



CIFA Competition

Form 0-1

SUMMONS TO DOPING TEST

The player named below has been selected to undergo a doping test and is requested to report **immediately after the match** to the doping test room. He/she may be accompanied by one person (doctor, coach or team official of the same sex).

The team doctor, coach or a team official is responsible for informing the selected player accordingly.

The player shall take this form with him/her when reporting for the doping test.

Refusal to undergo a doping test or attempts to manipulate it shall have the same consequences as a positive doping result.

Date: _____ Match No. _____

Match: _____ Venue: _____

Club: _____

Name of Player: _____ Player's No.: _____

Signature
Independent
Sampling Officer* : _____

* Player's copy (original), CIFA General Secretary, Independent Sampling Officer, Match Commissioner (Other copies in that order)

Cayman Islands Football Association

Founded in 1966, Affiliated to FIFA, CONCACAF and CFU

P.O. Box 178 GT, Cayman Islands, BWI • Phone: (345) 949 5775 • Fax: (345) 945 7673

www.caymanfootball.com



CIFA Competition

Form 0-2

REGISTRATION OF URIN SPECIMEN

Match: _____ Match No. _____ Venue: _____

Club: _____

Player's Name: _____ **No:** _____

Accompanied by: _____

The player produced a partial urine specimen at ____ hours ____ minutes after the match, which was sealed with:

Tamper-evident tape no: _____

Player's Signature: _____

The player was asked whether he wished to pour the urine specimen into the bottles marked "A" and "B" himself (in which case the Independent Sampling Officer explained the procedure) or whether the Independent Sampling Officer should do it.

**The urine specimen was divided into two bottles
Marked "A" and "B" and marked with code numbers:** _____

PH Value: _____

Specific weight: _____

The player refused to give a urine specimen: Yes No

In conclusion, the player again verified that the code numbers on bottles "A" and "B" corresponded and checked the bottle caps and the information on this form 0-2.

Signatures:
Player: _____

Accompanying person: _____

Independent Sampling Officer*: _____

* CIFA General Secretary (Original), Independent Sampling Officer, Player (Other copies in that order).

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