

Address
Peter Merian-Strasse 23
P.O. Box
CH-4002 Basle
Switzerland

Tel.
..41-61-228 90 40
Fax
..41-61-228 90 55

Bank
UBS AG
Basle
Switzerland
Account No. 664.538.01 K
Swift UBSWCHZ 40A
VAT No: 284193

**International
Handball
Federation**

**Fédération
Internationale
de Handball**



**Internationale
Handball
Federation**

Internet :
www.ihf.info

E-mail :
ihf.office@ihf.info

Anti Doping Regulations for IHF Competitions and OUT-OF-COMPETITION

CONTENTS

- Preamble
- I. DEFINITION
- II. ANTI-DOPING RULE VIOLATIONS
- III. PROOF OF DOPING
 - 1. Burdens and standards of proof
 - 2. Methods of establishing facts and presumptions
- IV. DOPING CONTROL ORGANISATION
 - 1. Administrative arrangements
 - 2. Obligations of national associations and players
 - 3. Doping test procedure for urine specimens
 - 4. Doping test area
 - 5. Taking specimens
 - 6. Analysis of specimens and Resultmanagement
 - a. Procedure if specimen "A" proves positive
 - b. Right to request an analysis of specimen "B"
 - c. Procedure if specimen "B" proves positive
 - 7. Doping test procedure for blood samples
 - 8. Information on Declaration of Agreement for Blood Tests (cf. Appendix B)
- V. MATTERS NOT PROVIDED FOR

APPENDICES

- B. List of classes of prohibited substances and prohibited methods
- C. Guidelines for Therapeutic Use Exemptions
- D. Guidelines for Whereabouts information
- E. Guidelines for Result management and sanctions
- F. Declarations of Agreement
- G. Sample forms
- H. List of WADA/IOC accredited laboratories

I. Preamble

Doping has become a constant preoccupation of international sports organizations and national governments.

The fundamental aims of doping control are threefold:

- to uphold and preserve the ethics of sport;
- to safeguard the physical health and mental integrity of players ;
- to ensure that all competitors have an equal chance.

IHF introduced doping control in 1976 to ensure that the results of the matches in its international competitions are a fair reflection of the strength of the contenders.

The IHF Medical Commission shall have overall responsibility for implementing doping controls at all IHF competitions.

I. DEFINITION

Doping is defined as the occurrence of one or more of the anti-doping rule violations set forth in part. II

II. ANTI-DOPING RULE VIOLATIONS

The following constitute anti-doping rule violations:

1. The presence of a prohibited substance or its metabolites or markers in an athlete's body specimen.
 - 1.1 It is each athlete's personal duty to ensure that no prohibited substance enters his or her body. Athletes are responsible for any prohibited substance or its metabolites or markers found to be present in their bodily specimens. Accordingly, it is not necessary that intend, fault, negligence or knowing use on the athlete's part be demonstrated in order to establish an anti-doping violation under article II.1.
 - 1.2 Excepting those substances for which a quantitative reporting threshold is specifically identified in the prohibited list, the detected presence of any quantity of a prohibited substance or its metabolites or markers in an athlete's sample shall constitute an anti-doping rule violation.
 - 1.3 As an exception to the general rule of article II.1, the prohibited list may establish special criteria for the evaluation of prohibited substances that can also be produced endogenously.
 - 1.4 As an exception of the general rule of article II.I ,the athlete may be granted a therapeutic use exemption in accordance with art 4.4 WADCode (Therapeutic use) or any other acceptable justification

