3,17-dione)**; epi-dihydrotestosterone; epitestosterone; 3α-hydroxy-5α-androstan-17-one; 3β-hydroxy-5α-androstan-17-one; 19-norandrosterone; 19-noretiocholanolone.**

[Comment to class S1.1(b): Where an anabolic androgenic steroid is capable of being produced endogenously, a *Sample* will be deemed to contain such *Prohibited Substance* and an *Adverse Analytical Finding* will be reported where the concentration of such *Prohibited Substance* or its metabolites or markers and/or any other relevant ratio(s) in the *Athlete's Sample* so deviates from the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production. A *Sample* shall not be deemed to contain a *Prohibited Substance* in any such case where an *Athlete* proves that the concentration of the *Prohibited Substance* or its metabolites or markers and/or the relevant ratio(s) in the *Athlete's Sample* is attributable to a physiological or pathological condition.

In all cases, and at any concentration, the *Athlete's Sample* will be deemed to contain a *Prohibited Substance* and the laboratory will report an *Adverse Analytical Finding* if, based on any reliable analytical method (e.g. IRMS), the laboratory can show that the *Prohibited Substance* is of exogenous origin. In such case, no further investigation is necessary.

When a value does not so deviate from the range of values normally found in humans and any reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, but if there are indications, such as a comparison to endogenous reference steroid profiles, of a possible *Use of a Prohibited Substance*, or when a laboratory has reported a T/E ratio greater than four (4) to one (1) and any reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance further investigation shall be conducted by the relevant *Anti-Doping Organization* by reviewing the results of any previous test(s) or by conducting subsequent test(s).

When such further investigation is required the result shall be reported by the laboratory as atypical and not as adverse. If a laboratory reports, using an additional reliable analytical method (e.g. IRMS), that the *Prohibited Substance* is of exogenous origin, no further investigation is necessary, and the *Sample* will be deemed to contain such *Prohibited Substance*.

When an additional reliable analytical method (e.g. I RMS) has not been applied, and the minimum of three previous test results are not available, a longitudinal profile of the *Athlete* shall be established by performing three no advance notice tests in a period of three months by the relevant *Anti-Doping Organization*. The result that triggered this longitudinal study shall be reported as atypical. If the longitudinal profile of the *Athlete* established by the subsequent tests is not physiologically normal, the result shall then be reported as an *Adverse Analytical Finding*.

In extremely rare individual cases, boldenone of endogenous origin can be consistently found at very low nanograms per milliliter (ng/mL) levels in urine. When such a very low concentration of boldenone is reported by a laboratory and the application of any reliable analytical method (e.g. IRMS) has not determined the exogenous origin of the substance, further investigation may be conducted by subsequent test(s).

For 19-norandrosterone, an *Adverse Analytical Finding* reported by a laboratory is considered to be scientific and valid proof of exogenous origin of the *Prohibited Substance*. In such case, no further investigation is necessary.

Should an *Athlete* fail to cooperate in the investigations, the *Athlete's Sample* shall be deemed to contain a *Prohibited Substance*.]

For purposes of this section:

* "exogenous" refers to a substance which is not ordinarily capable of being produced by the body naturally.

** "endogenous" refers to a substance which is capable of being produced by the body naturally.

S1.2. Other Anabolic Agents, including but not limited to:

Clenbuterol, selective androgen receptor modulators (SARMs), tibolone, zeranol, zilpaterol.

S2. HORMONES AND RELATED SUBSTANCES

The following substances and their releasing factors, are prohibited:

1. Erythropoiesis-Stimulating Agents (e.g. erythropoietin (EPO), darbepoietin (dEPO), hematide);

2. Growth Hormone (GH), Insulin-like Growth Factors (e.g. IGF-1), Mechano Growth Factors (MGFs);

3. Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) in males

4. Insulins;

5. Corticotrophins

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

[Comment to class S2: Unless the *Athlete* can demonstrate that the concentration was due to a physiological or pathological condition, a *Sample* will be deemed to contain a *Prohibited Substance* (as listed above) where the concentration of the *Prohibited Substance* or its metabolites and/or relevant ratios or markers in the *Athlete's Sample* satisfies positivity criteria established by WADA or otherwise so exceeds the range of values normally found in humans that it is unlikely to be consistent with normal endogenous production.

If a laboratory reports, using a reliable analytical method, that the *Prohibited Substance* is of exogenous origin, the *Sample* will be deemed to contain a *Prohibited Substance* and shall be reported as an *Adverse Analytical Finding.*]

S3. BETA-2 AGONISTS

All beta-2 agonists including their D- and L-isomers are prohibited.

