MEDICAL REGULATIONS

6th Edition

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1. GENDER VERIFICATION REGULATIONS

1.1. Female players in FIVB world and official competitions (except youth competitions) are obliged as and when required to present a Gender Certificate *(Appendix 7, Medical Certificate)* delivered by the FIVB Medical Commission or the IOC as stated in article 1.3.2 of FIVB Sports Regulations. The Gender card to be numbered in a logical sequence with No. 1 at each competition.

1.2. If a Gender Certificate is not presented, the competitor will be submitted (if necessary) to a gender verification medical test conducted by the organisers in accordance with the regulations and under the supervision of the FIVB Medical Delegate (FIVB "General Regulations for International Competitions" Art. 6.3.1. Gender Verification Control).

1.3. If an athlete has already received a FIVB Gender certificate but not brought it with her and she appears in the FIVB list of certificates already issued, she must firstly prove her identity. She must not undergo another test but instead pay a fine of 100 CHF to the FIVB.

1.4. The cost of gender verification tests during official FIVB competitions is the responsibility of the organisers.

1.5. The result of the test will be communicated only to the President of the Control Committee of the competition (article 6.3.2. of FIVB "General Regulations for International Competitions").

1.6. In the case of a "satisfactory" result, the FIVB Medical Delegate delivers a testimonial *(Appendix 2 - FIVB Form M-2)* to the competitor with the official FIVB green card ("Medical Certificate").

1.7. Should the medical test result be "not satisfactory", the President of the Control Committee calls a meeting with the FIVB Medical Delegate, the doctor responsible for the test and the doctor or representative of the team concerned. Immediately a second test must be performed in order to confirm or reject the previous result. The result of the caryotype test must be ready within 24 hours after taking the sample. If the second test is also not satisfactory the player must be withdrawn from the competition.

1.8. If the first test is inconclusive, the player shall undergo more refined tests, as fixed by the FIVB Medical Delegate. The results can only be communicated to the President of the FIVB Medical Commission or his authorized representative.

2. - ANTIDOPING CONTROL REGULATIONS

2.1 GENERALITIES

2.1.1 The research of performance in sports has always led some persons to look for external or artificial means to improve their performance. Such behaviour is against the ethics of both sports and medical science, can be harmful to the health of the athlete and constitutes as well a clear attempt to cheat in a sports competition.

2.1.2 For these reasons, FIVB, along with other sports organisations, has promulgated certain rules restricting or forbidding the use of certain substances, methods or procedures in sports competition. To contravene these regulations constitutes a "***DOPING INFRACTION***". Such infractions may be detected by means of certain controls, and are subject to sanctions.

2.1.3 Recommending, proposing, authorizing, condoning or facilitating the use of any prohibited substance or method, or trafficking therein is thus forbidden, and is subject to similar sanctions.

2.1.4 For the purpose of this FIVB antidoping regulation, the definitions of the terms employed herein are those given in the "Olympic Movement Anti-Doping code". The ***Appendix 1*** reproduces as well the list given in the above mentioned Olympic Movement Anti-doping code and are given only as an example. Any modification brought to this list by the IOC after its publication in this Medical Code shall immediately become effective for all FIVB purposes.

2.1.5 FIVB is liable for antidoping control when players are under its accountability such as international competition or preparative period when players are registered as participating in Volleyball or Beach Volleyball international competitions (O2 form).

2.1.6 During these periods FIVB organizes antidoping controls either directly or through WADA. FIVB would organize, in collaboration with local organisers antidoping tests during competition. FIVB would propose to WADA the player's list registered on O2 forms immediately after receiving these one from each national federation, usually 3 months prior to competition. WADA would organize out of competition tests and is accountable for sampling on players registered on O2 forms.

2.1.7 Outside these periods each National Olympic Committee and National Federation are accountable to assure players probity and respect of Ethics in Volleyball.

2.2 ANTIDOPING CONTROLS

2.2.1 Antidoping control is obligatory in all world and official competitions governed by the FIVB General Regulations for International Volleyball Competitions. Such control can be carried out at any stage and in any matches of those competitions, as shall be decided by FIVB. The number of controls will be determined in the Specific Competition Regulations according to the decision made by the FIVB Board of Administration, upon recommendation of the FIVB Medical Commission. Such controls can be performed at other times, either at the request of FIVB, or the controlling body.

2.2.2 In FIVB competitions, the President of the FIVB Medical Commission or his representative must ensure the observance of the Antidoping Control Regulations.

2.2.3 In competitions organised under the exclusive responsibility of the Confederations, other than world and official competitions (e.g. continental club cups, regional championships, etc.), or by National Federations, anti-doping control is the responsibility of the respective Confederation or National Federation. FIVB however shall be immediately informed of the results of such controls.

2.2.4 CHOICE OF PLAYERS AND SAMPLING PROCEDURE (see Appendix 2)

2.2.4.1 The player(s) to be subjected to anti-doping control are chosen by drawing of lots. The material requested is as follows:

- Two boxes of different colours with two sets of chips, in different colours, numbered each of them from 1 to 18. The boxes marked "Team A" and "Team B".
- Registration forms for antidoping control (M-1) two for each selected player.

2.2.4.2 All the players who have taken part in the match are drawn.

2.2.4.3 The draw takes place immediately after the end of the match in the presence of the competing teams' representatives, a Control Committee member and a member of the local medical service.

2.2.4.4 The Control Committee member responsible for the drawing of lots puts successively into a box the lots bearing the same numbers as marked on the shirts of each team's players who have actually participated in the match.

In the same order, each team's representative draws the same number of lots as that of the anti-doping controls imposed on the team.

2.2.4.5 Should any doubt prevail or should a player be presumed doped, the Control Committee members on duty at a given match, after consultation with the FIVB Medical Delegate and the head of the local Anti-doping Control Section, may decide to submit one or more additional players to control.

2.3 PROHIBITED CLASSES OF SUBSTANCES AND PROHIBITED METHODS

2.3.1 Prohibited classes of substances and prohibited methods

Appendix 1 provides the FIVB Medical Commission list of prohibited classes of substances and prohibited methods.

2.3.2 All substances belonging to the banned classes may not be used for medical treatment, even if they are not listed as examples. If substances of the banned classes are detected in the laboratory, the FIVB Medical Commission will take action. It should be noted that the presence of the drug in the urine (or, for the restricted substances, their concentration above a minimal level) constitutes a doping infraction.

2.4 SANCTIONS

2.4.1 General principles

2.4.1.1 If the A sample is found to be positive for prohibited or restricted substances (see Appendix1), the concerned player and the team will be warned of the consequences if the B sample is also found to be positive.

2.4.1.2 A player who refuses to submit to antidoping control, or whom the FIVB Medical Commission finds guilty of an attempted doping, is immediately disqualified and loses the right to take further part in the competition. The additional sanctions for this player are set out in ***Articles 2.4.4.2 and 2.4.4.3*** here below***.***

2.4.1.3 The penalties set out in this Code may be applied concurrently insofar as they are compatible and may be accompanied with measures prescribing regular or unannounced tests of the athlete concerned over a specified period of time.

2.4.1.4 Intentional doping can be proved by any means whatsoever, including presumption.

2.4.1.5 An epitestosterone concentration in the urine greater than 200 nanograms per millilitre will be investigated as per Art. C.1.b) of Appendix

1.

2.4.1.6 The success or failure of the use of a Prohibited Substance or Prohibited Method is not material. It is sufficient that the Prohibited Substance or Prohibited Method was used or attempted for the offence of doping to be considered as consummated.

