

FIDE Anti-Doping Regulations

In furtherance of its role, Federation Internationale Des Echecs (FIDE), in close collaboration with the National Chess Federations (NCFs), the International Olympic Committee (IOC) and the National Olympic Committees (NOCs) dedicates its efforts to ensuring that in chess the spirit of Fair Play prevails, leads the fight against doping in sport and takes measures, the goal of which is to prevent endangering the health of competitors. (Within FIDE the body responsible for the above is the Medical Commission.)

Article 1

1. Doping contravenes the fundamental principles of Olympism and sports and medical ethics
2. Doping is forbidden
3. Recommending, proposing, authorizing, condoning or facilitating the use of any substance or method covered by the definition of doping or trafficking therein is also forbidden

Article 2

1. Doping is the use of an expedient (substance or method) which is potentially harmful to a competitor's health and/or capable of enhancing their performance, or
2. The presence in the competitor's body of a Prohibited Substance or evidence of the use thereof or evidence of the use of a Prohibited Method
3. The list of prohibited substances and methods is published by W ADA (World Anti-Doping Agency) and available on W ADA website
4. Although W ADA has recognised chess as a low risk sport all competitors have to know that there are no exceptions from this list.

The Medical Commission would like to make it clear, however, that there will be no 'harsh punishments' for a first offence against the Anti-Doping rules.

Article 3

1. FIDE is entitled to carry out doping control on any competitor in any FIDE Competition.

A sample of approximately 5% of competitors shall be tested by random selection.

All winners (top 4 places) shall be tested. In team competitions one competitor from each team (top 4 places) shall be randomly selected to be tested

2. The actual conduct of doping control at FIDE Competitions shall be the Responsibility of the FIDE Medical Commission except where specifically delegated by FIDE Medical

Commission to a subordinate agency

3. The procedures for Doping Control at FIDE Competitions shall be decided by the FIDE Medical Commission in accordance with the principles contained in Appendix A
4. At all other events (except where doping control is carried out under the rules of another sporting body) the NCF conducting the controls or in whose territory an event is held shall be responsible for conducting doping control and shall inform and report the results to the FIDE Medical Commission
5. Where doping control results in a positive test on a competitor, who is not a member of the NCF who conducted the doping control, the NCF who conducted the doping control shall, as soon as possible, report the results of such tests to the NCF which normally exercises jurisdiction over such competitor
6. Where a doping offence has taken place in any FIDE Competition disciplinary proceedings will take place

Article 4

Doping Control Results Management

- I. Upon receipt of an A-Sample Adverse Analytical Finding, the Medical Commission (or the organisation who conducted the doping control) shall Promptly notify the Competitor of:
 - a) the Adverse Analytical Finding
 - b) the Competitor's right to promptly request the analysis of the B-Sample or, failing such request, that the B-Sample analysis will be deemed waived
 - c) the right of the Competitor and/or the Competitor's representative to attend the B-Sample opening and analysis.
2. The Anti-Doping Organisation shall give the Competitor notice of the anti-doping rule which appears to have been violated, and the basis of the violation.

After notification, the Competitor shall have the opportunity to present promptly a statement to the Anti-Doping Organisation.

3. The Anti-Doping Organisation shall:
 - a) enquire whether an applicable therapeutic use exemption has been granted.
 - b) Consider whether there is any irregularity in the testing process or laboratory analysis which cast substantial doubt on the Adverse Analytical Finding.

- c) Consider any explanations provided by the Competitor.
- d) Conduct any follow-up investigation which may be required under applicable anti- doping policies.

Article 5.

Hearings procedures.

- 1. The Competitor has a right to a timely hearing (within 28 days of the notice of rule violation).
- 2. The Competitor has a right to a hearing before a fair and impartial hearing body*.
- 3. The Competitor has a right to be represented by counsel at his/her own expense.
- 4. Each party has a right to call, examine, and cross examine witnesses (subject to the hearing body's discretion to accept testimony by written submission).
- 5. The Competitor has a right to an interpreter at the hearing, where necessary.
- 6. The Competitor has a right to a timely, written, reasoned decision.