Therefore, formoterol, salbutamol, salmeterol and terbutaline when administered by inhalation also require a Therapeutic Use Exemption in accordance with the relevant section of the International Standard for Therapeutic Use Exemptions.

Despite the granting of a Therapeutic Use Exemption, the presence of salbutamol in urine in excess of 1000 ng/mL will be considered as an *Adverse Analytical Finding* unless the *Athlete* proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of a therapeutic dose of inhaled salbutamol.

S4. HORMONE ANTAGONISTS AND MODULATORS

The following classes are prohibited:

1. **Aromatase inhibitors** including, but not limited to: **anastrozole, letrozole, aminoglutethimide, exemestane, formestane, testolactone.**

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

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

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

S5. DIURETICS AND OTHER MASKING AGENTS

Masking agents are prohibited. They include:

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

Diuretics include:

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

[Comment to class S5: A Therapeutic Use Exemption is not valid if an *Athlete's* urine contains a diuretic in association with threshold or sub-threshold levels of an exogenous *Prohibited Substance(s)*.]I

PROHIBITED METHODS

M1. ENHANCEMENT OF OXYGEN TRANSFER

The following are prohibited:

1. Blood doping, including the use of autologous, homologous or heterologous blood or red blood cell products of any origin;

2. Artificially enhancing the uptake, transport or delivery of oxygen, including but not limited to perfluorochemicals, efaproxiral (RSR13) and modified haemoglobin products (e.g. haemoglobin-based blood substitutes, microencapsulated haemoglobin products).

M2. CHEMICAL AND PHYSICAL MANIPULATION

1. *Tampering*, or attempting to tamper, in order to alter the integrity and validity of *Samples* collected during *Doping Controls* is prohibited. These include but are not limited to catheterization, urine substitution and/or alteration.

2. Intravenous infusions are prohibited except in the management of surgical procedures, medical emergencies or clinical investigations.

M3. GENE DOPING

The transfer of cells or genetic elements or the use of cells, genetic elements or pharmacological agents to modulating expression of endogenous genes having the capacity to enhance athletic performance, is prohibited.

Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists (e.g. GW 1516) and PPARδ-AMP-activated protein kinase (AMPK) axis agonists (e.g. AICAR) are prohibited.

SUBSTANCES AND METHODS PROHIBITED IN-COMPETITION

In addition to the categories S1 to S5 and Ml to M3 defined above, the following categories are prohibited in competition:

PROHIBITED SUBSTANCES

S6. STIMULANTS

All stimulants (including both their D- & L- optical isomers where relevant) are prohibited, except imidazole derivatives for topical use and those stimulants included in the 2009 Monitoring Program.*

Stimulants include:

(a) Non Specified Stimulants:

Adrafinil, amfepramone, amiphenazole, amphetamine, amphetaminil, benzphetamine, benzvlpiperazine, bromantan, clobenzorex, cocaine, cropropamide, crotetamide, dimethylamphetamine, etilamphetamine, famprofazone, fencamine, fenetvlline, fenfluramine, fenproporex, furfenorex, mefenorex, mephentermine, mesocarb, methamphetamine (D-), methylenedioxyamphetamine, methylenedioxymethamphetamine, p-methvlamphetamine, modafinil, norfenfluramine, phendinietrazine, phenmetrazine, phentermine, 4-phenylpiracetam (carphedon), prolintane.

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

(b) Specified Stimulants (examples):

Adrenaline, cathine**, ephedrine**, etamivan, etilefrine, fenbutrazate, fencamfamin, heptaminol, isometheptene, levmethamfetamine, meclofenoxate, methylephedrine***, methylphenidate, nikethamide, norfenefrine, octopamine, oxilofrine, parahydroxyamphetamine, pemoline, pentetrazol, phenpromethamine, propylhexedrine, selegiline, sibutramine, strychnine. tuaminoheptane** and other substances with a similar chemical structure or similar biological effect(s).

* The following substances included in the 2009 Monitoring Program (bupropion, caffeine, phenylephrine, phenylpropanolamine, pipradol, pseudoephedrine, synephrine) are not considered as *Prohibited Substances*

** **Adrenaline** associated with local anaesthetic agents or by local administration (e.g. nasal, ophthalmologic) is not prohibited.

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

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

S7. NARCOTICS

The following narcotics are prohibited:

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

S8. CANNABINOIDS

Cannabinoids (e.g. hashish, marijuana) are prohibited.

S9. GLUCOCORTICOSTEROIDS

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

In accordance with the International Standard for Therapeutic Use Exemptions, a declaration of use must be completed by the *Athlete* for glucocorticosteroids administered by intraarticular, periarticular, peritendinous, epidural, intradermal and inhalation routes, except as noted below.

