

ANTI-DOPING MANUAL

2018



INTRODUCTION

The RFL would like to thank UKAD for their considerable assistance in producing this anti-doping booklet.

The RFL has taken every care to ensure that the content of this booklet is current and correct and it has been produced in good faith. However the RFL cannot guarantee its correctness and completeness and no responsibility is taken for any errors or omissions.

The information provided in this booklet is only a short guide to the information available and does not constitute business, medical or other professional advice.

Anyone using this booklet should ensure that they are fully aware of the provisions of the RFL Anti-Doping Regulations available on the RFL website - www.rfl.uk.com - and the WADA Prohibited List, which takes precedence over the provisions of this booklet, before embarking on any course of action.

ELLERY HANLEY

"I achieved a great many things as a Rugby League player but I am just as proud of the things I didn't do during my time with at Bradford, Wigan, Leeds, Balmain, Western Suburbs, Yorkshire, England and Great Britain - I didn't smoke, I didn't drink and I didn't take drugs.

Looking back on my career, it is a source of immense personal satisfaction that everything I achieved was as a result of my hard work and determination.

All the highs from Championship successes, Challenge Cup wins, Test match victories and individual awards came not from chemicals, corner cutting or cheating but from commitment, application and being true to myself and my body. I can truly say it was 100%me.

Don't put yourself in the position of being branded a cheat, or risk bringing disgrace on your family and your own reputation. Be clean. Be true to yourself and your sport.

Be 100%me!"



Ellery Hanley MBE

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1. FOREWORD

Welcome to the RFL Anti-Doping booklet. This guide aims to support Players and their support personnel in finding relevant and up to date information relating to anti-doping.

The RFL is committed to the principles of clean sport for the following reasons:

- To uphold and preserve the ethics of the Game
- To safeguard the physical and mental health of Players
- To ensure that all Players have an opportunity to compete equally

To underpin that commitment the RFL will:

- Educate and inform Players about the dangers of drugs and consequences of taking drugs or breaching the Anti-Doping Regulations
- Comply with the World Anti-Doping Code
- Test Players to confirm they train and play clean

This booklet will either provide, or direct you to, the information you need on the rights and responsibilities of Players and Support Personnel taking part in rugby league in relation to the World Anti-Doping Code (the Code) and the RFL Anti-Doping Regulations.

At the heart of the Code is the desire to achieve a level playing field on which Players in all sports can compete with confidence and natural sporting ability. It is there to preserve sport by harmonising the anti-doping rules and regulations across all sports in all countries.

The RFL wants to ensure that all Players in this country at all levels have been given all the support they need to perform to the very best of their ability. We want to ensure that all our Players are able to make well informed and positive decisions so they can say with pride, "That was 100%me".

Nigel Wood

Chief Executive

January 2016

UK Sport/United Kingdom Anti-Doping

As of 14th December 2009, a National Anti-Doping Agency was established (UKAD) who are responsible for the implementation of the Government's UK Anti-Doping Policy. UKAD's core functions include the promotion and support of anti-doping information, education and athlete support programmes, testing, development of intelligence, investigations and the prosecution of those who have conducted an anti-doping rule violation (ADRV).

The role of the RFL is to provide information, education and support to its players and wider support personnel to ensure they can train and compete or operate effectively within the anti-doping framework. The RFL will also fully cooperate with UKAD on any investigations and/or prosecution cases where members of the RFL are found to be have committed an ADRV.

2. ANTI-DOPING RULES

All sports including Rugby League are governed by a set of anti-doping rules called the World Anti-Doping Code (the Code).

The Code is the basis of the World Anti-Doping Programme and the RFL Anti-Doping Regulations are compliant with the Code. The Code aims to harmonise the rules and regulations governing anti-doping for all Players, in all sports, throughout the world. A fundamental principle of the Code is to protect the rights of all Players committed to competing in sport cleanly and fairly.

Players are bound by the rules of the Code as a condition of their participation in the sport of rugby league.

Player Support Personnel are expected to abide by the rules of the Code by virtue of their involvement in rugby league and are subject to the RFL Anti-Doping Regulations.

An important principle of the Code and the Regulations is that of 'strict liability'. This means that players are solely responsible for any banned substance found in their body - regardless of how it got there, or if there was an intention to cheat.

2015 WORLD ANTI-DOPING CODE

The 2015 World Anti-Doping Code came into effect on 1st January 2015 and made some significant changes to the Anti-Doping Rules and it is important that you are aware of these changes. Further details of the relevant Rules can be found throughout this booklet however a summary of the key changes is below:

Anti-Doping Rule Violations (ADRVs)

- There are now 10 ADRV's, not 8.
- A new ADRV of Complicity was introduced which means involvement in an ADRV committed by another person, such as helping to cover up an ADRV or helping a player avoid detection. Sanctions for Complicity are likely to be the same as the sanction for the ADRV that person was complicit in.
- A new ADRV of Prohibited Association was introduced which means associating with a person, for example a coach or Doctor, who is serving a suspension for a doping offence or who has been found guilty of a criminal or disciplinary offence equivalent to a doping offence, for example providing banned substances. The sanction for Prohibited Association is up to a 2-year ban.

- The time period for whereabouts violations has been reduced from 18 months to 12 months, meaning that 3 strikes in 12 months would now be classed as an ADRV.

SANCTION

- Cheating involving serious doping substances (e.g. steroids, Human Growth Hormone) will be sanctioned with 4-year bans, unless the player can prove that use was not intentional.
- Positive tests for stimulants (e.g. Methylhexanamine, Ephedrine) will be sanctioned with 4-year bans if UKAD can prove use was intentional, otherwise a 2-year ban will apply.
- Recognition has been given to the fact that some players test positive after taking a Contaminated Product (e.g. supplements). If a player can prove 'no significant fault or negligence' (included in this is a requirement for players to carry out a "reasonable internet search" to check the product is free from banned substances) then the sanction can range from a reprimand to 2-years. Players need to ensure they have substantial proof of the checks they have performed and can demonstrate that they had no intention to cheat.
- Refusal or evading sample collection can now be sanctioned with up to a 4-year ban (previously 2).
- Substantial assistance has been further incentivised. Admitting a violation or providing assistance which leads to the discovery of other violations can lead to reduced sanctions, up to the elimination of any sanction.
- The statute of limitations has increased from 8 to 10 years.

EDUCATION

- There is now a separation between 'education' and 'information'.
- Information programmes should contain basic anti-doping information.
- Education programmes should focus on prevention and be values based. Clubs are obliged to ensure all players at all levels are educated by an approved Educator.

INTERNATIONAL STANDARDS

The Code is supported by 5 International Standards that outline mandatory systems and processes for: testing and investigations, the therapeutic use of a prohibited substance or method, the Prohibited List, WADA accredited laboratories and privacy.

UK NATIONAL ANTI-DOPING POLICY

The RFL has signed up to the UK National Anti-Doping Policy and the RFL Anti-Doping Regulations reaffirm the RFL's commitment to upholding the principles of the Code. The RFL supports the world class anti-doping programme that UKAD delivers and complies with the Code while sustaining systems that are applicable to the structure and varying needs of Players in the sport of rugby league.