2.4.1.7 The penalty for a doping infraction detected on the occasion of an out-of-competition test shall be the same, mutatis mutandis, and shall take effect from the date the positive result was recorded or the date on which the final judgement further to an appeal is pronounced, whichever is the more recent.

2.4.2 Administrative sanctions

2.4.2.1 if the Prohibited Substance used is ephedrine, phenylpropanolamine, pseudoephedrine, caffeine, strychnine or related substances the sanction is (in addition to such fine as can be fixed by the FIVB Board of Administration):

- maximum 3-month suspension for the first offence
- 2-year suspension for the second offence
- life ban for the third offence.

2.4.2.2 If the Prohibited Substance used is one other than those referred to in paragraph 4.2.1 above, the sanction shall be (in addition to such fine as can be fixed by the FIVB Board of Administration):

- 2-year suspension for the first offence
- life ban for the second offence.

2.4.2.3 In case of

a) attempted doping;
b) the use of a Masking Agent;
c) manoeuvres or manipulation that may prevent or distort any test contemplated in this Code;
d) refusal to undergo any test contemplated in this Code;
e) doping for which responsibility is imputable to an official or the athlete's entourage;
f) complicity or other forms of involvement in an act of doping by members of a medical, pharmaceutical or related profession;

the sanctions are as follows:

a) if the Prohibited Substance used is ephedrine, phenylpropanolamine, pseudoephedrine, caffeine or strychnine and related substances (in addition to such fine as can be fixed by the FIVB Board of Administration):

   o maximum 3-month suspension for the first offence
   o 2-year suspension for the second offence
   o life ban for the third offence.:

b) if the Prohibited Substance used is one other than those referred to in paragraph 4.2.1 above or if it is a repeat offence (a repeat offence being constituted by a further case of doping perpetrated within a period of ten years after the preceding sanction, whatever form it took and whatever the reason for it, became final):

   o 2-year suspension for the first offence
   o life ban for the second offence.

2.4.3 Sports Sanctions

2.4.3.1 Any case of doping infraction during a competition automatically leads to invalidation of the result obtained (the team, in which a player is proved

positive or who does not submit to the control, loses the match 0-3 (0-25, 0-25, 0-25)) with all its consequences, including forfeit of any medals and prizes, irrespective of any other sanction that may be applied, subject to the provisions of point 4.1.2 of this article.

2.4.3.2 Should a second player of the team proved doped, the Control Committee or the FIVB Board of Administration can impose other sanctions.

2.5 HEARINGS AND PROCEDURES

2.5.1 Before a final decision is made on a particular case, a fair hearing shall be granted to the player (and possibly the other persons concerned). Such hearing should take into consideration the circumstances (extenuation or not) and the known facts of the case. During the hearing, it is recommended that the head of the accredited laboratory that reported the result be consulted. In case the result is received after the competition, the players have the right to ask for a hearing to be organized or to send a confidential letter to the President of the FIVB Medical Commission, if they want circumstances and facts to be taken into consideration.

2.5.1.1 Exceptional Circumstances

When a player declared positive in doping believes that exceptional circumstances exist, an application should be made to the Control Committee of the competition (or the relevant competent body after the competition) through the Head of his/her Delegation before the hearing.

2.5.1.2 Exceptional circumstances include:

a) An allegation that a prohibited substance was given to the player by another person without his knowledge.
b) An allegation that a prohibited substance was taken by mistake.
c) The suggestion that a doctor prescribed that medication in ignorance of the fact that it contained a prohibited substance.

2.5.2 The Control Committee should consider both the application by the player and the circumstances surrounding the player's ineligibility. Only if it is convinced that a serious infringement of justice has taken place, shall it reduce the period of ineligibility.

2.6 TRAFFICKING

2.6.1 The penalties for trafficking in Prohibited or restricted Substances are as follows:

2.6.1.1 In the event of trafficking in Prohibited Substances the penalty will be suspension for life from participation in sport organisation, activity or event in any capacity whatsoever.

2.6.1.2 In addition, the offence(s) may be reported to the competent administrative and judicial authorities by any interested physical or legal person.

2.6.2 Any attempt to perform trafficking shall be penalised in the same manner as the act itself.

2.7 OUT-OF-COMPETITION TESTING OR UNEXPECTED TESTING

2.7.1 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).

FIVB strongly recommends that all its affiliated National Federations, Clubs and Confederations organise systematic out-of-competition testing on the players (male and female) placed under their jurisdiction, in particular during the training periods before important competitions.

However, FIVB retains the right to organise in collaboration with WADA such out-of-competition testing that it deems necessary in view of particular circumstances.

Such control can be carried out at anytime and anywhere, as shall be decided by FIVB and eventually in collaboration with WADA. The number of controls will be determined by FIVB and WADA. Theses controls could be carried out during non-FIVB world competition (as friendly tournament or regional competition) and will be considered as unexpected tests.

2.7.2 CHOICE OF PLAYERS AND SAMPLING PROCEDURE

All players present may be submitted to controls. The antidoping officer can decide to organize drawing of lots between all players or to pick out specific players. In any case the chosen player has right to finish his training session. In case of a tournament the player can go to testing only after the player's last match of the day.

Sampling procedure is the same as an "in-competition test" (see Appendix 2 Chapter 4)

2.8 APPEALS

2.8.1 As per the FIVB Statutes and Regulation, all appeals regarding a sanction taken in application of this Medical Regulation shall be made to the International Court of Arbitration for Sports (ICAS).

3 – ACCREDITED LABORATORIES AND TESTING PROCEDURES

3.1 ACCREDITED LABORATORIES

3.1.1 For purposes of this Code, those laboratories accredited by the IADA are qualified to undertake the detection of the presence of Prohibited Substances and the use of Prohibited Methods.

3.1.2 Whenever such accredited laboratories are not available, the FIVB Medical Commission must homologate in advance the laboratory intended to perform the biochemical analysis, as per Appendix 3.

3.1.3 Reports of samples having been found to contain prohibited substances and/or excessive amounts of endogenous substances, shall be sent simultaneously by registered mail and under double sealed envelopes to:

a) the responsible authorities of the organisation having initiated the control
b) the FIVB Medical Commission, Lausanne
c) the NF concerned if not the same as the authority under paragraph (a)

The report shall contain the following items:

a) Responsible authority
b) Date and place of sampling
c) Prohibited substance(s) identified
d) Code number
e) In or out-of-competition
f) Name, date and place of event

3.2 RELEVANT AUTHORITY FOR SANCTIONS

3.2.1 The procedures for selection of athletes (other than for out-of-competition tests), collection of samples and sample analysis are described above and contained in Appendix 2 to this Code.

3.2.2 Laboratory analysis procedures are contained in Appendix 4 to this Code.

3.2.3 The FIVB Board of Administration is the only organ competent to rule on the effects of a positive result during an FIVB world or official competition and for out of competition tests organized by itself or by WADA. It shall request the advice of the FIVB Medical Commission prior to acting on any positive result.

In all other competitions organised by or under the authority of a Confederation or National Federation, the competent organ of such Confederation or NF shall be solely responsible for the application of this Code in relation to such competitions as well as in relation to all tests, which have been conducted out-of-competition.

In competitions organised under the authority of other sports organisations, the Executive Committees of such associations shall be the competent bodies to rule on the effects of a positive result during such competitions.

Each body concerned shall advise the FIVB Medical Commission of all positive results and the dispositions made in respect thereof and provide such data in respect of all tests, whether positive results or otherwise, as may be requested by the FIVB.