Topical preparations when used for auricular, buccal, dermatological (including iontophoresis/phonophoresis), gingival, nasal, ophthalmic and perianal disorders are not prohibited and neither require a Therapeutic Use Exemption nor a declaration of use.

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1. ALCOHOL

Alcohol (ethanol) is prohibited *In-Competition* only, in the following sports. Detection will be conducted by analysis of breath and/or blood. The doping violation threshold (haematological values) is 0.10 g/L.

• Aeronautic (FAI)

• Archery (FITA, IPC)

• Automobile (FIA)

• Boules (IPC bowls)

• Karate (WKF)

• Modern Pentathlon (UIPM) for disciplines involving shooting

• Motorcycling (FIM)

• Ninepin and Tenpin Bowling (FIQ)

• Powerboating (UIM)

P2. BETA-BLOCKERS

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

• Aeronautic (FAI)

• Archery (FITA, IPC) (also prohibited *Out-of-Competition*)

• Automobile (FIA)

• Billiards and Snooker (WCBS)

• Bobsleigh (FIBT)

• Boules (CMSB, IPC bowls)

• Bridge (FMB)

• Curling (WCF)

• Golf (IGF)

• Gymnastics (FIG)

• Motorcycling (FIM)

• Modern Pentathlon (UIPM) for disciplines involving shooting

• Ninepin and Tenpin bowling (FIQ)

• Powerboating (UIM)

• Sailing (ISAF) for match race helms only

• Shooting (ISSF, IPC) (also prohibited *Out-of-Competition*)

• Skiing/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air

• Wrestling (FILA)

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

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

Annex II
Standards for Granting Therapeutic Use Exemptions

Extract from the INTERNATIONAL STANDARD FOR THERAPEUTIC USE EXEMPTIONS, 1 January 2009 of the World Anti-Doping Agency (WADA)

PART TWO: STANDARDS FOR GRANTING THERAPEUTIC *USE* EXEMPTIONS

4.0 Criteria for Granting a Therapeutic Use Exemption

A therapeutic use exemption (TUE) may be granted to an *Athlete* permitting the *Use* of a *Prohibited Substance* or *Prohibited Method* contained in the *Prohibited List*. An application for a TUE will be reviewed by a Therapeutic Use Exemption Committee (TUEC). The TUEC will be appointed by an *Anti-Doping Organization*. An exemption will be granted only in strict accordance with the following criteria:

[Comment: This Standard can apply to all Athletes as defined by and subject to the Code i.e. able-bodied Athletes and Athletes with disabilities. This Standard will be applied according to an individual's circumstances. For example, an exemption that is appropriate for an Athlete with a disability may be inappropriate for other Athletes.]

4.1 The *Athlete* should submit an application for a TUE no less than twenty-one (21) days before he/she needs the approval (for instance an *Event*).

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

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

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

4.5 The necessity for the *Use* of the otherwise *Prohibited Substance or Prohibited Method* cannot be a consequence, wholly or in part, of prior non-therapeutic *Use* of any substance from the *Prohibited List*.

4.6 The TUE will be cancelled by the granting body, if:

(a) The *Athlete* does not promptly comply with any requirements or conditions imposed by the *Anti-Doping Organization* granting the exemption.

(b) The term for which the TUE was granted has expired.

(c) The *Athlete* is advised that the TUE has been withdrawn by the *Anti-Doping Organisation.*

[Comment: Each TUE will have a specified duration as decided upon by the TUEC. There may be cases when a TUE has expired or has been withdrawn and the Prohibited Substance subject to the TUE is still present in the Athlete's body. In such cases, the Anti-Doping Organization conducting the initial review of an adverse analytical finding will consider whether the finding is consistent with expiry or withdrawal of the TUE.]

4.7 An application for a TUE will not be considered for retroactive approval except in cases where:

(a) Emergency treatment or treatment of an acute medical condition was necessary, or

(b) due to exceptional circumstances, there was insufficient time or opportunity for an applicant to submit, or a TUEC to consider, an application prior to *Doping Control*, or

(c) the conditions set forth under 7.13 apply.

[Comment: Medical emergencies or acute medical situations requiring administration of an otherwise Prohibited Substance or Prohibited Method before an application for a TUE can be made, are uncommon. Similarly, circumstances requiring expedited consideration of an application for a TUE due to imminent competition are infrequent. Anti-Doping Organizations granting TUEs should have internal procedures which permit such situations to be addressed.]