RFL ANTI-DOPING RULES

The RFL Anti-Doping Rules (Operational Rule Section D3) are available from your club or the RFL or can be downloaded from the RFL website www.rfl.uk.com/the-rfl/rules/interactive_operational_rules.

ANTI-DOPING RULE VIOLATIONS (ADRV)

In order not to break the rules, you'll need to make sure you know what they are. Under the Code and the RFL Anti-Doping Regulations, you don't need to test positive to break an anti-doping rule so it is important that you understand and are aware of the following Anti-Doping Rule Violations.

You would be breaking the rules of anti-doping if:

- **PRESENCE** - A prohibited substance and/or prohibited method is found in your bodily specimen, including blood and urine
- **USE** - You use or attempt to use a prohibited substance or prohibited method
- **REFUSAL** - You avoid or refuse to undertake a drugs test
- **WHEREABOUTS FAILURE** - You fail to provide your whereabouts details (NRTP players only) for out of competition testing or give inaccurate whereabouts details leading to a missed test. Any combination of three strikes within 12 months is an ADRV
- **TAMPER** - You tamper or attempt to tamper with any part of the doping control process
- **POSSESSION** - You possess prohibited substances and/or methods
- **ADMINISTER** - You administer or attempt to administer a prohibited substance and/or prohibited method to any Player, or assist, encourage, aid, abet or cover up an anti-doping rule offence.

- **TRAFFICKING** - You traffick prohibited substances
- **COMPLICITY** - You are involved in an ADRV committed by another person, such as helping to cover up an ADRV or helping another player avoid detection. Sanctions for Complicity are likely to be the same as the sanction for the ADRV that person was complicit in.
- **PROHIBITED ASSOCIATION** - You associate with a person, for example a coach or Doctor, who is serving a suspension for a doping offence or who has been found guilty of a criminal or disciplinary offence equivalent to a doping offence, for example providing banned substances. You will be informed if you are associated with such a person and you must end the association or face a sanction of up to a 2-year ban.

All support personnel can be sanctioned for the following ADRVs – Trafficking, Possession, Use, Administering, Tampering, Complicity and Prohibited Association. All support personnel should ensure they are familiar with the ADRVs that affect them as some can carry a lifetime ban from sport. The RFL strongly advises that all support personnel are fully aware of their anti-doping responsibilities.

[To find out more...](#)

To learn more about the rules and procedures you need to adhere to, visit the websites listed at the end of this booklet.

3. RESPONSIBILITIES

Your role as a Player carries with it many responsibilities, and your responsibility to compete cleanly and fairly is fundamental. Be responsible: Under the rules of the World Anti-Doping Code and the RFL Anti-Doping Regulations you are ultimately responsible for any prohibited substance found in your system. This is referred to as **STRICT LIABILITY**.

WHAT IS STRICT LIABILITY?

STRICT LIABILITY means that the absence of a warning or a guarantee as to the safety of a product from a manufacturer does not reduce the seriousness of the doping offence. Players are personally responsible for any substance found in their specimen.

CLEAN SPORT APP

UKAD has launched a 100% free Clean Sport App to provide players with clear and concise anti-doping advice and information. You can download this via iTunes or Google Play.

WHO DO YOU TRUST?

You are responsible for whom you trust to take advice from about substances, medication and supplements and you are accountable for those you entrust with access to your food and drink. This means that if you take medication from your doctor (GP or club doctor) and do not check whether it is permitted you are at fault if you provide a positive sample. Likewise, if you take a supplement that is contaminated, even after getting a guarantee from the manufacturer or anyone else, you are still responsible for choosing to use that product.

All Players have 5 key responsibilities they must fulfill:

1. Stay up to date with the latest Prohibited List of Substances and Methods
2. Check the status of any substance before you use it. Note: It is considered an anti-doping offence if a Prohibited Substance is found in your system - regardless of how it came to be there
3. Inform all medical personnel responsible for your health and well being that you compete under specific anti-doping rules and ensure that medical treatment received does not violate anti-doping rules
4. Submit a Therapeutic Use Exemption (TUE) for any prohibited substance and/or method you are prescribed for a legitimate medical condition
5. Undertake thorough research of any product prior to use.

Those players in the National Registered Testing Pool (further details below) are also responsible for:

6. Providing accurate whereabouts details for out of competition testing if required by the RFL or UKAD - you will receive notification informing you that you are in the National Registered Testing Pool of players who must provide whereabouts information.

PLAYER SUPPORT PERSONNEL RESPONSIBILITIES

In your role as Player Support Personnel either Coaching or Medical Staff, you have a responsibility to ensure that you fully understand and promote the rules of anti-doping - so you can guide your Players through a clean and successful rugby league career.

Player Support Personnel have a highly influential and important role. Your views and actions could have great impact on decisions taken by your Players and it is therefore vital that you set a positive and moral example by consistently enforcing clean anti-doping messages. Remember that it is your job to support and lead your Players, and you need to take responsibility for setting and enforcing the rules.

Player Support Personnel should:

- Make it clear to all Players that doping in Rugby League is simply not acceptable and not necessary in order to win
- Ensure your Players understand the Anti-Doping Regulations of the RFL, including the prohibited substances and methods, testing procedures and therapeutic use exemption applications
- Be aware of your role in the testing procedures so you can support your Players during the testing process
- Encourage and remind your Players to provide accurate and up-to-date whereabouts information (if they are required to do so)
- Safeguard the health of your players by emphasizing the risks associated with Prohibited Substances.

If you are supporting a Player, you should not:

- Ignore possible evidence of doping in your team; take positive action and speak to the RFL, UKAD or call the Report Doping In Sport hotline anonymously on **08000 32 23 32**
- Avoid enforcing rules or enforce the rules selectively
- Ignore doping because the team needs a particular Player
- Ignore drug misuse by Player Support Staff.

The penalty: Under the rules of the Code and the RFL Anti-Doping Regulations, if you administer or attempt to administer a prohibited substance and /or prohibited method to any Player, or assist, encourage, aid, abet or cover up an anti-doping rule offence - you are committing an ADRV and may have a sanction of four years or a life ban from sport.

4. SUBSTANCE INFORMATION

Many medications that you may need to take for common illnesses, such as asthma or hayfever, contain prohibited substances.

It is vital that you do not accidentally take a prohibited substance, the consequences are too great. For a first offence, the usual sanction is a 2 year ban from sport (including training and competing), depending upon the substance and individual circumstances.

Ignorance is no excuse!

You are responsible for checking the status of any substance before you use it. If you unknowingly take a banned medication you will still face a sanction.

The Prohibited List (the List) outlines which substances and methods are prohibited in competition and/or out of competition.

A new version of the List comes into effect every January. However, it may be changed from time to time so it is important that you check for changes on a regular basis.

Unless reported otherwise, any new version of the List will come into effect three months after its publication by the World Anti-Doping Agency (WADA).

If you are consulting this Directory you should check the WADA website (www.wada-ama.org) to be sure you are referring to the correct version of the Prohibited List when checking your medication.