3.2.4 Minor irregularities, which cannot reasonably be considered to have affected the results of otherwise valid tests, shall have no effect on such results. Minor irregularities do not include the chain of custody of the sample, improper sealing of the container(s) in which the sample is stored, failure to request the signature of the athlete or failure to provide the athlete with an opportunity to be present or be represented at the opening and analysis of the “B” sample.

4. MEDICAL CONTROLS FOR REFEREES

4.1 HEALTH CERTIFICATE FOR INTERNATIONAL REFEREES ***(See M-5 - Appendix 8)***

4.1.1 The fully completed Health Certificate for FIVB Referees must be presented to the FIVB Medical Commission at the end of December each year.

4.1.2 The fully completed Health Certificate for International Referees must be presented to the respective Continental Medical Commission at the end of December each year.

4.2 ILLNESSES THAT ARE INCOMPATIBLE WITH REFEREEING IN FIVB COMPETITIONS

Each case will be examined separately.

This list is not final and other illnesses may be added.

4.2.1 Respiratory affections

- Acute or chronic infectious pneumopathy
- Chronic respiratory insufficiency

4.2.2 Cardio-vascular diseases

- Arterial hypertension with complications
- Infarctus or ischimic cardiopathy
- Cardiac insufficiency

4.2.3 Diseases of the digestive system

- Acute Gastro-duodenal ulcer
- Haemorrhaging recto-colitis

4.2.4 Diseases of the nervous system

- Epilepsy
- Psychiatric problems
- Acute or chronic ethylism

4.2.5 ENT diseases

- Bad hearing
- Vertigo syndromes

4.2.6 Ophthalmologic diseases

- Non-corrected strabismus
- Non-corrected myopia or corrected myopia of over 5 dioptres
- Non-corrected amblyopia (troubles of the field of vision)
- Glaucoma
- Other acute or chronic troubles of the sight acknowledged by the specialist

4.2.7 Metabolical diseases

- Diabetes with degenerative complications
- Non-treated metabolical diseases

4.3 MEDICAL CONTROL DURING COMPETITIONS

4.3.1 General Indications

a) Medical control of international referees before official games :
The FIVB must assess the state of health of each first and second referee.

b) Medical control means:
- verification of state of health
- test of alcohol abuse *(FIVB Form M-3 - Appendix 9)*

c) The local head of medical services responsible for the control of drug abuse or court doctor must ensure all examinations in the presence of a representative of the FIVB Medical Commission or in the presence of a representative of the FIVB Refereeing Commission.
d) The Medical Commission of the FIVB must previously ratify the control procedure.
e) The type of test used will indicate the consumption of alcohol during the last twelve hours in certain specified quantities.

4.3.2 Procedures:

a) Forty-five minutes before the start of the game, the designated referees must be present in the control room.
b) The method consists of breath analysis based on a reaction of oxidation-reduction.
c) The highest level of alcohol permitted is 0.3 promille (g) per litre.
d) In the case of a positive reaction, a second test will be conducted after fifteen minutes.
e) If the second test is positive, the referee must be changed by the FIVB Refereeing Commission.
f) The reserve referee must undergo the same test as the first referee.
g) If the referee whose alcohol test proved positive contests the results, he may undergo a blood test.
h) The FIVB Refereeing Commission decides on sanctions.

Observations:

In order to avoid false positive results on the breath analysis, it is advisable not to consume thirty minutes before the test strong-tasting liquids such as fruit juice for example, eat any fruit, or use toothpaste, spray or mouthwash, etc.

4.3.3 Facilities for the Medical Control for Referees

a) Separate room - 20m2
b) Equipment:
- electronic set for alcohol test
- FIVB Form M-3 for alcohol-test

5. MEDICAL INSPECTIONS PRIOR TO COMPETITIONS

Checklist:

1. Check availability of genetic laboratory for women's competitions;
2. Check availability of doping laboratory:
   - equipment and personnel
3. Check availability of suitable rooms for collection of urine samples corresponding to FIVB Regulations,
4. Check disposition of equipment for sampling
5. Check rooms for referee medical control
6. Check rooms for First Aid, medical equipment and personnel in the competition and training halls.
7. Discuss with the organiser the daily menu for the players, in accordance with FIVB Medical Regulations.
8. Designate hospitals for possible hospitalisation, and medical assistance in the hotels where the participants will be accommodated.
9. Check structure of medical services, verify nominations of
   - Medical Director
   - Gender control, genetic laboratory, and sampling personnel
   - Antidoping control teams:
     - medical doctor - responsible for antidoping control
     - 2 technicians
     - 4 persons for escort of selected players
   - one medical doctor, one nurse for First Aid
   - one nurse for training hall
   - one nurse for players' hotel

   N.B. The inspection must be followed up by a complete written report.

6. MEDICAL ASSISTANCE DURING COMPETITIONS

Checklist:

1. First Aid facilities, medical doctor and nurse for competition hall.
2. First Aid in the training halls (nurse, medical supplies).
3. First Aid in the hotels where the players are accommodated.
4. Ambulance, equipped as fully as possible, in front of competition gymnasiums and training halls.
5. Determination of hospital for possible hospitalisation.

7. NUTRITION OF PLAYERS DURING COMPETITIONS

Recommendations:

1. Sufficient calorie count:

   Men: 4,500 to 5,000 calories per day
   Women: 3,700 to 4,200 calories per day

2. Satisfactory quality (complete)

   a) Proteins 15-18% of the total energy of the diet
      Carbohydrates 60-65% " "
      Fats 18-20% " "

   The proteins must be 65% of animal origin and 35% vegetable protein and it is recommended that more than 1.5 g. of proteins per kg body weight per day be served.

   b) Vegetables, fruits and salads
   c) Superior casseroles, well-cooked and agreeably prepared
   d) Nutrition that is easily assimilated
   e) Reduced volume

3. Correct distribution of food during the day. Four meals per day are recommended, adjusted to the schedule of the matches. An ample schedule for the dining room should be arranged to accommodate everyone's needs.

4. Avoid serving the same dishes frequently; alternate kinds of meat used such as beef, pork, poultry, fish as well as cheese and milk.

5. Liquids - water, juice, soft drinks and milk. One ml. of water is recommended daily for each thousand calories; four to five litres of bottled liquids, such as bottled water and soft drinks or natural liquids, such as juice and milk.

   Bottled water may be drunk until the required amount of liquids has been consumed. Whatever extra liquids are consumed must be the concern of the consumer.

6. The organizations must present at least six months before a competition a list of the menus with quantities specified in grams for each type of food in order that the FIVB Medical Commission may approve it.

7. The FIVB Medical Commission has the right and the obligation to check nutrition during the competitions.

8. DUTIES OF FIVB MEDICAL DELEGATE DURING THE COMPETITIONS

The Medical Delegate as a member of the Control Committee is responsible for the smooth running of the medical controls and medical assistance during the competition. At the same time he should be an active member of the Appeal and Protocol Subcommittee with all corresponding responsibility.

8.1 GENDER VERIFICATION

8.1.1 On arrival in the organizing country the Medical Delegate must contact the genetic laboratory in order to :

- confirm the methodology of testing already accepted during the inspection visit;
- assure the testing at the moment of arrival of the teams, delivery of the results one day before the competition and the possibility to perform the caryotype test within 24 hours.

8.1.2 The Medical Delegate must check the Medical Certificate presented by the players on their arrival in accordance with the Gender Verification Regulations.