5.0. Confidentiality of Information

5.1 The applicant must provide written consent for the transmission of all information pertaining to the application to members of the TUEC and, as required, other independent medical or scientific experts, or to all necessary staff involved in the management, review or appeal of TUEs.

Should the assistance of external, independent experts be required, all details of the application will be circulated without identifying the *Athlete* concerned. The applicant must also provide written consent for the decisions of the TUEC to be distributed to other relevant *Anti-Doping Organizations* under the provisions of the *Code*.

5.2 The members of the TUECs and the administration of the *Anti-Doping Organization* involved will conduct all of their activities in strict confidence. All members of a TUEC and all staff involved will sign confidentiality agreements. In particular they will keep the following information confidential:

(a) All medical information and data provided by the *Athlete* and physician(s) involved in the *Athlete's* care.

(b) All details of the application including the name of the physician(s) involved in the process.

Should the *Athlete* wish to revoke the right of the TUEC or the *WADA* TUEC to obtain any health information on his/her behalf: the *Athlete* must notify his/her medical practitioner in writing of the fact. As a consequence of such a decision, the *Athlete* will not receive approval for a TUE or renewal of an existing TUE.

6.0 Therapeutic Use Exemption Committees (TUECs)

TUECs shall be constituted and act in accordance with the following guidelines:

6.1 TUECs should include at least three (3) physicians with experience in the care and treatment of *Athletes* and a sound knowledge of clinical, sports and exercise medicine. In order to ensure a level of independence of decisions, the majority of the members of any TUEC should be free of conflicts of interest or political responsibility in the *Anti-Doping Organization.* All members of a TUEC will sign a conflict of interest agreement. In applications involving *Athletes* with disabilities, at least one TUEC member must possess specific experience with the care and treatment of *Athletes* with disabilities.

6.2 TUECs may seek whatever medical or scientific expertise they deem appropriate in reviewing the circumstances of any application for a TUE.

6.3 The *WADA* TUEC shall be composed following the criteria set out in Article 6.1. The *WADA* TUEC is established to review on its own initiative TUE decisions granted by *Anti-Doping Organizations*. As specified in Article 4.4 of the *Code*, the *WADA* TUEC, upon request by *Athletes* who have been denied TUEs by an *Anti-Doping Organization*, will review such decisions with the power to reverse them.

7.0 Therapeutic *Use* Exemption (TUE) Application Process

7.1 A TUE will only be considered following the receipt of a completed application form that must include all relevant documents (see Annex 2-TUE form). The application process must be dealt with in accordance with the principles of strict medical confidentiality.

7.2 The TUE application form(s), as set out in Annex 2, can be modified by *Anti-Doping Organizations* to include additional requests for information, but no sections or items shall be removed.

7.3 The TUE application form(s) may be translated into other language(s) by *Anti-Doping Organizations*, but English or French must remain on the application form(s).

7.4 An *Athlete* may not apply to more than one *Anti-Doping Organization* for a TUE. The application must identify the *Athlete's* sport and, where appropriate, discipline and specific position or role.

7.5 The application must list any previous and/or current requests for permission to use an otherwise *Prohibited Substance or Prohibited Method,* the body to whom that request was made, and the decision of that body.

7.6 The application must include a comprehensive medical history and the results of all examinations, laboratory investigations and imaging studies relevant to the application. The arguments related to the diagnosis and treatment, as well as duration of validity, should follow the *WADA* "Medical Information to Support the Decisions of TUECs". For asthma, the specific requirement(s) set out in Annex I must be fulfilled.

7.7 Any additional relevant investigations, examinations or imaging studies requested by the TUEC of the *Anti-Doping Organization* before approval will be undertaken at the expense of the applicant or his/her national sport governing body.

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

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

7.10 In normal circumstances, decisions of the TUEC should be completed within thirty (30) days of receipt of all relevant documentation and will be conveyed in writing to the *Athlete* by the relevant *Anti-Doping Organization.* In case of a TUE application made in a reasonable time limit prior to an *Event* the TUEC should use its best endeavors to complete the TUE process before the start of the *Event*. Where a TUE has been granted to an *Athlete* in the *Anti-Doping Organization Registered Testing Pool*, the *Athlete* and *WADA* will be provided promptly with an approval which includes information pertaining to the duration of the exemption and any conditions associated with the TUE.

7.11 (a) Upon receiving a request by an *Athlete* for review, the *WADA* TUEC will, as specified in Article 4.4 of the *Code*, be able to reverse a decision on a TUE denied by an *Anti-Doping Organization*. The *Athlete* shall provide to the *WADA* TUEC all the information for a TUE as submitted initially to the *Anti-Doping Organization* accompanied by an application fee. Until the review process has been completed, the original decision remains in effect. The process should not take longer than thirty (30) days following receipt of all the information by *WADA.*

(b) *WADA* can, on its own initiative, undertake a review at any time.