The most current Prohibited List is always available on WADA's website: www.wada-ama.org

You can also find out the status of a substance according to the rules by logging on to the Global Drug Reference Online website (GlobalDRO) at www.globaldro.com. This site only includes licensed medications and drugs; it does not include supplements as these are subject to different regulations. Supplements are discussed in depth in Section 3.

The RFL will always endeavour to keep club medical staff up to date with any changes in the WADA regulations.

THE 2016 PROHIBITED LIST INCLUDES THE FOLLOWING: PROHIBITED SUBSTANCES

Anabolic Agents

Peptide Hormones, Growth Factors and Related Substances

Hormone and Metabolic Modulators

Beta-2 agonists

Diuretics and other Masking Agents

Stimulants (eg. methylhexaneamine and pseudoephedrine)
Narcotics
Cannaboids
Glucocorticosteroids

Section 0 - Non-approved substances - It is prohibited to take any substances that are undergoing pre-clinical or clinical development and are therefore not officially allowed for human therapeutic use.

NB. This list is subject to change and should be read in conjunction with the current WADA Prohibited List.

PROHIBITED METHODS

Manipulation of Blood and Blood components
Chemical & physical manipulation
Gene doping

Please note that this list is a guide only and ensure that you refer to the full Prohibited List.

[Find out more...](#)

www.wada-ama.org for the Prohibited List

PSEUDOEPHEDRINE

Pseudoephedrine was added to the WADA Prohibited List as of 1st January 2010. This means that any player who provides a sample containing Pseudoephedrine is likely to face at least a ban. Pseudoephedrine is commonly found in cold remedies so be careful which remedies you take when you have a cold. Consult club medical staff before taking any cold remedies. Many cold remedies do not contain Pseudoephedrine and these are often more effective. Therapeutic Use Exemptions will not be granted for cold remedies containing Pseudoephedrine.

Over-using Pseudoephedrine can lead to:

- Fast, pounding or uneven heartbeat
- Increased blood pressure
- Severe dizziness
- Easy bruising and bleeding
- Flu-like symptoms; chills, fevers, aches
- Anxiety and restlessness
- Unusual weakness

METHYLHEXANEAMINE

Methylhexaneamine has been found in a number of supplements recently and is a Prohibited Substance and as such could carry a 2-year ban for any player who provides a sample containing it.

Methylhexaneamine is commonly referred to by a number of alternative names including, but not limited to, forthan, forthane, floradrene, geranamine, dimethylamylamine, DMAA, dimethylpentylamine, 1,3-dimethylamylamine, geranium oil, geranium extract or pelargonium gravelons. Please note that not all of these synonyms appear on www.globalDRO.com.

In 2012 the MHRA (the organisation which regulates medicines) ruled that supplements containing methylhexaneamine were unlicensed medical products and as such cannot be sold in the UK as they are potentially dangerous and can have serious side-effects.

The type of supplements that are more likely to contain Methylhexaneamine are those supplements which are designed to increase energy or aid weight loss. There is no guarantee that supplements are drug free, and the RFL and UKAD recommend that any player who is considering the use of a supplement assess the need, risks, and consequences of doing so. The Informed-Sport programme evaluates supplement manufacturers for their process integrity, and screens supplements and ingredients for the presence of some prohibited substances; go to www.informed-sport.com for more information. It is also recommended that you keep records of all the checks you carry out before taking any medications or supplements.

Please be aware that under the principles of **Strict Liability** contaminated supplements are not a valid defence for a player who tests positive; Players are solely responsible for any substance found in a sample they provide.

HEALTH RISKS

One of the criteria for WADA to include a particular substance on the Prohibited List is that a substance does or may cause a risk to health. The use of a Prohibited Substance can seriously damage health and all players should be aware of these risks.

PERMITTED SUBSTANCES

For Players requiring treatment for an illness or injury, there are many permitted substances that your doctor or pharmacist may find suitable for you.

Note: If your doctor cannot find a permitted alternative to treat a legitimate illness or injury, you can use the Therapeutic Use Exemption process outlined in Section 6 to apply for an exemption to use that prohibited substance or method. Due to the changing nature of the pharmaceutical market, neither UKAD nor the RFL is able to provide a definitive list of products that contain permitted substances.

CHECKING YOUR MEDICATION GUIDANCE

The advice is simple - check every single substance or medication before you use it - even if it's a medication you have used and checked before. The Services and Resources section of this booklet gives you information on the services available to help you check the status of your medication. Reading the information below will help you to use and interpret these services correctly, enabling you to get the right answer to your query.

When checking your medication on GlobalDRO, make sure:

- You check the status of all the active ingredients listed on the contents label of your medication;
- You ensure that the ingredients listed on the response page match the substances listed on the contents label of your product
- You check the correct 'route of administration'; see below for more information;
- You check if there are any conditions attached to the response, e.g. this substance is only permitted with a Therapeutic Use Exemption; and
- You check if there are any specific regulations for a substance in rugby league (check the RFL anti-doping regulations).

ROUTE OF ADMINISTRATION

The route of administration refers to the way in which a medication or substance is taken or used, for example, tablets, injections or creams. Always check your medication according to the route of administration as its status may change according to how the medication is used.

The information below should be used as a guide only. If you are unsure about the route of administration, check with your doctor or a local pharmacist.

Oral Preparations: E.g. tablets, capsules and syrups are called "ORAL" or "SYSTEMIC" preparations that are taken through the mouth and go directly into your system.

Topical Preparations (not including Dermatological): E.g. drops, sprays (eye, ear, nasal) and nasal inhalers are called "TOPICAL" or "LOCAL" preparations because they affect only the area to which they are applied.

Dermatological Preparations: E.g. creams, ointments and gels that are applied externally to treat a dermatological condition. For the purposes of the TUE process, this route of administration does not include eye drops, ear drops, nasal sprays and oral gels containing a glucocorticosteroid

Rectal Preparations: e.g. suppositories are called "RECTAL" or "SYSTEMIC" preparations and are systemic because they are applied in the rectum and go directly into your system.

Local or intra-articular injections: These types of injections are called “LOCAL” preparations because they affect only the area to which they are applied.

Intra muscular or intravenous injections: These are injections that are considered “SYSTEMIC” preparations that are administered to the muscle or the vein and go directly into the system.

MONITORING PROGRAM - INCLUDING NICOTINE.

In order to detect potential patterns of abuse, nicotine is currently on the WADA Monitoring Program.

It is not WADA’s intention to target smokers, rather to monitor the effects nicotine can have on performance when take in oral tobacco products such as snus.

Nicotine is one of several stimulants included in the Monitoring Program, along with the narcotics hydrocone, mitragynine and tramadol. Out of competition use of glucocorticosteroids are also included.

5. SUPPLEMENTS

Some Players take supplements in the belief that it will help maintain their health and improve their performance. However, it is now generally accepted that any Player who is liable to be tested in or out of competition, may be at risk of a positive drug test from the use of supplements.