8.2 ANTIDOPING CONTROL

8.2.1 Before the competition the Medical Delegate contacts the laboratory and checks its readiness for the controls.

8.2.2 The Medical Delegate participates in the inspection of competition and training halls and:

- verifies the availability of chips for the drawing of lots
- inspects antidoping control section.

8.2.3 During the competition the Medical Delegate supervises the work of antidoping control team.

8.3 MEDICAL CONTROL FOR REFEREES

8.3.1 To inspect the room for referees' medical control.

8.3.2 To check the equipment for alcohol test.

8.4 MEDICAL ASSISTANCE

The Medical Delegate must inspect the rooms for first aid in the competition and training halls.

8.5 ATHLETES' NUTRITION AND ACCOMMODATION

The Medical Delegate must verify that meals are provided in quality and quantity as required by FIVB Medical Regulations.

9. ANTIDOPING CONTROL REGULATIONS FOR FIVB BEACH VOLLEYBALL COMPETITIONS

9.1 The antidoping control during official FIVB Beach Volleyball competitions (Beach Volleyball World Tour) is performed under the supervision of the FIVB Medical Commission.

9.2 Antidoping controls are obligatory on the last day for the teams ranked 1 to 4 after the last match of the day and two players per team and per match will be selected by drawing of lots.

9.3 In the preliminary round drawing of lots of one match per day and at the end of the day one player per team will be selected by draw.

9.4 If doubt prevails or if a player is presumed doped, the member of the Control Committee in charge, after consultation with the Medical Delegate can decide to submit one or several extra players for testing.

9.5 The selection of the player must be done by drawing of lots by the jury or Medical Delegate immediately after the chosen match.

9.6 Equipment and sampling materials will be the same as those used in Volleyball.

9.7 Containers of two different colours of chips numbered 1 and 2.

9.8 The list of the banned substances and the sanctions are absolutely the same as for FIVB Volleyball competitions.

9.9 The samples must be sent to an IOC or FIVB accredited laboratory.

10. HEALTH CERTIFICATES

10.1 The Health Certificate (form M-4, see *Appendix 11)* should be sent by the FIVB Secretariat to the countries participating in the competitions six months prior to the competitions.

10.2 The Form M-4 must include a declaration of not taking the forbidden substances listed in the FIVB Antidoping Regulations, and a statement regarding the player's state of health.

10.3 The Form M-4 should be signed by a medical doctor specialised in sports medicine and the President of the National Federation.

10.4 All players participating in FIVB official Volleyball competitions must present to the respective Control Committee Health Certificates issued not earlier than two months prior to the competitions. For Beach Volleyball the M-4 is valid for one year.

10.5 The Health Certificates must be presented during the Preliminary Inquiry on the team's arrival before the competition.

11. PLAYERS & OFFICIALS AGREEMENT

11.1 The Players & Officials Agreement (form M-8, see *Appendix 12)* should be sent by the FIVB Secretariat to the countries participating in the competitions six months prior to the competitions.

11.2 The Form M-8 must include a declaration of recognition of the exclusive competence of the FIVB, its officials, its organs and any jurisdictional organs recognized by the FIVB, and that the player/official waives any right to recourse to civil courts against the FIVB, its officials, its organs and those recognized by the FIVB.

11.3 The Form M-8 must be certified by the head of delegation.

11.4 The Forms M-8 must be presented during the Preliminary Inquiry on the team's arrival before the competition.

12. ACCREDITATION OF TEAM MEDICAL DOCTOR

12.1 The team doctor should be in possession of FIVB accreditation allowing him to take place on the bench during the match as a fourth person. *(See FIVB Form F-1 - Appendix 14)*

12.2 The accreditation will be granted by the FIVB on presentation of the following documents:

- medical diploma of university grade
- letter from National Olympic Committee or National Volleyball Federation
- FIVB Form F-1.

12.3 The application must be approved by the President of the FIVB Medical Commission.

13. MEDICAL DOCUMENTS CHECKLIST

13.1 Forms for Health Certificates (FIVB Form M-4) and Players Agreement (FIVB Form M-8) to be sent by FIVB Secretariat to the National Federations of participating teams 6 months before the competition.

13.2 Metallic seal of FIVB Medical Commission together with the green cards for women's competitions to be sent by FIVB to the organisers just before the championships.

13.3 The last number used on a Gender Certificate to be sent by the President of the FIVB Medical Commission to the Medical Delegate nominated for a women's competition.

13.4 The copy of the reports from the medical inspections to be sent by the President of the FIVB Medical Commission to the Medical Delegate nominated for the respective competition no later than two months before the beginning of the competition.

13.5 A sufficient amount of alcohol checkers, corresponding to the number of competition sites, to be sent by the FIVB to the organiser before the beginning of the competitions.

13.6 Each Medical Delegate nominated by the FIVB for official competitions must contact the FIVB Sports Event Coordinator no later than one month prior to the event to obtain information about the documents and equipment sent by the FIVB.

APPENDIX 1 -

Prohibited classes of substances and prohibited methods

I. PROHIBITED CLASSES OF SUBSTANCES

A. STIMULANTS

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

amineptine, amfepramone, amiphenazole, amphetamine, bambuterol, bromantan, caffeine, carphedon, cathine, cocaine, cropropamide, crotethamide, ephedrine, etamivan, etilamphetamine, etilefrine, fencamfamin, fenetylline, fenfluramine, formoterol, heptaminol, mefenorex, mephentermine, mesocarb, methamphetamine, methoxyphenamine, methylenedioxyamphetamine, methylephedrine, methylphenidate, nikethamide, norfenfluramine, parahydroxyamphetamine, pemoline, pentetrazol, phendimetrazine, phentermine, phenylephrine, phenylpropanolamine, pholedrine, pipradrol, prolintane, propylhexedrine, pseudoephedrine, reproterol, salbutamol, salmeterol, selegiline, strychnine, 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. For phenylpropanolamine 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 of asthma and/or exercise-induced asthma by a respiratory or team physician is necessary to the relevant medical authority.

NOTE: All imidazole preparations are acceptable for topical use. Vasoconstrictors may be administered 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), hydrocodone, methadone, morphine, pentazocine, pethidine,

and related substances

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

C. ANABOLIC AGENTS

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

1. Anabolic androgenic steroids

a/

clostebol, fluoxymesterone, metandienone, metenolone, nandrolone,

19-norandrostenediol, 19-norandrostenedione, oxandrolone, stanozolol, oxymetholone, norethandrolone, methandriol, mesterolone, formebolone, danazol, drostanolone, gestrinone, mibolerone,

and related substances

b/

androstenediol, androstenedione, dehydroepiandrosterone (DHEA), dihydrotestosterone, testosterone*, oxymesterone, methyltestosterone,

dehydrochlormethyltestosterone,

and related substances

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

* The presence of a 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 or pathological 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 athlete should be tested unannounced at least once per month for three 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, clenbuterol, fenoterol, formoterol, reproterol, salbutamol*, terbutaline*, salmeterol, trenbolone, boldenone,

and related substances

* Authorised 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 500 nanograms per millilitre.

D. DIURETICS

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

acetazolamide, bendroflumethiazide, bumetanide, canrenone, chlortalidone, ethacrynic acid, furosemide, hydrochlorothiazide, indapamide, mannitol (by intravenous injection), mersalyl, spironolactone, triamterene,

and related substances

* Prohibited by intravenous injection.