7.12 If the decision regarding the granting of a TUE is reversed by WADA upon review, the reversal shall not apply retroactively and shall not disqualify the *Athlete's* results during the period that the TUE had been granted and shall take effect no later than fourteen (14) days following notification of the decision to the *Athlete.*

7.13 *Use* of inhaled Beta-2 Agonists:

- The *Use* of inhaled formoterol, salbutamol, salmeterol, terbutaline reflects current clinical practice. The *Use* of these substances should be declared on *ADAMS* where reasonably feasible and in accordance with the *Code* as soon as the product is used and must as well be declared on the *Doping Control* form at the time of *Testing*. Failure to declare will be taken into account in the result management process in particular in case of application for a Retroactive TUE.

- *Athletes* using the substances listed above by inhalation must have a medical file justifying this *Use* and meeting the minimum requirements outlined in Annex 1.

Depending upon the category of the *Athlete,* the medical file will be evaluated as follows:

- For all *Athletes* included in an International Federation *Registered Testing Pool* a regular TUE approved before the *Use* of the substance.

- For *Athletes* participating in an *International Event* but who are not included in an International Federation *Registered Testing Pool* either a TUE, or a Retroactive TUE in the case of an *Adverse Analytical Finding*, in accordance with the rule of the International Federation or of the *Major Event Organization.*

- For national-level *Athletes* who are not included in an International Federation *Registered Testing Pool,* whether or not they are part of a national *Registered Testing Poo*l, either a TUE, or a Retroactive TUE in the case of an *Adverse Analytical Finding*, in accordance with the rules of the *National Anti-Doping Organization.*

- No Retroactive TUE will be granted if the requirements of Annex 1 are not met meaning that any *Adverse Analytical Finding* reported by the laboratory in these circumstances will result in an anti-doping rule violation.

- Any *Athlete* may apply for a TUE at any time if they wish.

- Any *Athlete* who has applied for a TUE or a Retroactive TUE and who was denied such TUE may not use the substance without the prior granting of a TUE (no Retroactive TUE will be permitted).

8.0 Declaration of *Use* Process

8.1 It is acknowledged that some substances included on the List of *Prohibited Substances* are used to treat medical conditions frequently encountered in the athlete population. For monitoring purposes, these substances, for which the route of administration is not prohibited, will require a simple declaration of use. These are strictly limited to:

Glucocorticosteroids used by non systemic routes, namely intraarticular, periarticular, peritendinous, epidural intradermal injections and inhaled route.

8.2 For the mentioned substances, the declaration of *Use* should be done through *ADAMS* where reasonably feasible and in accordance with the *Code* by the *Athlete* at the same time as the *Use* starts. This declaration should mention the diagnosis, the name of the substance, the dose undertaken, the name and the contact details of the physician.

In addition, the *Athlete* must declare the *Use* of the substance in question on the *Doping Control* form.

9.0 Clearinghouse

9.1 *Anti-Doping Organizations* are required to provide *WADA* with all TUEs approved for *Athletes* who are part of a national or international *Registered Testing Pool*, and all supporting documentation, in accordance with section 7.

9.2 The declarations of use should be available to *WADA (ADAMS).*

9.3 The clearinghouse shall guarantee strict confidentiality of all the medical information.

10.0 Transitional Provision

Abbreviated Therapeutic Use Exemptions (ATUEs) delivered prior to December 31 2008, shall remain governed by the 2005 TUE Standard.

These ATUEs shall remain valid after January 1 2009, until the earliest of:

(a) The date on which they are cancelled by the competent TUEC following review in accordance with art. 8.6 of the 2005 TUE Standard:

(b) Their expiry date as mentioned on the ATUE;

(c) December 31 2009.

Annex 1: Minimal requirements for the medical tile to be used for the TUE process in the case of asthma and its clinical variants

The file must reflect current best medical practice to include:

(1) A complete medical history;

(2) A comprehensive report of the clinical examination with specific focus on the respiratory system;

(3) A report of spirometry with the measure of the Forced Expiratory Volume in 1 second (FEVI);

(4) If airway obstruction is present, the spirometry will be repeated after inhalation of a short acting Beta-2 Agonist to demonstrate the reversibility of bronchoconstriction;

(5) In the absence of reversible airway obstruction, a bronchial provocation test is required to establish the presence of airway hyper-responsiveness;

(6) Exact name, speciality, address (including telephone, e-mail, fax) of examining physician.