*) A Tribunal selected from a Panel of:

- a) members of the Medical Commission
- b) lawyers
- c) lay members
- d) active Competitors elected by the General Assembly

Article 6

Consequences of Doping

1st offence: A warning after full hearing and discussion.

Information about doping.

2nd offence: A ban on participation in FIDE competitions of duration from 2 months to 2 years starting from the date of first hearing

Individual loss of medals and prizes from the competition tested.

3rd offence: 2 years to a lifetime ban on participation in FIDE rated competitions.

Article 7

Appeals

Any Participant affected by a decision rendered in application of these Regulations by FIDE, the IOC, a NCF, a NOC or other body may appeal from that decision to the Court of Arbitration for Sport, in accordance with the provisions applicable before such court

Article 8

These Regulations shall enter into force with effect from 1st January after the General Assembly. Any changes to these Regulations may be proposed by the Medical Commission and agreed by the FIDE General Assembly

Proposed membership of the Medical Commission of FIDE:

Chairman: Dr.Jana M.Bellin (England)

Vice-Chairman : Dr.Hans-Joachim Hofstetter (Germany)

Secretary: Mr.Casto Abundo (Philippines)

Members:

Dr.P .Dwi H.Ambarukmi (Indonesia)

Dr.D.Gajadin (Syria)

Mr.David Jarrett (England)

Mr .Jahangir Baglari (Iran)

Mr.T.Redman (USA)

Mr.D.Anderton (England)

APPENDIX A. SAMPLING IN DOPING CONTROLS

I. SELECTION OF COMPETITORS

- 1.1 The procedures which follow are those applicable to FIDE Competitions. In other competitions, as well as in out-of-competition testing, if the FIDE Medical Commission shall determine that out-of- competition testing shall be introduced, the same procedures shall apply,mutatis mutandis
- 1.2 The FIDE Medical Commission, with the co-operation of the NCF concerned and the Organising Committee, shall decide the number of competitors to be subjected to doping control per day in each competition. The available capacity of the laboratory shall be given due consideration

- 1.3 The FIDE Medical Commission and the representative of the NCF concerned shall determine the number of competitors in each competition to undergo a control, in accordance with the total number agreed upon under paragraph 1.2. In general, these controls will include the first four competitors in the final classification and others chosen at random
- 1.4 Where a FIDE competition or other relevant competition is not directly organised by FIDE. Before the beginning of the FIDE Competition or the other relevant competition the Organising Committee thereof shall inform the FIDE Medical Commission as to the means of selecting those competitors to be checked at random
- 1.5 A competitor may be subject to doping control on more than one occasion during the competition