Studies of supplements have shown that up to 25% of dietary supplements on sale to Players may contain small amounts of prohibited substances, commonly including anabolic androgenic steroids and stimulants. These quantities would cause, and have been found to cause, positive drug tests which have led to players and athletes being banned from sport.

As a result, the RFL cannot guarantee that supplements, including vitamins and minerals, ergogenic aids and herbal remedies, are free from prohibited substances and it is for this reason that the RFL strongly advise Players to assess the need to use supplements and to assess the risks associated with supplements, including the potential consequences of a ban.

WHY ARE SUPPLEMENTS UNSAFE FOR PLAYERS?

The manufacture, distribution and promotion of dietary supplements are covered by a variety of regulations that relate mainly to their safety for the general human population, i.e. not professional players who are subject to stringent Anti-Doping regulations. There are Pharmaceutical Industry Standards in place to protect the consumer against the risk of ingesting substances that are potentially harmful to their health. These standards are set to ensure that levels of contamination in medicines or supplements do not exceed 0.1% by

mass. As the general human population are not subject to the anti-doping rules of sport and are not drug tested as Players are, these Pharmaceutical Industry Standards are satisfactory for the majority. In the case of some doping substances, however, much smaller levels of contamination may cause a Player to test positive. This is because all WADA Accredited Laboratories are required to analyse your urine or blood sample to a standard that could detect a level of contamination of 0.00001%, or ten thousand times less than the pharmaceutical standard of 0.1%. Where supplements are consumed in relatively large amounts, for example, protein powders where daily intakes by Players may reach 100g, contamination could result in a positive drug test and an anti-doping rule offence.

It is important to realise that these substances may not be an ingredient in the supplement, but a contaminant from other products made on the same production line

Manufacturers that advertise their products as being 'IOC Permitted' or 'WADA approved' are misleading Players as the IOC, WADA or UKAD do not endorse the safety or legality of any supplements for Players.

ASSESS THE NEED

Players should look to optimize diet, lifestyle and training before considering supplements. However, The RFL recognise that the lifestyle, training and game demands on some players may not allow sufficient time to be able to ingest sufficient food to meet their nutritional needs and there may be possible circumstances that necessitate supplement use.

Players should assess the need for supplements by consulting an accredited sports dietician and/or registered nutritionist and a sports and exercise medicine doctor before taking supplements.

ASSESS THE RISK

Due to the risk of supplements containing Prohibited Substances, minimising the risk is essential. Although the risk of supplements can be nullified by not taking any, avoiding the use of supplements for some players is not realistic.

To minimise the risk of supplements containing even trace amounts of any Prohibited Substance the following may be checked during the manufacturing process:

- No Prohibited Substance can be introduced as a by-product of any part of the manufacturing process.
- The product (including the raw ingredients) is physically separate from potential sources of contamination at all stages of manufacture, processing, packaging and distribution.
- Has the product been manufactured, packaged and distributed in such a way that will minimise the risk of a contaminated product reaching an athlete?

- Avoid purchasing supplements from a manufacturer who also produces supplements that contain Prohibited Substances
- Understand the reason why some supplements could contain Prohibited Substances as contaminants
- Understand what supplement testing for Prohibited Substances is. Look for supplements that are produced by companies which batch test their products
- Seek expert guidance to assess your dietary and performance needs and supplement requirements (registered nutritionist or accredited sports dietician).

ASSESS THE CONSEQUENCES

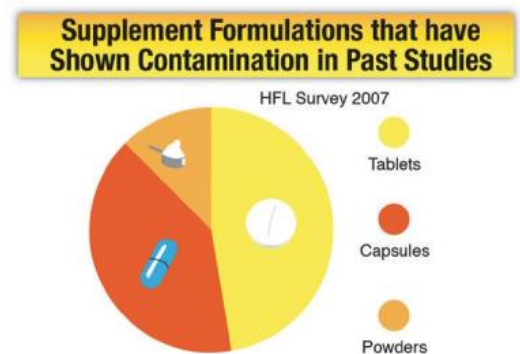
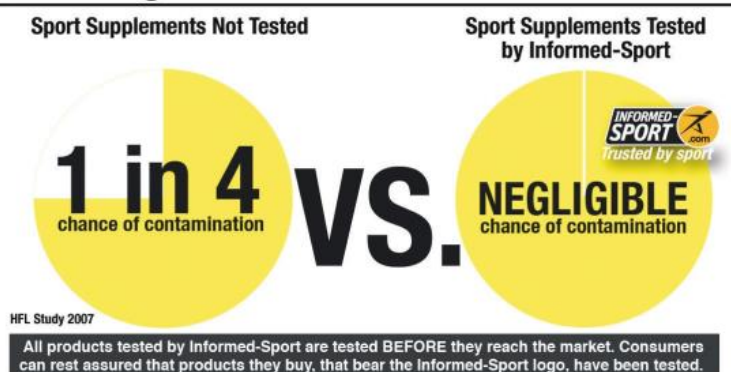
- Remember Strict Liability. Players must be aware that any positive test as a result of supplement use will lead to the Player receiving a ban, with bans starting at four years for intentional cheating or where the player cannot prove lack of intent.
- There is less leniency for carelessness and you are more likely to receive a 2-year ban for inadvertent doping.
- To get any reduction in sanction from 2 years, you must have substantial proof you have done your research and be able to demonstrate that you were not at fault or intending to cheat.

Is the risk worth the gain? If a supplement does contain a Prohibited Substance how will this affect your career? It can be very difficult to prove that the presence of Prohibited Substances from supplements were through no significant fault on your part as you already know there is a risk in taking them.

SUPPLEMENT TESTING

Getting your supplements tested by a reliable laboratory does not provide a guarantee to the safety or legality of your supplements.

Risk Management



Supplement testing is one step towards assessing the risk of contamination to your product and it should be encouraged of manufacturers to test their product. However you must be aware that this is not a guaranteed method of identifying safe products.

Some supplement manufacturers test their products and there are services which are available that can be used as a useful tool to minimise the risk of a supplement being contaminated. One such example is Informed Sport (www.informed-sport.com)

However, please note that sites of this nature do not give any guarantees regarding the status of a particular supplement and players are responsible for any supplements they decide to use.