E. PEPTIDE HORMONES, MIMETICS AND ANALOGUES

clomiphene*, cyclofenil*, tamoxifen*

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

1. Chorionic Gonadotrophin (hCG) prohibited in males only;
2. Pituitary and synthetic gonadotrophins (LH) prohibited in males only;
3. Corticotrophins (ACTH, tetracosactide);
4. Growth hormone (hGH);
5. Insulin-like Growth Factor (IGF-1);

and all the respective releasing factors and their analogues;

6. Erythropoietin (EPO);
7. Insulin;

permitted only to treat athletics 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 proven to be due to a physiological or pathological condition.

II. PROHIBITED METHODS

The following procedures are prohibited:

1. Blood doping;
2. Administering artificial oxygen carriers or plasma expanders;
3. Pharmacological, chemical and physical manipulation.

III. CLASSES OF PROHIBITED SUBSTANCES IN CERTAIN CIRCUMSTANCES

A. ALCOHOL

Where the rules of a responsible authority so provide, tests will be conducted for ethanol.

B. CANNABINOIDS

Where the rules of a responsible authority so provide, tests will be conducted for cannabinoids (e.g. Marijuana, Hashish). At the Olympic Games, tests will be conducted for cannabinoids. A concentration in urine of 11-nor-delta 9-tetrahydrocannabinol-9-carboxylic acid (carboxy-THC) greater than 15 nanograms per millilitre constitutes doping.

C. LOCAL ANAESTHETICS

Injectable local anaesthetics are permitted under the following conditions:

a) bupivacaine, lidocaine, mepivacaine, procaine, and related substances can be used but not cocaine. Vasoconstrictor agents may be used in conjunction with local anaesthetics.
b) only local or intra-articular injections may be administered;
c) only when medically justified.

Where the rules of a responsible authority so provide, notification of administration may be necessary.

D. GLUCOCORTICOSTEROIDS

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

E. BETA-BLOCKERS

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

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

and related substances

Where the rules of a responsible authority so provide, tests will be conducted for beta-blockers.

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-norandrolstenediol	> 2 nanograms / millilitre in males
19-norandrolstenediol	> 5 nanograms / millilitre in females
phenylpropanolamine	> 25 micrograms / millilitre
pseudoephedrine	> 25 micrograms / millilitre
salbutamol	> 500 nanograms / millilitre (out of competition testing)
T/E ratio	> 6

APPENDIX 2 -

SAMPLING PROCEDURES IN DOPING CONTROLS

1. GENERALITIES

1.1 The head of the local medical service is responsible for antidoping controls at world and official competitions.

1.2 The antidoping control section is part of the local medical service and the FIVB Medical Commission must approve its Director.

1.3 All medical and technical personnel involved in anti-doping control at the main and secondary competition venues must be previously approved by the FIVB Medical Commission.

1.4 A competitor may be subject to doping control on more than one occasion during the competition.

2. SELECTION OF ATHLETES

2.1 Before the start of the match

The person in charge of the team must proceed to the Jury table before each match with:

2.1.1 Legitimating papers of the players (accreditations, ID Cards, passports,…)

2.1.2 FIVB Form M-7 (Appendix 10), i.e., the list of the names of the players and any therapy used during the past three days (if the player has taken no medicine, the word "none" must be clearly indicated), duly signed and filled in, IN A SEALED ENVELOPE

2.1.3 Form M-8 duly signed, when there is no Preliminary inquiry.

2.2 During the match:

The Game Jury President shall check and register the players that actually took part in the match (i.e. went on court).

2.3 After the match:

Shall be present (see Art. 2.4.3):

- President of the Game Jury
- Authorized representative of the local Medical services
- FIVB Medical Delegate (if any)
- The authorized representative of both teams

2.3.1 The team representative(s) shall be given the right to verify the numbers of the players among which the draw will be conducted, to verify that they actually did take part in the match.

2.3.2 The team representative(s) draws by lot one number among his/her team's players for the anti-doping control (according to article 2.4.4).

The Game Jury President shall register the result of the draw on the form M-1. The team representative(s) and the Game Jury President then sign the form, to attest the correctness of the draw.

2.3.3 The designated player(s) identification documents (as per 2.1.1 above), the form M-1, M-8 and the sealed envelope containing Form M-7 are then handed over to the authorised representative of the medical service who accompanies the drawn player(s) and eventually their accompanying persons as per art. 2.4.3 to the anti-doping control station.

2.4 Should any doubt prevail or should a player be presumed doped, the Control Committee members on duty at a given match, after consultation with the FIVB Medical Delegate and the head of the local Antidoping Control Section, may decide to submit one or more

additional players to control.

2.5 The NF concerned, hereafter referred to as the delegation, shall be responsible for the transportation of its own competitors from the Doping Control Station to the Hotel after completion of the doping control procedures.

3. COMPETITOR NOTIFICATION AND REGISTRATION FOR DOPING CONTROL

3.1 Immediately after the competition or after the determination of the final results, the competitor selected for doping control shall be handed a Doping Control Notification by a Doping Control Escort appointed by the Organising Committee, 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. 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.

3.2 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 athlete may choose a member of another delegation.

3.3 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.

3.4 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.

3.5 Upon arrival at the Doping Control station, the competitor and the accompanying person 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.

3.6 The Doping Control Officer shall keep the Doping Control Notification returned by the Escort and return the copy to the competitor.

3.7 The actual time of arrival and the identity of the competitor shall then be noted on the Doping Control Official Record.

3.8 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 paragraph 3.1, this fact shall be noted on the Doping Control Official Record. In this case the Doping Control officer and the representative of the FIVB Medical Commission shall sign the Doping Control Official record. In addition, the representative of the IOC Medical Commission shall inform the FIVB Control Committee President immediately. The Chairman of the FIVB Control Committee shall then decide on the further steps to be taken.

3.9 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 FIVB Medical Commission shall inform the FIVB Control Committee President immediately.

3.10 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.

3.11 No photographs, video or tape recordings may be taken inside the Doping Control Station during the doping control procedure.

3.12 The original of the Doping Control Notification shall be appended to the Doping Control Official Record.

4. SAMPLE TAKING PROCEDURE

4.1 Only one competitor at a time shall be called into the consulting area.

4.2 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 FIVB Medical Commission
- the Doping Control Medical Officer
- the Doping Control Technical Officer(s)
- an interpreter

4.3 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 FIVB Medical Commission in co-operation with the Organising Committee.

4.4 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.

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.

4.5 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.

4.6 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, the FIVB Medical Commission representative may require further samples.

4.7 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.

4.8. 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.

4.9 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 FIVB Medical Commission representative, and, if present, by the accompanying person.

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

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

The FIVB Medical Commission representative shall be responsible for communicating the refusal to the FIVB Control Committee President.

4.11 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.

4.12 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 FIVB Medical Commission representative shall be responsible for bringing the envelopes to the FIVB Control Committee President. The envelopes containing the original and the copies shall be kept closed and placed in separate safes unless their opening is authorised by the FIVB Control Committee President.

4.13 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.

4.14 If one or more of the competitors cannot pass the doping control test at the venue station within the time limits that has been decided by the FIVB Medical Commission and the Organising Committee, the test may be performed at the Athletes residence, if suitable, at the discretion of the FIVB Medical Commission representative.

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

Samples, which have been collected, shall be transported to the Doping Control Laboratory in accordance with the procedure described in paragraphs 5.1 and 5.2 below.

5. TRANSPORT AND RECEIPT OF THE SAMPLES

5.1 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 FIVB Medical Commission representative who is on duty and by the Doping Control Officer. The FIVB Medical Commission representative shall be responsible for bringing the original of the Doping Control Transport Form to the FIVB Control Committee President. 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.