2. COMPETITOR NOTIFICATION AND REGISTRATION FOR DOPING CONTROL

- 2.1 Immediately after the completion of a game in a competition or after the determination of final results, the competitors elected for doping control shall be handed a Doping Control Notification by a Doping Control Escort appointed by the FIDE Medical Commission or Organising Committee as the case may be, hereafter referred to as the Escort. The Escort shall also give a Doping Control Pass which provides access to the Doping Control Station to the competitor. From then on the Escort shall be physically beside the competitor and keep the competitor under observation at all times and accompany him or her to the waiting room at the Doping Control station designated on the Doping Control Notification. The competitor shall report with his/her accreditation card and Doping Control Pass to the Doping Control Station immediately and no later than one hour after receipt of the Doping Control Notification
- 2.2 A person (a team coach, a doctor or a team-mate of the competitor's delegation) may accompany the competitor to the Doping Control station and may watch all procedures except urination. He or she shall be given a Doping Control Pass by the Escort in order to be able to enter the Doping Control Station. This accompanying person shall possess proper accreditation and shall be a member of the same delegation as the competitor except, in special circumstances, the competitor may choose a member of another NCF
- 2.3 The Doping Control Notification shall bear the competitor's name, accreditation and starting numbers, if available, and the statement that an accompanying person may be present when the competitor reports for Doping Control. The competitor has to be warned, by clear written notice in the Notification, of the possible consequences should he/she fail to report for the doping control within the given time limit
- 2.4 Upon presentation of the Doping Control Notification the escort shall enter the time of notification and the competitor shall sign the form. The Doping Control Notification shall be in duplicate, one copy to be kept by the competitor and the original to be returned to the Doping Control Station by the Escort
- 2.5 Upon arrival at the Doping Control station, the competitor and the accompanying person shall show their Doping Control Passes. The competitor and the escort shall hand the Doping Control Notification to a Doping Control Officer who records the actual time of arrival on the Doping Control Notification, signs it and verifies the identity of the competitor by means of the photo, name and accreditation number on the accreditation card
- 2.6 The Doping Control Officer shall keep the Doping Control Notification returned by the Escort and return the copy to the competitor
- 2.7 The actual time of arrival and the identity of the competitor shall then be noted on the Doping Control Official Record
- 2.8 Should the competitor refuse to sign the Doping Control Notification or fail to report to the Doping Control Station within the time laid down in section 2.1, this fact shall be noted on the Doping Control Official Record. In this case the Doping Control Official record shall be signed by the Doping Control officer and the representative of the FIDE Medical Commission and the representative of the NCF concerned, if present. In addition, the Chairman of the FIDE Medical Commission or his designated Deputy shall be informed immediately by the representative of the FIDE Medical Commission. The Chairman of the FIDE Medical Commission or his designated Deputy shall then decide on the further steps to be taken

- 2.9 Should the competitor report to the Doping Control Station later than one hour after the time of notification this fact shall be noted on the Doping Control Notification and the Doping Control Official Record. The sampling procedures shall still be carried out, as described below. The representative of the FIDE Medical Commission shall inform the Chairman of the FIDE Medical Commission or his designated Deputy immediately. .
- 2.10 The competitor and the accompanying person shall remain in the Doping Control station waiting room under the supervision of the Doping Control Officer until he or she is called into a consulting area. The competitor and any personal belongings he/she or the accompanying person bring with them (clothing, bags, etc.) may be searched for evidence of manipulation, upon entering and leaving the Doping Control Station
- 2.11 No photographs, video or tape recordings may be taken inside the Doping Control Station during the doping control procedure
- 2.12 The original of the Doping Control Notification shall be appended to the Doping Control Official Record

3. SAMPLE TAKING PROCEDURE

- 3.1 Only one competitor at a time shall be called into the consulting area
- 3.2 In addition to the competitor and his/her accompanying person, only the following persons may be present in the consulting area
- * a representative of the FIDE Medical Commission
 - * the Doping Control Medical Officer
 - * the Doping Control Technical Officer(s)
 - * a representative of the NCF concerned
 - * an interpreter
- 3.3 The Doping Control Station shall contain a supply of
- a. disposable collection vessels (contained in bags)
 - b. disposable urine control kits (contained in bags)
 - c. disposable partial sample kits (contained in bags)
- The specifications of the collection vessel, urine control kit and partial sample kit are to be determined by the FIDE Medical Commission in co-operation with the Organising Committee
- 3.4 The competitor shall select a collection vessel, visually check that it is empty and clean, proceed to the toilet and urinate a minimum of 75 ml into the collection vessel under the observation of the Doping Control Officer who shall be of the same gender as the competitor

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Any clothing preventing the direct observation of the urination shall be removed. The competitor shall return to the consulting area with the collection vessel containing the urine

- 3.5 If the requested urine volume of 75 ml has been provided, the competitor shall select a urine control kit, open it and place the contents on the table in front of him/her. He/she shall check that the bottles are empty and clean. The

competitor shall pour approximately two thirds of the urine from the collection vessel into bottle A and one third into bottle B. A few drops of urine shall remain in the collection vessel. Next, the competitor shall close the two bottles hermetically and check that no leakage occurs. The Doping Control Officer may, with permission of the competitor, assist with the procedures outlined in this paragraph

All remaining urine shall be destroyed immediately after bottles A and B have been sealed