6. SERVICES & RESOURCES

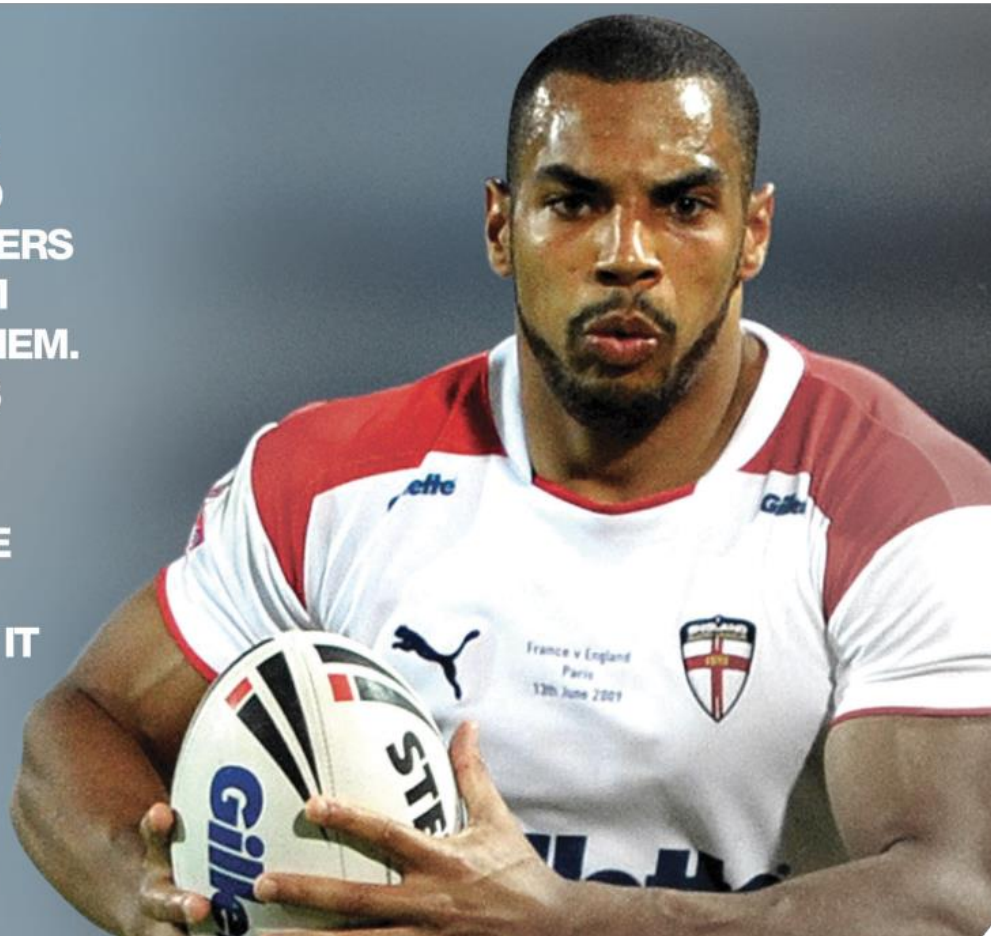
To assist Players and their support personnel in making well informed and safe choices in relation to medication the RFL recommends that players use the many drug information services and resources offered by UKAD.

GLOBAL DRUG REFERENCE ONLINE (GLOBALDRO)

For an immediate answer to an enquiry about the status of a substance in rugby league, log on to the Global Drug Reference Online (GlobalDRO) - www.globaldro.com

**“SOME SUPPLEMENTS
MAY CONTAIN BANNED
SUBSTANCES SO PLAYERS
NEED TO CHECK THEM
OUT BEFORE USING THEM.
IF A PLAYER PROVIDES
A SAMPLE WHICH
CONTAINS A BANNED
SUBSTANCE, THEY ARE
RESPONSIBLE FOR IT,
REGARDLESS OF HOW IT
GOT THERE.”**

**RYAN ATKINS
WARRINGTON WOLVES**



GlobalDRO allows you to search for the status of a licensed medication that can be purchased in the UK, USA, Canada and Japan (in Japanese only). You can search for the brand name, for example Lemsip, or the individual ingredients of the medicine, e.g Ibuprofen. When searching by brand name you must ensure that you enter the brand correctly and any derivatives it might have – for example, Lemsip ‘Cold and Flu’.

Please note that GlobalDRO cannot be used to check the status of supplements.

ANTI-DOPING RESOURCES

Players and Support Personnel looking for additional information on anti-doping should visit www.ukad.org.uk

From here you will find the following information and resources:

- The Prohibited List
- TUE process and application forms
- Fact sheets on Prohibited Substances and Methods
- Advice about Supplements
- Anti-Doping Rules and Policy documents

TRAVELLING ABROAD - MEDICATION ADVICE

For Players that travel abroad to train or play it is important that you don't take a holiday from checking your medication.

When you're in another country, although your medication may sound or look the same, the ingredients can vary from country to country. So permitted medication in the UK could contain Prohibited Substances when purchased abroad!

BE SAFE!

If you are planning a trip abroad, make sure you complete the following checklist before you board the plane:

- Check that you have taken enough medication to allow continuation of a treatment
- Check that you have notified the RFL and/or UKAD of any changes to your whereabouts details if required.
- Check the status of all products you buy before you leave
- Check that you have downloaded the Clean Sport App
- Check that any medication you take into the country is permitted through customs

TRAVELLING ABROAD - CUSTOMS ADVICE

Some countries have different customs laws that may prohibit you from taking some substances into a particular country.

If you are carrying a prohibited substance for a legitimate medical condition, you should carry the following documents with you at all times:

- Your prescription from your prescribing physician including the name of the substance, dosage and strength; and
- Your Therapeutic Use Exemption Certificate to demonstrate that the anti-doping authorities have permitted you to use a prohibited substance for medical purposes.

Remember: If you need to buy a product overseas you must check carefully as common medications can and do contain different substances to those available in the UK. Wherever possible you should take your own medication abroad with you as this will help to avoid buying foreign products.

7. THERAPEUTIC USE EXEMPTIONS (TUEs)

Any Player that is eligible for drug testing in the UK or abroad will need to apply for a Therapeutic Use Exemption (TUE) if they are prescribed a prohibited substance or prohibited method by their doctor to treat a legitimate medical condition. Before applying for a TUE, you should check with your doctor to see if there are any permitted alternative treatments or medications. If there are not, you will need to apply for a TUE according to the information and process outlined below.

GLUCOCORTICOSTEROIDS

The use of Glucocorticosteroids administered via inhalation (e.g. Beclomethasone or Budesonide) or a non-systemic route do not require a TUE. Non-systemic routes means intra-articular, peri-articular, peri-tendinous, epidural and intra-dermal injection. Players should declare the use of Glucocorticosteroids on the Sample Collection Form when tested. Glucocorticosteroids administered via a systemic route (i.e. orally, rectally, intravenous or intramuscular) require a full TUE.

BETA-2 AGONISTS (ASTHMA MEDICATION)

The table below lists types of asthma medication and the action required (if any) to be permitted to use it.

Medication	Action required
Salbutamol	None*
Salmeterol	None*
Formoterol	None*
Terbutaline	TUE
Corticosteroids	None

* Please be aware that there are upper limits for Salbutamol, Salmeterol and Formoterol. For further info please read the section titled Upper Limits.

TUE applications for Beta-2 Agonists now require:

- Comprehensive Medical History
- Clinical Review
- Objective Spirometry assessment at rest and following a challenge

Option 1 - Bronchodilator Challenge

Option 2 - Bronchoprovocation Challenge

Option 3 - Clinical Suspicion Persists (used if the above 2 options are negative and clinical suspicion persists)

It is essential that the TUE Beta-2 Agonist Guidance document is consulted to obtain full details of these requirements so that the correct evidence is submitted with TUE applications. Also, please note that there is a specific form for TUEs for Beta-2 Agonists. Applications on regular TUE forms will not be accepted.