2. Use or attempted use of a prohibited substance or a prohibited method.
 - 2.1. 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 to be used for an anti-doping rule violation to be committed.
 3. Refusing, or failing without compelling justification, to submit to sample collection after notification as authorized in applicable anti-doping rules or otherwise evading sample collection.
 4. Violation of applicable requirements regarding Athlete availability for Out-of-Competition Testing including failure to provide required whereabouts information and missed tests which are declared based on reasonable rules.
 5. Tampering or attempting to tamper with any part of doping control
 6. Possession of prohibited substances and methods:
 - 6.1. Possession by an athlete at any time or place of a substance that is prohibited in out-of-competition testing or a prohibited method unless the athlete establishes that the possession is pursuant to a therapeutic use exemption granted in accordance with art 4.4 WADCode (Therapeutic use) or any other acceptable justification.
 - 6.2. Possession of a substance that is prohibited in out-of-competition testing or a prohibited method by athlete support personnel in connection with an athlete, competition or training, unless the athlete support personnel establishes that the possession is pursuant to a personal use exemption granted to an athlete in accordance with art 4.4 WADCode (Therapeutic use) or other acceptable justification.
 7. Trafficking in any prohibited substance or prohibited method.
 8. Administration or attempted administration of a prohibited substance or prohibited method to any athlete, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an anti-doping rule violation or any attempted violation.
- Reference to the male gender in respect of players in these Regulations applies to both males and females.

III. PROOF OF DOPING

1. Burdens and standards of proof

The IHF shall have the burden of establishing that an anti-doping rule violation has occurred.

2. Methods of establishing facts and presumptions

Facts related to anti-doping rule violation may be established by any reliable means, including admissions. The following rules of proof shall be applicable in doping cases:

- 2.1 WADA/IOC-accredited laboratories are presumed to have conducted sample analysis and custodial procedures in accordance with the International Standard for laboratory analysis. The athlete may rebut this presumption by establishing that a departure from the International Standard occurred. If the athlete rebuts the preceding presumption by showing that a departure from the International Standard occurred, then the IHF shall have the burden to establish that such departure did not cause the adverse analytical finding
- 2.2 Departures from the International Standard for testing which did not cause an adverse analytical finding or other anti-doping rule violation shall not invalidate such results. If the athlete establishes that departure from the International Standard occurred during testing then the IHF shall have the burden to establish that such departures did not cause the adverse analytical finding or the factual basis for the anti doping rule violation.

IV. DOPING CONTROL ORGANISATION

1. Administrative arrangements

- 1.1 The IHF Medical Commission reserves the right to arrange random doping tests during all preliminary and final competition matches of IHF tournaments, including friendly matches during the preparatory period. The Commission shall also be responsible for deciding at which laboratory among those recognized by the International Olympic Committee (IOC) and/or the WADA the analyses of such tests shall be carried out. In addition, unannounced doping tests can also be out-of-competition, e.g. at team training camps. and/or at respective clubs of players being selected.

- 1.2 The IHF Medical Commission and the relevant competition organizing committee shall designate IHF doping control officer(s) (DCO) to carry out doping tests at the matches in question as well as unannounced out-of-competition doping tests.
- 1.3 The IHF doping control officer should be a physician or a specially trained DCO.. He shall be responsible for the entire doping test procedure, including the immediate dispatch of urine specimens to the relevant laboratory and copies of the forms to IHF. IHF or the relevant organizing committee shall provide him with the material required to carry out the tests. An assistant may also be appointed if necessary, e.g. at double / triple-headers.

2. Obligations of national associations and players

- 2.1 All national associations shall, by signing the "Declaration of Agreement," undertake to comply with these doping control regulations for IHF competitions and out of competition.
- 2.2 Every player designated to undergo a doping test, either as a result of the draw by lots or because of suspicion of doping by the IHF doping control officer, the IHF commissioner or the referee of the match, shall be obliged to undergo any medical examination which the IHF doping control officer deems necessary and to cooperate with the latter in this respect.
- 2.3 Every player selected is obliged to provide a urine specimen.
- 2.4 If a player refuses to provide a specimen, he shall be subject to sanctions by the IHF.
- 2.5 Refusal to undergo a doping test or any attempt to manipulate it shall be considered the same as a positive doping test.