3.6 The Doping Control Officer shall measure the specific gravity and pH of the urine left in collection vessel. The urine pH should not be less than 5 and not greater than 7, and the urine should have a specific gravity of 1.010 or higher. If the sample does not meet these specifications, further samples may be required by the FIDE Medical Commission representative

3.7 The competitor shall declare to the Doping Control Officer any medication and nutritional supplements that he/she may have taken in the preceding three days. The Doping Control Officer shall record this statement on the Doping Control Official Record

3.8 The Doping Control Officer shall check that the code numbers on the bottles and shipping containers are identical, and record the code number on the Doping Control Official Record. The competitor shall then check that the code numbers on the bottles and shipping containers are identical to that recorded on the

Doping Control Official Record. The competitor shall place the bottles A and B into the respective shipping containers and close them carefully and the Doping Control Officer shall verify that these are completely closed

3.9 The competitor shall certify, by signing the Doping Control Official Record, that the entire procedure has been performed according to the rules above

Any irregularities identified by the competitor or the accompanying person shall be recorded on the Doping Control Official Record

The Doping Control Official Record shall also be signed by the Doping Control Officer, by the FIDE Medical Commission representative, and, if present, by the accompanying person and the representative of the NCF concerned

The competitor shall be given a copy of the Doping Control Official Record

3.10 If the competitor refuses to give a sample of urine, the possible consequences shall be pointed out to him/her by the FIDE Medical Commission representative. If the competitor still refuses, this fact shall be noted in the Doping Control Official Record. This shall be signed by the Doping Control Officer, the FIDE Medical Commission representative, and, if present, the representative of the NCF concerned. The competitor and the accompanying person may, if they wish, sign the Doping Control Official Record

The FIDE Medical Commission representative shall be responsible for communicating the refusal to the Chairman of the FIDE Medical Commission or his designated Deputy.

3.11 If the competitor has produced less than the requested urine volume of 75 ml, the competitor shall select a partial sample kit and shall pour the urine from the collection vessel into the bottle. Then the competitor shall close the bottle and check that no leakage occurs

The competitor shall check that the code numbers on the bottle and the partial sample container are the same

Next, the urine volume and code number shall be recorded on the Doping Control Official Record and the competitor shall confirm this by signing the Doping Control Official Record. Finally, the competitor shall insert the bottle into the partial sample container and close it completely. The Doping Control Officer shall verify that this is hermetically closed. The Doping Control Officer may, with the agreement of the competitor, assist with the procedures outlined in this paragraph

The competitor shall return to the waiting room with the partial sample container until he/she is able to deliver urine again. When the competitor is ready to deliver a further urine sample, he/she shall return to the consulting area with the partial sample container, which shall be handed to the doping Control Officer who shall check that the partial sample container is intact and that the code number corresponds to that entered in the Doping Control Official Record

The competitor shall then select a new collection vessel and enter the toilet where he/she shall urinate. The competitor shall return to Consulting Area, open the partial sample container and pour the content into the collection vessel. If the combined urine volumes are less than 75 ml, he/she shall select a new partial sample container and proceed according to the procedure outlined in this paragraph

When the combined volumes total at least 75 ml, the urine sample shall be processed in accordance with the procedure outlined in paragraphs 3.5 to 3.9 above

- 3.12 The original of the Doping Control Official Record and the annexed Doping Control Notifications shall be placed in an envelope and the copy shall be placed in a separate envelope. After recording on the outside of the envelopes the code numbers of the Doping Control Official Records contained therein and the code number of the transport container seals, the two envelopes shall be closed. The FIDE Medical Commission representative shall be responsible for bringing the envelopes to the Chairman of the FIDE Medical Commission or his designated Deputy. The envelopes containing the original and the copies shall be kept closed and placed in separate safes unless their opening is authorised by the Chairman of the FIDE Medical Commission or his designated Deputy
- 3.13 At the end of each doping control, the shipping containers containing the A and the B samples shall be placed in the respective A and B transport containers. Also, the corresponding laboratory copies for urine samples of the Doping Control Official Record shall be placed in a separate envelope which shall be placed in the transport container containing the A samples. Each transport container shall then be sealed with a numbered seal..
- 3.14 If one or more of the competitors cannot pass the doping control test at the venue station within the time limits which has been decided by the FIDE Medical Commission and the Organising Committee, the test may be performed at the Competition Polyclinic, at the discretion of the FIDE Medical Commission representative