Only the 25 man first team squads from Super League clubs will have to complete proactive TUEs for Beta-2 Agonists. This means that TUEs must be granted before these players take the medication.

All other players (non 25 man squad Super League players, Championships players, Academy, Foundation & Scholarship players) must complete TUEs for Beta-2 Agonists retroactively, i.e. once they are tested they have 10 days to submit the TUE application. All players are advised to show the Beta-2 Agonist guidance documents to their Doctors and tell the Doctor that they

are drug tested as they play professional sport and would need sufficient objective evidence to confirm the diagnosis of asthma. If a player cannot meet the criteria, the player needs to have a discussion with the Doctor to find out why they have been prescribed asthma medication and if clinical suspicion of asthma or any other respiratory problem is still present then this must be recorded as this can be used to support a TUE application if the criteria are not met, although it is not a guarantee that the TUE will be granted.

TUEs for all other Prohibited Substances must be submitted proactively by all players.

TUE applications are reviewed by a panel of independent physicians known as UKAD's TUE Committee.

TUE applications should be sent direct to UKAD in an envelope marked "Private & Confidential" to:

UKAD - TUEs, Fleetbank House, 2-6 Salisbury Square, London, EC4Y 8AE

Or faxed to the confidential fax line 0800 298 3362 or emailed to tue@ukad.org.uk

CAN MY CLUB DOCTOR COMPLETE MY TUE FOR ME?

The Doctor can help you complete the form but you must ensure that you are happy with the contents and sign it. The ultimate responsibility rests with the Player in line with the principles of strict liability so you must ensure that the form is lodged correctly, and that you receive the TUE certificate stating that the TUE has been granted.

ASTHMA AND OTHER BREATHING PROBLEMS

The RFL have produced a leaflet to give players who suffer from asthma or other breathing problems guidance about their medication and the relevant anti-doping regulations. This leaflet can be downloaded from the RFL website, copies have been sent to clubs or call the RFL and ask for a copy. All players must be aware that many asthma medications are Prohibited Substances so all players need to seek advice before making any decisions.

UPPER LIMITS

Players need to be aware that there are upper limits for Salbutamol, Salmeterol and Formoterol and if these limits are exceeded players may be charged with an Anti-Doping Rule Violation.

The limit for Salbutamol is a maximum of:

- 1600 micrograms over 24 hours; and
- 800 micrograms over 12 hours.

Salbutamol inhalers commonly dispense either 100 or 200 micrograms per puff/inhalation, therefore this 800 microgram allowance equates to either 4 or 8 puffs per 12-hour period.

The limit for Formoterol is 54 micrograms over 24 hours.

Previously there has not been an explicit limit for Salmeterol, however the 2017 Prohibited List confirmed that maximum allowable amount permitted over 24 hours as 200 micrograms. If a player requires more than 200 micrograms per day, UKAD should be consulted as it may be necessary to apply for a TUE.

The dose administered per puff/inhalation does vary between inhalers therefore it is vital that players are advised to check the information leaflet which accompanies the inhaler to establish the dose per puff/inhalation.

The presence in urine of these substances in excess of the respective limits is presumed not to be a therapeutic use of the substance and 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 the therapeutic inhaled dose up to the maximum indicated above.

Poor administration technique or poorly controlled asthma are recognized as possible contributory factors to such abnormal urine findings. However, such a result will lead to an Anti-Doping Rule Violation hearing following which sanctions, including a suspension of up to two years, may be applied.

HOW DO I KNOW IF I HAVE TO APPLY FOR A TUE?

You can find out if the medication you have been prescribed is prohibited by logging on to the Global Drug Reference Online system (www.globaldro.com). If the medication is prohibited then you must apply for a TUE.

Check the TUE section of www.globaldro.com to see if you are required to submit a TUE or ask the RFL Operations Department.

1. Download a copy of the TUE application form and guidance documents from the UKAD website
2. Complete all sections of the form thoroughly and accurately and ensure you and your prescribing physician sign the application
3. Submit your application to UKAD as follows:

By email to TUE@ukad.org.uk ;

By fax to 0800 298 3362; or

By post (in an envelope marked "Private and Confidential TUE application") to:

UKAD – TUEs
Fleetbank House
2-6 Salisbury Square
London
EC4Y 8AE

Players should keep a copy of the application and other medical information that was sent to UKAD, along with a receipt (if possible) as proof of the date you posted/emailed/faxed your TUE application.

WHEN SHOULD I APPLY FOR A TUE?

In accordance with the International Standard for TUEs, Players are required to obtain a TUE in advance of the use of any Prohibited Substance(s) or Prohibited Method(s). You should apply for a TUE as soon as you are prescribed a prohibited substance for a medical condition.

Please note that TUE applications can take up to 28 days to be approved, but it is your responsibility to ensure that your TUE has been approved before taking a Prohibited Substance. To ensure a swift process, make sure you supply all the relevant medical information relating to your illness, with results of medical examinations and tests conducted and details of any alternative permitted treatments previously tried.

WHAT IF I AM PRESCRIBED A PROHIBITED SUBSTANCE IN THE WEEK BEFORE A MATCH?

Emergency or retrospective applications for a TUE will be considered only when:

- 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 the Player to submit, or for the UKAD TUE Committee to consider, an application prior to providing a sample.

A Player should not assume that by submitting a TUE application it will be granted. Any use or possession of a Prohibited Substance or Prohibited Method before an application has been granted shall be entirely at the Player's own risk.

Players should retain a copy of the application and enclosures sent to UKAD, along with a receipt (if possible) as proof of the date you posted/emailed/faxed your TUE application.

I'M NOT USUALLY SUBJECT TO TESTING BUT WAS RANDOMLY TESTED, FOR EXAMPLE, IMMEDIATELY AFTER SIGNING FOR THE CLUB. I NEED A TUE WHAT SHOULD I DO?

This procedure relates to Players who are not regularly subject to testing (e.g. a Trialist Player) and therefore are not normally required to submit a TUE application. If you are not normally required to submit TUEs under the anti-doping rules applicable to you, you should be aware that if you are tested at random, you are required to submit a TUE application at or following the match if you are using a prohibited substance for a legitimate medical condition.

You should inform the Doping Control Officer at the time of the test that you need to apply for a TUE and then send the fully completed TUE application to UKAD so that it is received by UKAD no later than five (5) working days after the test is completed. (See mailing details above)

WHAT IF MY TUE APPLICATION IS REJECTED?

If your TUE application is rejected by the UKAD TUEC, you are entitled to appeal the decision. Any Player who wishes to appeal a decision made by UKAD or the UKAD TUE Committee must lodge written notice of the appeal with UKAD, specifying the grounds of the appeal, within fourteen (14) days of the date of receipt of the decision in question. The notice should be sent to UKAD at the following address, in an envelope marked "Private and Confidential" to:

UKAD - TUEs, Fleetbank House, 2-6 Salisbury Square, London, EC4Y 8AE

For further information on whether you need to apply for a TUE and where to send the application, check the TUE section of the UKAD website. From here you can download:

- TUE application forms
- A checklist to help you in preparing your TUE application
- Advice to your prescribing physician to ensure the relevant medical information is provided

Visit the UKAD website for further information on TUEs, including a range of fact-sheets and guidance documents for further information.