5.2 The courier shall take the sealed transport containers to the doping control laboratory without undue delay. At the laboratory, 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 will check the identity of the courier and seals. 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 FIVB Medical Commission and be opened only with the authorisation of the FIVB Control Committee President.

6. SAMPLE ANALYSIS

6.1 The analysis of a sample shall be performed as soon as possible after its arrival at the

Doping Control Laboratory.

6.2 The analysis of a sample shall be carried out in accordance with the methods, which have been approved by the FIVB Medical Commission.

6.3 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 FIVB Medical Commission
- persons with special authorisation from the FIVB Medical Commission

6.4 The Head of the Laboratory shall on a daily basis inform the Chairman of the FIVB Medical Commission or his representative of the results of all the samples analysed.

6.5 Should the analysis of the A samples indicate a violation of the FIVB doping control regulations, the President of the FIVB Medical Commission or his/her representative shall immediately inform in writing the Manager of the Delegation of the competitor, or his representative and the Control Committee President. The B sample will be analysed, if such analysis is requested, at the latest two hours after the result of the A sample has been notified to the Team Manager of the Delegation of the competitor. Such time shall be recorded in the communication to the Team Manager.

If the result of the analysis of Sample A is received after the competition, it has to be immediately sent under confidential mail (double envelope) to the Chairman of the FIVB Medical Commission in Lausanne

6.6 The analysis of "B" samples shall be carried out in the same laboratory and under the supervision of a representative of the FIVB Medical Commission. The delegation in question shall be allowed to send a maximum of three representatives to the laboratory. Should the delegation not be present at the laboratory, at the time indicated, the representative of the FIVB Medical Commission may decide to proceed to the "B" analysis. The Head of the Laboratory shall inform the representative of the FIVB Medical Commission of the result of this analysis, which shall be regarded as final, and is not subject to appeal.

The Head of the Laboratory shall supply the representative of the FIVB Medical Commission with appropriate documentation of the results. The representative of the FIVB Medical Commission informs immediately the Chairman of the FIVB Medical Commission (or his representative) of the result of the second analysis. The latter conveys the information to the Control Committee President.

If the result of the analysis of Sample "B" is received after the competition, it has to be immediately sent under confidential mail (double envelope) to the President of the FIVB Medical Commission in Lausanne

6.7 Should the result of the "B" sample not confirm the result of the "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 FIVB Control Committee President shall immediately inform the Team Manager of the delegation of the competitor.

6.8 Should the result of the "B" sample be positive, the FIVB Control Committee President shall then call a meeting of the FIVB Control Committee, to which the competitor and not more than three representatives of the delegation concerned shall be invited. Following this meeting, the FIVB Control Committee applies the appropriate sanctions and shall make a recommendation for the FIVB Executive Committee.

6.9 The FIVB Control Committee President shall then forward this recommendation to the President of the FIVB for submission to the FIVB Executive Board, which shall be responsible for taking further action.

6.10 The Team Manager of the delegation of the competitor shall be informed before the Control Committee and/or the FIVB Executive Committee make any sanction public.

7. DELEGATION OF RESPONSIBILITIES

The FIVB Medical Commission President may delegate his responsibilities to such person or persons as he may designate, at his discretion, from time to time.

APPENDIX 3 -

PROCEDURE FOR ACCREDITATION OF LABORATORIES

Laboratories accredited by IOC or recognised by WADA are automatically recognised and accredited for FIVB competitions. Such accreditation is evidenced by a certificate to such effect signed by the duly authorised representative of the WADA. Such certificate shall specify the name of the laboratory and the period for which the certificate shall be valid. Certificates may be issued after the effective date, with retroactive effect.

1. FIVB Accreditation of analytical Laboratories *(See FIVB Form M-6 Appendix 5)*

Analytical laboratories which request accreditation must fulfil the following requirements and answer the relative questionnaire *(Form M-6) :*

1.1 Provide a list of staff and their qualifications.

1.2 Provide a list of Standard Operating Protocols.

1.3 Provide a list of instrumental resources and equipment. Laboratories seeking accreditation should be aware that definite identification of a Prohibited Substance requires analysis by mass spectrometry except for peptide hormones and glycoproteins.

1.4 Provide a list of substances, which the laboratory is able to detect and identify. The minimum repertoire will be the list of examples enumerated in this Code under the different classes of Prohibited Substances (and their metabolites).

1.5 Provide a list of available reference substances (dope agents and metabolites).

1.6 Provide a list of the excretion studies (dose, etc.) that have been performed on human volunteers. State the minimum concentration, which can be detected (based on an excretion study with a reasonable number of serial collections).

a) The list of substances indicated by the FIVB Medical Commission must be identifiable by analysis in the laboratory (dope agents and metabolites).

Reference substances must be available.

b) Minimum concentration, which can be determined (detected) following the administration of the drugs to humans.

c) The maximum time required to obtain a result after receipt of the sample for analysis:

- for anabolic steroids
- for other doping agents

It is essential to test the standards of the work of Dope Control Laboratories. The following rules should be applied for analytical procedure and quality tests required for the accreditation programme.

1.7.1. The equipment for the following tests must be available (see the IOC Laboratory Analyses Procedures" as a model to follow in Appendix 4):

1. Gas-Chromatrography (GLC)
2. High Pressure Liquid Chromatography (HPLC)
3. Thin Layer Chromatography (TLC)
4. Mass Spectrometry (MS) in connection with a Gas Chromatograph (GS) and a Computer (COM)

1.7.2. For screening, the following procedure must be applied :

a) For "Volatile Doping Agents" - GC screening with a nitrogen specific detector (N-FID) and capilliary column cross-linked with a moderate pollarity phase e.g. SE 54. Alternative suitable GLC systems may be used.

b) For "Heavy Volatile Doping Agents" screening after acid hydrolysis and extraction at pH 9.5, derivatisation, cross-linked capilliary column, detection with a nitrogen specific detector (N-FID) or by mass fragmentography (mass specific detection).

c) Screening procedure for anabolic steroids

- Free steroids: After extraction at pH 8.0 - 9.0 trimethylsilylation and detection by mass fragmentography (mass specific detection).
- Conjugated steroids: After enzymatic hydrolysis, extraction, trimethylsilylation and detection by mass fragmentography (mass specific detection). Alternatively an extraction of the free and the conjugated fraction e.g. with XAD-2 may be performed, followed by a separation of the two fractions, treated and analysed as described above.

NOTE : DEFINITE IDENTIFICATION OF A DOPING SUBSTANCE REQUIRES ANALYSIS BY MASS SPECTROMETRY

2. LETTERS OF SUPPORT

Laboratories seeking accreditation are requested to provide a letter of support from a National Authority, such as the NOC, sports governing body or other and any other letters of support that they might wish the FIVB Medical Commission to consider. The final decision regarding the acceptance of the letters of support will be made by the FIVB Medical Commission, taking into account such factors as continuity, volume of workload, long term financial support, administrative commitment of the host institution, and research activities and accomplishments, such as publication records of senior staff.

3. ELIGIBILITY

A laboratory will be considered to be eligible for obtaining FIVB accreditation when the FIVB Medical Commission completes a positive evaluation of letters of support and additional initial requirements.

APPENDIX 4 -

LABORATORY ANALYSIS PROCEDURES

1. LABORATORY ANALYSIS PROCEDURES

Laboratory analysis procedures are described below. A more specific description may be found in the Amplification of ISO Guide 25 for Doping Control according to the IOC, which can be submitted to Applicants for IOC Eligibility (see 1; Appendix A) upon request to the IOC Medical Commission.