The competitor shall be accompanied by a Doping Control Officer, the FIDE Medical Commission representative, and the accompanying person if he/she wishes. The FIDE Medical Commission representative and the Doping Control Officer shall ensure that all the necessary material for doping control is available at the Competition Polyclinic

Samples which have been collected shall be transported to the Doping Control Laboratory in accordance with the procedure described in paragraphs 4.1 and 4.2 below

4. TRANSPORT AND RECEIPT OF THE SAMPLES

- 4.1 The Doping Control Transport Form shall be completed and given together with the sealed transport containers to the Doping control Courier, hereafter referred to as the Courier, who is in charge of transportation of samples collected at each venue to the Doping Control Laboratory. The records on this form shall include the signature and accreditation number of the Courier, the seal numbers of the transport containers, the venue from which the transport containers have come and the departure time of the Courier

The Doping Control Transport Form shall be signed by the FIDE Medical Commission representative who is on duty and by the Doping Control Officer. The FIDE Medical Commission representative shall be responsible for bringing the original of the Doping Control Transport Form to the Chairman of the FIDE Medical Commission. or his designated Deputy. The courier shall take a copy of the Doping Control Transport Form to be countersigned by the Head of Laboratory or staff member designated by him

- 4.2 The courier shall take the sealed transport containers to the doping control laboratory without undue delay.

At the laboratory, the identity of the courier and seals will be checked by the Head of Laboratory or staff member

designated by him, and recorded in the allotted space on the copy of the Doping Control Transport Form. Upon delivery of the transport containers, the Head of Laboratory or staff member designated by him shall record the arrival time of the transport containers, check that the transport containers and their seals are intact, record these facts on the copy of the Doping Control Transport Form, and keep the copy of the Doping Control Transport Form

After unsealing and opening the A transport container at the laboratory, the shipping containers therein shall be examined and the code numbers recorded

The transport container containing the B samples shall be kept sealed at the laboratory under the direct control of the FIDE Medical Commission and be opened only with the authorisation of the Chairman of the FIDE Medical Commission or his designated Deputy

5. SAMPLE ANALYSIS.

- 5.1 The analysis of a sample shall be performed as soon as possible after its arrival at the Doping Control Laboratory
- 5.2 The analysis of a sample shall be carried out in accordance with the methods which have been approved by the FIDE Medical Commission
- 5.3 In addition to the Head of the Laboratory and the laboratory staff, only the following persons shall be admitted to the laboratory during sample analysis
 - * authorised members of the FIDE Medical Commission
 - * persons with special authorisation from the FIDE Medical Commission
- 5.4 The Head of the Laboratory shall on a daily basis inform the Chairman of the FIDE Medical Commission or his designated Deputy of the results of all the samples analysed
- 5.5 Should the analysis of the A samples indicate a violation of these Regulations, the Chairman of the FIDE Medical Commission or his designated Deputy shall immediately inform in writing the competitor and the Head of the Delegation of the competitor, or his representative (if any). The B sample will be analysed, if such analysis is requested, at a time determined by the FIDE Medical Commission. Such time will be recorded in the communication to the competitor and Head of the Delegation of the competitor, or his representative (if any)
- 5.6 The analysis of B samples shall be carried out in the same laboratory by different laboratory personnel to those who carried out the analysis of the "A" sample (and if this is not possible it shall be carried out by a different laboratory) and under the supervision of a representative of the FIDE Medical Commission. The competitor or delegation in question shall be allowed to send a maximum of three representatives to the laboratory. Should the competitor delegation not be present at the laboratory, at the time indicated, the representative of the FIDE Medical Commission may decide to proceed to the B analysis. The Head of the Laboratory shall inform the Chairman of the FIDE Medical Commission or his designated Deputy of the result of this analysis, which shall be regarded as final. The Chairman of the FIDE Medical Commission or his designated Deputy shall be supplied with appropriate documentation of the results by the Head of the Laboratory
- 5.7 Should the result of the B sample not confirm the result of A analysis, the case is subject to any decisions made in the context of the competition which may no longer be reversed, considered as negative