8. TESTING

Where UKAD conducts testing whether under its own jurisdiction or on behalf of the RFL, RLIF, another Anti-Doping Organisation or WADA, it conducts that testing according to the International Standard for Testing and Investigations.

Under the RFL's Anti-Doping Programme, Players are required to submit to testing when notified by a Doping Control Officer or Chaperone - with little or no notice.

Testing can take place in the following three ways **for all players**:

- In-Competition testing (i.e at a match)
- Out-of-competition testing at squad training
- Out-of-competition testing of individuals at home or other venues

DRUG TESTING IN THE UK

The doping control procedures used by UKAD adhere to the World Anti-Doping Code's International Standard for Testing and Investigations. This International Standard ensures that the integrity, anonymity and security of samples are maintained throughout the whole procedure, from the notification of Players through to transporting the samples to the laboratory. A departure from the International Standard for Testing and Investigations will not invalidate a test result unless it is determined that the integrity of the sample has been affected. You should ensure that the following aspects of the doping control procedure are maintained:

- The Doping Control Officer (DCO) has official identification and evidence of his/her authority to carry out the test from UKAD or another official anti-doping agency
- The DCO or official chaperone accompanies you at all times after you have been notified, until you arrive at the Doping Control Station.

- At the doping control station, the DCO remains with you at all times until the sample collection procedures are complete
- The DCO offers you the right to take a representative of your choice to the Doping Control Station
- The DCO offers you an explanation of the testing procedures
- You are given a choice of sample collection equipment
- You are given a copy of the notification and sample collection documentation
- That the DCO observed the sample provision process
- That your name is not on any documentation to be sent to the laboratory

YOUR RESPONSIBILITIES

In accordance with the international Standard for Testing and the RFL Anti-Doping Regulations, players have certain responsibilities they must uphold when providing a sample, these are:

- Report immediately to the Doping Control station unless you have requested, and been granted, a delay for one of the permitted reasons. (Permitted reasons can be found on page below).
- Remain in direct observation of the DCO/Chaperone at all times from the point of notification until the completion of the testing procedure.
- Produce your identification
- Comply/undertake the test – refusing is an ADRV and may result in a ban from sport.

YOUR RIGHTS

As a Player, you should know your rights during the doping control procedure.

You have the right to:

- Be notified by a Chaperone/DCO with official identification and evidence of his/her authority from an official anti-doping organisation.
- Be accompanied to the Doping Control Station by a representative of your choice.
- Ask for an interpreter
- Be observed during the provision of your sample by a DCO of the same gender

- Give comments/ask for additional information on the testing procedures
- Receive a copy of the Doping Control Form
- Confidentiality – no name should be on any documentation that is to be sent to the laboratory.
- Request a delay in reporting to the doping control station for a valid reason.

VALID REASONS TO REQUEST A DELAY

Valid reasons for requesting a delay:

In-Competition

- Obtain photo ID
- Attend a cup ceremony
- Fulfil media commitments
- Receive medical treatment
- Finish competing
- Warm down
- Locate a representative/interpreter

Out-of-Competition

- Obtain photo ID
- Locate a representative/interpreter
- Receive medical treatment
- Finish training

Please note that a team de-brief/team talk is not a valid reason to delay reporting to the Doping Control Station after being notified, however Doping Control staff will normally allow you to return to the dressing rooms after reporting to the Doping Control Station, however on some occasions this may not be possible. If you are permitted to return to the dressing room you will be chaperoned at all times and must stay within sight of the chaperone and must report to the Doping Control Station in a timely manner.

SAMPLE COLLECTION - FURTHER INFORMATION

Players are now asked to consent, via the Doping Control Form, to their sample being used for anti-doping research purposes. The anonymity of the player will be upheld at all times and there will be no adverse implications should you decline permission.

Players should ensure that any concerns they may have about a test or a Doping Control Officer are recorded on the Doping Control Form.

DOPING CONTROL OFFICERS

A team of trained independent Doping Control Officers (DCOs) conduct testing in the UK on behalf of UKAD. All DCOs are trained and re-certified on an annual basis and are regularly audited to ensure they adhere to procedures and professional conduct which complies with the International Standard for Testing and Investigations at all times.

Chaperones

UKAD has a team of trained chaperones to assist the DCOs during doping control by conducting notification and in escorting Players until they report to the doping control station.

Chaperoning is essential to protect the integrity and validity of a Player's sample and to exclude any possibility of manipulation of a sample from the time of official notification to sample collection.

Blood or Urine?

Both blood and urine samples are collected as part of the RFL's testing programme.

Urine Testing

Players must provide a 90ml sample and must produce additional samples if requested to do so by a DCO if the first sample(s) fails due to the fact that it falls outside of the acceptable pH/specific gravity range. Players must also wash their hands or wear gloves when dividing the sample between the A and B sample bottles.

Blood Testing

The notification process for blood testing is the same as for a urine test and will be undertaken by a Doping Control Officer (DCO) in the same manner as a urine test. However the sample collection is carried out by a Blood Control Officer (BCO) which is somebody trained in the collection of blood.

Before you give a blood sample, you are required to sit down for a minimum of 10 minutes. The BCO shall assess the most suitable vein for sample collection and clean the site. They will then unseal the hypodermic needle and attach the vacutainers (self-sealing secure containers) and withdraw blood to fill the required number of tubes. No more than three attempts will be made per session.

After withdrawing the needle the BCO or athlete will place one vacutainer into each of the A and B sample bottles. These should be checked for any leakage. The sealed blood sample shall be kept in the Doping Control Station, at a cool but not freezing temperature, prior to dispatching for analysis. Samples will be stored and transported at a controlled temperature between 2-8°C.

During the 2012 London Olympic Games a new method of analysing blood samples was launched which significantly extended the window of detection of Human Growth Hormone (HGH). This new test does not detect HGH directly but looks for any unnatural increase in other biological markers which occur after the injection of HGH.

The only reason to refuse a blood test is if you have a medical condition which means you cannot give blood. Medical evidence would need to be provided in this instance. Having a phobia of needles or holding certain religious beliefs are not valid excuses to refuse to provide a blood sample.

TESTING YOUNG PLAYERS

If you are considered a 'minor' according to the rules of Rugby League (under 16), you may require some modifications to the sample collection procedure if you are eligible for testing.

Testing conducted under the UK National Anti-Doping Policy and Rules may only be conducted on a minor where a person with legal responsibility of that minor has given prior written consent. In order to compete in Rugby League, your Parent or Guardian must have given their consent.

Any Player considered a minor has the right during the doping control process to be accompanied by a representative of their choice at all times during the sample collection process.

UKAD encourages all minors to be accompanied by a representative of their choice at all times.

As a minor during a sample provision, your representative should be present to observe the DCO (at the request of the Player) when you are providing a urine sample. Your representative should not directly watch the provision of the sample (unless requested to do so by yourself).