1.1 General aspects

a) Chain of custody:

The laboratory must have written protocols designed to maintain control and accountability from the receipt of urine specimens until testing is completed, results are reported, and while specimens are in storage.

b) Receiving/preparation:

The laboratory shall be secure at all times: no unauthorised personnel shall be permitted. Upon receipt of specimens, accession personnel shall inspect packages for evidence of possible tampering and compare information on specimen bottles with that on chain of custody forms. Any discrepancies shall be properly noted and described. Any direct evidence of tampering shall be reported immediately to the sport organisation and shall also be noted on the chain of custody form, which shall accompany all specimens during laboratory possession.

Specimen bottles and original chain of custody forms will normally be retained within the accession area until all analyses have been completed. Aliquots and intra laboratory chain of custody forms shall be used by laboratory personnel for conducting the initial and confirmatory tests.

c) Essential equipment:

- Gas chromatography (GC)
- High Pressure Liquid Chromatography (HPLC)
- Mass spectrometry (MS) in combination with gas chromatography (GC)
- High Resolution Mass Spectrometry or Tandem MS
- Immunoassay equipment
- Additional or alternative equipment recommended by IOC Medical Commission according to new scientific developments. Information regarding those technologies, if any, may be requested from the IOC Medical Director.

d) Screening procedures:

The laboratory must have written protocols for their screening procedures.

Sensitive and comprehensive screening methods to eliminate “true negative” specimens from further consideration must be used. The initial screening procedures shall be an appropriate technique which meets the requirements of the IOC Medical Commission.

The following procedures represent minimum requirements:

For volatile doping agents excreted free: GC screening with a nitrogen specific detector (NPD) and capillary column, cross linked with a moderate polarity phase. Alternative detection by MS may be used.

For non volatile-doping agents excreted as conjugates: GC/MS screening after hydrolysis and extraction, derivatization, cross-linked capillary column chromatography and detection by selected ion monitoring (mass specific detection).

High pressure liquid chromatography for quantification of caffeine.

For Anabolic steroids:

1. For free steroids: extraction, derivatization and detection by selected ion monitoring (mass specific detection or nitrogen specific detection. Complementary appropriate immunoanalytical methods may be used.).

2. For free plus conjugated steroids: after enzymatic hydrolysis, extraction, derivatization and detection by selection monitoring (mass specific detection). Alternatively separate extracts of the free and the conjugated fraction, may be performed, each one treated and analysed as described above.

3 For low concentrations of anabolic agents, analytical methods capable to reach 2 ng/ml detection limit such as High Resolution Mass Spectrometry and Tandem (MS/MS) Mass Spectrometry are requested to the laboratories accredited by the IOC for doping control analyses. Validation data for other techniques should be presented to the subcommission Doping and Biochemistry of Sport for their approval

For Acidic substances, e.g., diuretics and probenecid: Extraction at suitable pH and derivatization, GC/MS with detection by full scan or selected ion monitoring (mass specific detection). Alternatively, extraction and analysis by high pressure liquid chromatography.

For hCG: a validated immunoassay to detect and quantitate hCG. For confirmation, a second different immunoassay is required. For other peptidic hormones: specific techniques and methodologies will be needed following the evolution of scientific knowledge on this field. Refer to the IOC Medical Commission for updated information.

Laboratories wishing to use screening procedures other than those required by the IOC Medical Commission shall submit their methods for written approval by the IOC Medical Commission.

e) Confirmation:

A second aliquot of the same sample is used for confirmation. Mass spectrometry (MS) is the only authorised confirmation method except for peptide hormones and glycoproteins.

MS may be applied in conjunction with gas chromatography (GC) or high performance liquid chromatography (HPLC). To exclude possible interference from the biological materials the sample preparation, including the derivatization as well as the polarity of the gas chromatographic column can be modified whenever possible or necessary to exclude possible interference as compared with those used for screening.

f) Specimen processing:

Laboratories will normally process specimens by grouping them into batches. The number of specimens in each batch may vary significantly depending on the size of the laboratory and its workload. When conducting either screening or confirmatory testing, every batch shall contain an appropriate number of quality control samples.

1.2 Reporting results

The report shall contain the specimen number assigned by the submitting authority, and results of the tests. All specimens negative on the initial test or negative on the confirmatory test shall be reported as negative.

Only specimens confirmed positive shall be reported positive for a specific Substance. Results may be transmitted by various electronic means (e.g., teleprinters, facsimile, or computer) in a manner consistent with a particular program. Copies of all analytical results shall be available from the laboratory when requested by an appropriate authority. The IOC Medical Commission suggests the following reporting format for positive analytical results on sample A.

1.2.1. Administration:

a) Code number
b) Name and date of competition
c) Date of receipt of samples at the laboratory
d) Confirmation that the seal of the container was intact
e) Confirmation that the seal of the bottle (if any) was intact
f) Testing programme (in or out-of-competition)
g) Analytical findings

1.2.2. Analytical results:

a) pH, specific gravity and appearance of the sample, determined by the laboratory at the time of the first aliquoting.
b) Generic name of the identified Prohibited Substance(s) (e.g. testosterone, caffeine, etc.) with indication of the excess above a fixed cut-off, if appropriate.

The laboratory should also be prepared to supply the following information on request by the relevant authority in connection with the identification of the Prohibited Substance(s) recorded in 1.2.2.(b) above.

a) Summary of the analytical procedures performed in the screening and in the identification stages.
b) Copies of the analytical data relevant to establishing the presence of substances. Normally this documentation will include the analytical data of a urine blank, a positive control and the sample.

1.2.3 Statistics of IOC accredited laboratories:

The laboratory shall provide the IOC Medical Director with a summary of urine analysis tests without any personal identifying information, but subdivided into categories as requested by the IOC Medical Commission. The format for the reporting will be as defined by the IOC Medical Commission.

1.2.4 Archiving of analytical files results:

All records pertaining to a given urine specimen shall be retained by the laboratory for a minimum of two (2) years after reporting the results on the A sample. In the case of a positive A sample, this period should be extended to five (5) years.

1.3 Long-term storage

The sealed B specimens corresponding to an analytically positive A sample shall be retained and placed in properly secured long-term 4 C or less storage for at least 90 days after reporting the A result. Within this period a governing body may request the laboratory to retain the specimen for an additional period of time. This ensures that the urine specimen will be available for a possible retest during any administrative or disciplinary proceeding. If the laboratory does not receive a request to retain the specimen during the initial 90 day period, the specimen may be discarded. However, specific national programs may have longer storage requirements. The sealed B specimens corresponding to an analytically negative A sample should be retained for 30 days after the reporting of the results.

1.4 Security

The laboratory facilities shall use appropriate security measures to ensure limited and/or controlled access.

1.5 Subcontracting

The drug-testing laboratory shall perform all work with its own personnel and equipment and within its premises, unless otherwise authorised by the IOC Medical Commission.

2. ANALYTICAL PROCEDURES: A SUMMARY OF ORGANIZATIONAL MATTERS

2.1 Outline of analytical protocols:

2.1.1 Reception of samples

a) Verify code number, seals, forms, total number of samples

b) Note if code numbers are not readable or not in agreement with the forms or if the bottles or seals are broken or otherwise defective

Pre-Screening protocols:

a) Verify the pH after opening the bottle: is the pH basic?
b) Verify the colour and appearance of urine: is the urine diluted?

Abnormal values may change sample preparation procedures.