The Chairman of the FIDE Medical Commission shall immediately inform the competitor and the Head of Delegation of the competitor, or his representative (if any)

5.8 Should the result of the A sample be positive, the Chairman of the FIDE Medical Commission or his designated Deputy shall then call a meeting of the FIDE Medical Commission, to which the competitor, not more than three representatives of the delegation concerned and a representative from the International Federation concerned shall be invited. Following this meeting, the FIDE Medical Commission shall make a recommendation to the FIDE Tribunal appointed pursuant to Article 6 of Chapter II which shall be responsible for dealing with the case in accordance with Chapter II of these Regulations

5.9 The Chairman of the FIDE Medical Commission or his designated Deputy shall designate a representative of the FIDE Medical Commission to remain at the doping control laboratory following the end of the competition until completion of the analyses and the sending of the results to the Chairman of the FIDE Medical Commission or his designated Deputy

6. DELEGATION OF RESPONSIBILITIES

The Chairman of the FIDE Medical Commission or his designated Deputy may delegate his responsibilities to such person or persons as he may designate, at his discretion, from time to time

7. GLOSSARY

DOPING CONTROL LABORATORY: Relevant IOC accredited laboratory

DOPING CONTROL NOTIFICATION: A form used for keeping a record of the notification procedure

The Doping Control Notification consists of one original and one copy. The original is given to the Chairman of the FIDE Medical Commission or his designated Deputy. The copy is given to the competitor

DOPING CONTROL OFFICIAL RECORD: A form used for keeping a record of the sample taking procedure. The Doping Control Official Record consists of one original and three copies. The original and one copy are given to the Chairman of the FIDE Medical Commission or his designated Deputy .One copy is kept by the competitor and one copy is sent to the laboratory with the urine sample

DOPING CONTROL OFFICER: Doping Control Medical Officer and Doping Control Technical Officer

DOPING CONTROL MEDICAL OFFICER: A medical doctor who is in charge of and responsible for the Doping Control Station. He is answerable to the Chief Medical Officer of the relevant organising committee

DOPING CONTROL TECHNICAL OFFICER: A person who supervises notification and sample taking procedures. The Doping Control Technical Officers take instructions from the Doping Control Medical Officer

ESCORT: A person responsible for delivering the Doping Control Notification to the selected competitor. This person will also accompany the competitor and watch him or her continuously until they reach the Doping Control Station. The Escorts take instructions from the Doping Control Medical Officer

COURIER: Officer in charge of transportation of samples collected at each venue and taken to the Doping Control Laboratory.

FIDE MEDICAL COMMISSION REPRESENTATIVE: person appointed by the Chairman of the FIDE Medical Commission or his designated Deputy .His responsibility is to supervise the sample taking procedure and ensure that it is carried out according to these Regulations

PARTIAL SAMPLE KIT: A plastic bag containing one urine bottle with cap and one black shipping container. The partial sample kit is used for temporary storage of the urine sample when the total urine volume produced by the competitor is less than the requested quantity of 75 ml

TRANSPORT CONTAINER: A bag into which the shipping containers can be placed for transportation to the laboratory. It is sealed with a plastic seal

URINE CONTROL KIT: A plastic bag containing two urine bottles with caps, one marked "A" and one "B" and two shipping containers, one green and one yellow. The shipping containers are plastic containers for shipping and storing the urine bottles and are sealed with a system that ensures that they cannot be tampered with. The green shipping container is used for sample A and the yellow shipping container for sample B. The bottle labels show the minimum levels of urine they must contain and the FIDE logo and code number. The shipping containers are embossed with the FIDE logo and a code number, the number being the same as the bottle labels

DOPING CONTROL STATION: Area of restricted access (waiting room and consulting area)

CONSULTING AREA: A large room divided into several booths

DISPOSABLE MATERIAL: This should be checked prior to the competition for contamination and substances which might interfere with the analysis.