TESTING PROGRAMME

The RFL works in partnership with UKAD to determine the levels of testing for each year. Depending on the level in which you compete, you will be required to fulfill certain obligations for anti-doping. These obligations are outlined below.

IN-COMPETITION TESTING

In-Competition testing is where Players are selected for testing whilst participating in a match. At a match, a team of Doping Control Officers (DCOs) authorised by UKAD, will be present to oversee the Player selection process, verify and coordinate the collection of samples and securely dispatch samples to the laboratory.

OUT OF COMPETITION TESTING OF SQUADS

UKAD conduct tests at squad training sessions. These tests are known as Out of Competition Squad tests.

OUT OF COMPETITION TESTING OF INDIVIDUALS (ALL PLAYERS)

All players should note that they should make themselves available for testing at all times and all locations when notified.

“DRUGS IN SPORT DON’T WORK, DRUGS IN RUGBY LEAGUE DON’T WORK AND DRUGS IN LIFE DON’T WORK.”

KEVIN SINFIELD



9. RESULTS

On completion of a drug test conducted under the International Standard for Testing and Investigations, your A and B sample bottles and doping control paperwork will be sent by a secure chain of custody to a WADA accredited laboratory. The A-sample is then analysed, while the B-sample is securely stored, in case of an adverse finding in the A-sample. There are two possible scenarios that will follow sample analysis; a negative result may be reported or an adverse analytical finding may be reported.

1. A negative result is reported.
2. An Adverse Analytical Finding is reported.

NEGATIVE RESULTS

You will not be notified of a negative result. Any sample may be stored and subjected to further analysis at any time at the direction of UKAD or WADA.

ADVERSE ANALYTICAL FINDINGS

The process for dealing with an adverse finding is conducted in three stages:

- i) Review
- ii) Hearing
- iii) Appeal

i) **Review** - If an adverse finding is reported, UKAD will undertake an initial review to determine whether an applicable TUE has been granted or if there was any apparent departure from the International Standards for Testing or Laboratories that may have undermined the validity of the finding. If it is determined from this review that there is a 'Case to Answer', the Player will be notified of the result by the RFL and you may then be provisionally suspended. A Player has the right to request the analysis of their B Sample and the Player also has the right to witness, or nominate a representative to witness, the B Sample opening and analysis. The B sample should be analysed within 30 days of the A-sample result being reported to the Player. If a Player does not request the B-sample analysis, this right may be deemed waived.

ii) **Hearing** - A Player has the right to a fair hearing. This should be on a timely basis (within 3 months of the initial A-sample report). The hearing provides a Player with the opportunity to present their case to a panel with the aim of reducing or eliminating the period of ineligibility. More information about the hearing and the reduction or elimination of sanctions can be found in the RFL Anti-doping Regulations. As of 1st January 2009, the RFL have delegated responsibility to hear doping cases to the National Anti-Doping Panel.

iii) **Appeal** - Players have the right to appeal a Panel's decision. Please refer to the RFL Anti-Doping regulations for further information.

RFL SUPPORT

The RFL have made available counselling and support services for any player who tests positive for a Prohibited Substance. Details will be provided with the correspondence regarding the case and any queries should be directed to the RFL.

SANCTIONS FOR ANTI-DOPING RULE VIOLATIONS

The World Anti-Doping Code outlines a clear and definitive set of sanctions for Players found to have committed a doping offence and these sanctions have been adopted by the RFL and are detailed in the Anti-doping Regulations.

The 2015 WADA Code significantly increased the range of sanctions that players are likely to face. For example, in cases involving serious doping substances (e.g. steroids, Human Growth Hormone) players will face a 4 year ban, unless they can prove that they had no intention to cheat. Players testing positive for stimulants (e.g. Methylhexaneamine, Ephedrine) will be sanctioned with a 4 year ban if UKAD can prove the use was intentional, otherwise a 2 year ban will apply.

Player support personnel found guilty of violating the anti-doping code face harsh penalties. It is outlined in the Code that individuals involved in aiding, abetting, encouraging or covering up doping in sport, will be subject to more severe sanctions than Players that test positive.

Player support personnel found guilty of the administration or trafficking of prohibited substances may face a minimum of four years or a lifetime ban.

REPORT DOPING IN SPORT

UKAD has a 24-hour confidential phone line to support the fight against doping in sport. The phone line provides a service for athletes, support personnel, and concerned family or friends to securely pass on information to UKAD with guaranteed anonymity.

Hosted by Crimestoppers, a dedicated team of trained operators are able to manage calls related to anti-doping. All information provided will be treated in confidence and researched and investigated by UKAD.

08000 032 2332

Information can also be submitted anonymously via the Crimestoppers website at <https://secure.crimestoppers-uk.org/ams.form.anonymous.asp>

DOSAGE

Players are encouraged to keep a record of any drug test they have undertaken.

Your record of drug tests taken is also a great way of demonstrating you've been tested and that you're clean!

Date of test:

In competition Out of competition

Venue of test:

Name of Doping Control Officer (DCO):

Authority conducting the test (see DCO authorisation letter):

Result of test:

Date received:

Date of test:

In competition Out of competition

Venue of test:

Name of Doping Control Officer (DCO):

Authority conducting the test (see DCO authorisation letter):

Result of test:

Date received:

Date of test:

In competition Out of competition

Venue of test:

Name of Doping Control Officer (DCO):

Authority conducting the test (see DCO authorisation letter):

Result of test:

Date received:

Date of test:

In competition Out of competition

Venue of test:

Name of Doping Control Officer (DCO):

Authority conducting the test (see DCO authorisation letter):

Result of test:

Date received:

11. USEFUL CONTACTS & LINKS

RFL

www.rfl.uk.com - About Us - Rules and Regulations - Anti-Doping
anti.doping@rfl.uk.com
tel 0844 477 7113 - Option 4

UKAD

www.ukad.org.uk
athlete@ukad.org.uk
tel 020 7842 3450
Fleetbank House, 2-6 Salisbury Square,
London, EC4Y 8AE

Report Doping in Sport

08000 032 2332
<https://secure.crimestoppers-uk.org/ams.form.anonymous.asp>

National Anti-Doping Panel

<http://www.sportresolutions.co.uk>

Australian Sports Drug Agency, ASADA

www.asada.org.au
asada@asAda.org.au

French Anti-Doping Organisation

www.jeunesse.sports.gouv.fr

Irish Sports Council

www.irishsportsCouncil.ie
info@irishsportsCouncil.ie

New Zealand Anti-doping Organisation

www.nzsda.co.nz
[nzsda@nzsda.co.n](mailto:nzsda@nzsda.co.nz)
z

World Anti-Doping

Agency www.wada-ama.org
info@wada-ama.org

Informed Sport - Supplement Testing

www.informed-sport.com
[@trustedbysport](https://twitter.com/trustedbysport)

OTHER DRUG INFORMATION SERVICES

For help and advice about general drug misuse you could contact:

Talk to Frank

www.talktofrank.com
frank@talktofrank.com
tel 0800 77 66 00

Drug Scope

www.drugscope.org.uk
tel 020 7928 1211

National Health Service

www.nhs.uk
tel 0845 46 47