Screening protocols:

2.1.2 If a positive result is found

a) Perform additional GC, HPLC or GC/MS tests with the residues of the first extraction.
b) Re-extraction of a second aliquot of the A bottle. If appropriate, modify the extraction procedure, if possible to get a cleaner and a more concentrated extract. Modify the derivatization, e.g., no derivative, TMS, NTFATMS, EnolTMS, Methoxyaminederivative.
c) GCMS obtain correct retention time

- correct MS
- full scan
- selected ion monitoring (with adequate criteria for identification) if a full scan is not possible.

d) Compare the analytical data of the positive sample with that of the reference urine that was processed concomitantly.

2.1.3 Verify all the information collected if in agreement with the known facts and structure of doping agent or metabolite(s).

2.1.4 Before reporting a positive result, verify whether the B sample is securely stored, the seal intact and the code number correct.

2.2 Guidelines for the analysis of the B sample

2.2.1 Identify the persons wishing to observe the analysis of the B sample athlete, expert, representative of the federation, etc.

2.2.2 When not in conflict with other regulations, present the analysis report of the A sample and the analytical data, leading to the conclusion that the reported Prohibited Substance is present in the urine of the A sample.

2.2.3 Explain the analytical methods used in the analysis of the A sample and explain which analytical method will be used to analyse the B sample taking into account the result of the A sample. As the purpose of the B analysis is only to demonstrate that the Prohibited Substance found in the A sample is also present in the B sample, the analytical strategy for the B analysis may be simpler than the one used for the A sample, as far as the presence of the Prohibited Substance or its relevant metabolite is unambiguously established, at the direction of the Director of the laboratory.

2.2.4 Present the B sample for inspection. Verify that the bottles are properly closed, that the seal of the sample is not broken and that the code number corresponds to the code number in the corresponding form. Invite the witness or witnesses (if present) to add additional comments if appropriate. Sign a document confirming the integrity of the B sample.

2.2.5 Break the seal, take the necessary aliquots of the B sample in presence of the witnesses and proceed with the analysis.

2.2.6 Close the bottle of the B sample and keep it in a locked cool place.

2.2.7 Take through the procedure, as a minimum

a) blank urine
b) sample aliquots

c) a reference urine collected after application of the dope agent or spiked with appropriate reference material.

2.2.8 Give the witnesses the opportunity to follow all steps of the sample preparation, extraction, concentration, derivatization and instrumental analysis.

APPENDIX 5 -

RULES OF ETHICS

1. COMPETITION TESTING

The laboratories shall only accept and analyse samples originating from known sources within the context of doping control programmes conducted in competitions organised by national and international sports governing bodies. This includes national and international federations, National Olympic Committees, national associations, universities, and other similar organisations. This rule applies to Olympic and non-Olympic sports.

Laboratories should ascertain that the programme calls for specimens collected according to IOC (or similar) guidelines. This includes collection, under observation, of A and B samples, appropriate sealing conditions, athletes' declaration with appropriate signatures, formal chain of custody conditions and adequate sanctions.

2. OUT-OF-COMPETITION TESTING

The laboratories shall accept samples taken during training (or out-of-competition) only if the following conditions are simultaneously met:

a) that the samples have been collected and sealed under the conditions generally prevailing in competitions themselves as in 1. above;
b) if the collection is a part of a programme of a national or international sport governing body as defined in 1. above; and
c) if appropriate sanctions will follow a positive case.

Laboratories shall not accept samples from individual athletes on a private basis or from individuals acting on their behalf. No laboratory staff shall provide counsel, advice or information to Participants or others regarding avoidance, evasion or suppression of a positive test.

Laboratories shall not accept samples, for the purposes of either screening or identification, from commercial or other sources when the conditions in the above paragraph are not simultaneously met.

These rules apply to Olympic and non-Olympic sports.

3. CLINICAL DIAGNOSTIC

Occasionally the laboratory is requested to analyse a sample for a banned drug or endogenous substance allegedly coming from a hospitalised or ill person in order to assist a physician in the diagnostic process. Under this circumstance, the laboratory director must explain the pre-testing issue to the requester and agree subsequently to analyse the sample only if a letter accompanies the sample and explicitly certifies that the sample is for medical diagnostic or therapeutical purposes.

The letter must also explain the medical reason for the test.

4. CONFIDENTIALITY

The heads of laboratories, their delegates and laboratory staff shall not discuss or comment to the media on individual results.

5. RESEARCH

Laboratories are entitled to participate in research programmes provided that the laboratory director is satisfied with the bona fide nature and the programmes have received proper ethical approval.

6. REFERENCE BIOLOGICAL SAMPLES

Whenever collected, samples collection shall adhere to ethical principles established in each country for obtention of biological samples.

7. NEW SUBSTANCES

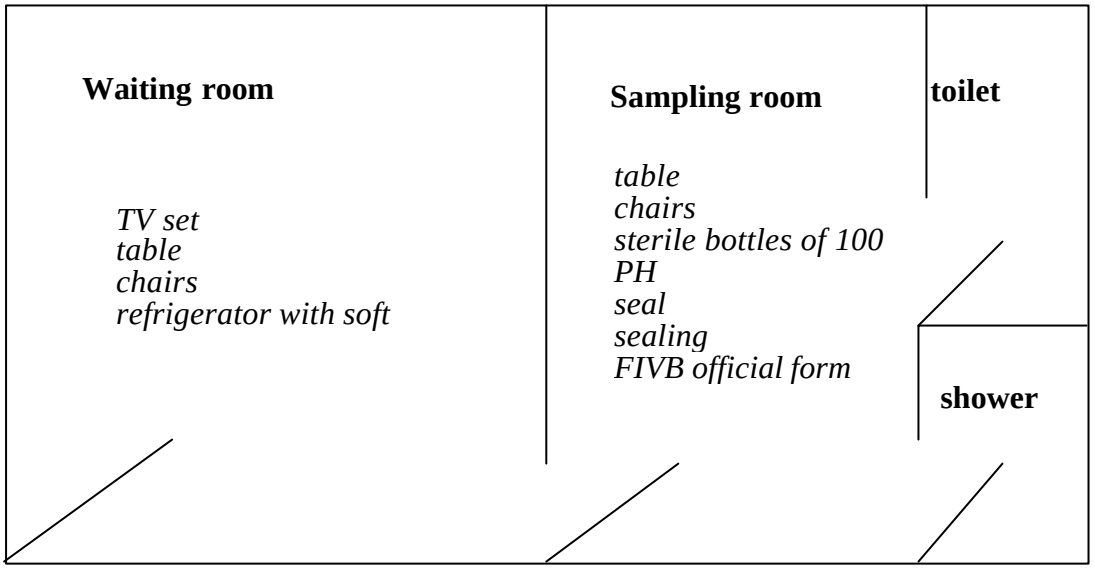
The IOC accredited laboratories for doping control shall inform the IOC Medical Commission when they detect a new or suspicious doping agent.

8. FAIR PRICING

Costs for analysis shall be set in accordance with the actual cost of the analysis in the country in which the laboratory is located.

APPENDIX 6 -

ANTIDOPING CONTROL STATION



Facilities for Anti-Doping Control Station

Disposition of waiting room and specimen room with a toilet and shower.

- Waiting rooms 25 m^2
- Specimen room 20 m^2
- Shower room 5 m^2

c) Equipment

- Refrigerator with soft drinks
- Registration table
- Chairs
- TV set
- Sterile bottles of 100 ml each
- Seals
- Sealing material
- PH Bandelletts
- Transportation bag

d) Medical control for referees:

- Separate room of 20m^2
- Equipment
  - electronic set for alcohol test
  - registration form for referee control M-3