APPENDIX B.

PROHIBITED CLASSES OF SUBSTANCES AND PROHIBITED METHODS

I. PROHIBITED CLASSES OF SUBSTANCES

A. STIMULANTS

Prohibited substances in class (A) include the following examples amineptine, amiphenazole, amphetamines, bromantan, caffeine*, carphedon, cocaine, ephedrines**, fencamfam, fomIeterol***, mesocarb, pentetrazol, pipradol, salbutamol***, salmeterol***, terbutaline***, ...and related substances

* For caffeine the definition of a positive is a concentration in urine greater than 12 micrograms per millilitre

** For cathine, the definition of a positive is a concentration in urine greater than 5 micrograms per millilitre. For ephedrine and methylephedrine, the definition of a positive is a concentration in urine greater than 10 micrograms per millilitre. Forphenylopropanolamine and pseudoephedrine, the definition of a positive is a concentration in urine greater than 25 micrograms per millilitre.

***Permitted by inhaler only to prevent and/or treat asthma and exercise- induced asthma.

Written notification by respiratory or team physician that the competitor has asthma and/or exercise induced asthma, is necessary to the relevant medical authority prior to competition.at the Olympic Games. Competitors who request permission to inhale a permitted beta agonist will be assessed by an independent medical panel.

NOTE: All imidazole preparations are as acceptable for topical use. Vasoconstrictors may be administrated with local anaesthetic agents.

Topical preparations (e.g. nasal, ophthalmological, rectal) of adrenaline and phenylephrine are permitted.

B. NARCOTICS

Prohibited Substances in class (B) include the following examples:

buprenorphine, dextromoramide, diamorphine (heroin), methadone, morphine, pentazocine, pethidine, ...and related substances

NOTE: codeine, dextromethorphan, deixtropropoxyphene, dihydrocodeine, diphenoxylate, ethylmorphine, pholcodine, propoxyphene, and tramadol are permitted.

C. ANNABOLIC AGENTS

Prohibited Substances in class (C) include the following examples:

I. Anabolic androgenic steroids

a. clostebol, fluoxymesterone, metandienone, metenolone, nandrolone, 19-norandrostenediol, 19-norandrostenedione, oxandrolone, stanozol,. ...and relater substances

- b. androstenediol, androstenedione, dehydroepiandrosterone (DHEA), dihydrotestosterone*, ...and related substances

Evidence obtained from metabolic profiles and/or isotopic ratio measurements may be used to draw definitive conclusions

- * The presence of testosterone (T) to epitestosterone (E) ratio greater than six (6) to one (1) in the urine of a competitor constitutes an offence unless there is evidence that this ratio is due to a physiological condition, e.g. low epitestosterone excretion, androgen producing tumour, enzyme deficiencies.

In the case of T/E greater than 6, it is mandatory that the relevant medical authority conducts an investigation before the sample is declared positive. A full report will be written and will include a review of previous tests, subsequent tests and any results of endocrine investigations. In the event that previous tests are not available, the competitor should be tested unannounced at least once per month for 3 months.

The results of these investigations should be included in the report. Failure to co-operate in the investigations will result in declaring the sample positive.

2. **Beta-2 agonists**

Bambuterol, clenbutelol, fenoterol, formoterol*, reproterol, salbutamol*, salmeterol*, terbutaline*, ...and related substances.

Authorized by inhalation as described in Article (I.A.)

For salbutamol the definition of a positive under the anabolic agent category is a concentration in urine greater than 1000 nanograms per millilitre.

D. DIURETICS

Prohibited substances in class (D) include the following examples:

acetazolamide, bumetanide, chlorthalidone, etacrynic acid, furosemide, hydrochlorothiazide, mannitol*, mersalyl, spironolactone, triamterene,...and related substances

* Prohibited by intravenous injection.

E. PEPTIDE HORMONES, MIMETICS AND ANALOGUES

Prohibited substances in class (E) include the following examples and their analogues and mimetics:

1. Chorionic Gonadotrophin (hCG) prohibited in males only;
3. Pituitary and synthetic gonadotrophins (LH) prohibited in males only;
4. Corticotrophins (ACTH, tetracosactide);
5. Insulin-like Growth Factor (IGF-I);
and all the respective releasing factors and their analogues
6. Erythropoetin (EPO);
7. Insulin

Permitted only to treat competitors with certified insulin-dependent diabetes.

Written certification of insulin-dependent diabetes must be obtained from an endocrinologist or team physician.

The presence of an abnormal concentration of an endogenous hormone in Class (E) or its diagnostic marker(s) in the urine of a competitor constitutes an offence unless it has been proven to be due to a physiological or pathological condition.

II. PROHIBITED METHODS

The following procedures are prohibited:

- I. Blood doping: means the administration of blood, red blood cells and/ or related blood products to a competitor, which may be preceded by withdrawal of blood from the competitor, who continues to train in such a blood-depleted state.
2. Administering artificial oxygen carriers or plasma expanders.
3. Pharmacological, chemical and physical manipulation.

III. CLASSES OF PROHIBITED SUBSTANCES IN CERTAIN CIRCUMSTANCES

A. ALCOHOL

No tests shall be carried out for Ethanol unless the FIDE Medical Commission so determine.

B. CANNABINOIDS

No tests shall be carried out for Cannabinoids unless the FIDE Medical Commission so determine.

C. LOCAL ANAESTHETICS

Injectable local anaesthetics are permitted under the following conditions:

- I. bupivacaine, lidocaine, mepivacaine, procaine, and related substances, can be used but no cocaine.

Vasoconstrictor agents may be used in conjunction with local anaesthetics;

2. only local or intra-articular injections may be administered
3. only when medically justified.

D. GLUCOCORTICOSTEROIDS

The systematic use of glucocorticosteroids is prohibited when administered orally, rectally, or by intravenous or intramuscular injection.

Where medically necessary, local and intra-articular injections of glucocorticosteroids are permitted.

The participant must notify to the FIDE Medical Commission before the competition any administration of Glucocorticosteroids.

E. BETA-BLOCKERS

Prohibited substances in class (E) include the following examples:

Acebutolol, alprenolol, atenolol, metoprolol, nadolol, oxprenolol, propranolol, sotalol,... and related substances

Tests will be conducted for beta-blockers. Beta-blockers are permitted only to treat pathological conditions necessitating their use. Written notification prior to the particular competition of such a condition by a cardiologist or team physician to the Relevant Medical Authority is necessary.

SUMMARY OF URINARY CONCENTRATIONS ABOVE WHICH IOC ACCREDITED LABORATORIES MUST REPORT FINDINGS FOR SPECIFIC SUBSTANCES

caffeine > 12 micrograms / millilitre

carboxy-THC > 15 nanograms / millilitre

cathine > 5 micrograms / millilitre

ephedrine > 10 micrograms / millilitre

epitestosterone > 200 nanograms / millilitre

methylephedrine > 10 micrograms / millilitre

morphine > 1 microgram / millilitre

19-norandrosterone > 2 nanograms / millilitre in males

19-norandrosterone > 5 nanograms / millilitre in females

phenylpropanolamine > 25 micrograms / millilitre

pseudoephedrine > 25 micrograms / millilitre

salbutamol

(as stimulant) > 100 nanograms / millilitre

(as anabolic agent) > 1000 nanograms / millilitre

TIE ratio > 6.

IV OUT -OF-COMPETITION TESTING .

Out of competition testing shall *include the day before the period of competition and also the day after the competition.*

Unless specifically requested by the responsible authority, out-of-competition testing is directed solely at prohibited substances in class I.C.(Anabolic Agents), I.D.(Diuretics), I.E.(Peptide Hormones, Mimetics

and Analogues} and II (Prohibited Methods).