3. Doping test procedure for urine specimens

- 3.1 Generally two players from each competing team shall be tested at every match at which doping tests are to be carried out. The players from each team shall be drawn by lots. For each player who will be tested, a reserve is drawn to replace him in the case of an injury.

- 3.2 The IHF doping control officer shall obtain the official match report for both teams from the IHF match official before the game. Form 0-1 (Appendix C) shall be completed before each match by the team doctor and handed over personally or by a person of trust to the IHF doping control officer. The team doctor shall enter in legible handwriting on Form 0-1 any medicaments taken by all of the players or administered to them in the 72 hours preceding the match, indicating the name of the product, the diagnosis, the dose, when and for how long prescribed and the method of administration. Details of the medicaments declared on Form 0-1 shall be disclosed only if a doping test proves positive. Should a medicament indicated on Form 0-1 prove to be a prohibited substance, the IHF doping control officer shall have the right to conduct further investigations, which could lead to the player's suspension. Form 0-1 shall otherwise remain in the possession of the IHF doping control officer at all times.
- 3.3 The players to be tested shall be drawn by lots by the IHF doping control officer in co - operation with a representative of the team (team physician, physiotherapist or official) in the doping room at half time..All players who were mentioned on the match report will be subject to the draw.
- 3.4 The IHF doping control official shall conduct the draw as follows:
 - 3.4.1 referring to the match report he shall check the names and numbers of the players
 - 3.4.2 he shall then spread out on a table the tags containing the numbers of all players on the match report of each of the two teams.
 - 3.4.3 He shall make sure that none of the numbers is missing before putting them in two different colored dark fabric bags, one for each team. The team representative of each team is asked to confirm the numbers.
 - 3.4.4 He shall then draw numbers from each bag and without looking at them, place these numbers in separate envelopes for each team. These envelopes are colored white and red, both colors numbered A1, A2, A3, etc and B1, B2, B3, etc. The fabric bags shall be set aside in two separate, sealed envelopes.
 - 3.4.5 Finally he shall seal all envelopes, sign them over the seal and have them counter signed by the team representatives and store them in a safe place.
 - 3.4.6 The players from each team, whose numbers have been placed in the white envelope shall undergo a doping test. However if one of these players is injured before the match is over and unable to participate in the anti-doping control, he shall be replaced by the player whose number is in the corresponding red envelope.

- 3.4.7 The IHF doping control officer shall decide whether or not the injury is that severe, that it prevents the player from undergoing the doping test.
- 3.5 If there is suspicion of doping, the IHF doping control officer, the IHF official and/or the referees of the match in question are entitled to summon additional players to be tested. Furthermore, if a player is shown a red card and sent off during the match because his behavior is unusually aggressive or irrational, he may also be ordered to undergo a doping test at the end of the match in addition to the players who have already been drawn by lots.
- 3.6 Ten minutes before the end of the regular playing time (60 minutes) the IHF doping control officer approaches the bench of each team and will ask the team representative to open the envelope(s) .
- 3.7 The IHF doping control officer shall then indicate on the green copies of the IHF Doping Control form " Request for Doping Control "(form 0-2), the name, number and nationality of the player drawn, the date and the match concerned.
The green copies of the IHF Doping Control form "Request for Doping Control "will be handed over to the escorts. These forms have to be signed immediately after the match by the players concerned. The relevant copies of the form will be handed to the players or the representative of each team.
- 3.8 If a player is shown the red card at any time of the match, a member of the delegation concerned together with an escort shall stay with the player until the names of the players drawn for the doping test are known and ensure that he is available to undergo the test immediately after the match, if necessary.
- 3.9 Each national association and/or team concerned shall be responsible for ensuring that players drawn to undergo a doping test are taken by a designated authorized person (escort) to the doping test area straight from the court as soon as the match is over.
- 3.10 Should IHF decide to conduct out of competition doping tests, the IHF doping control officer shall identify himself to the head or deputy head of delegation of the relevant team by presenting his accreditation and discuss the procedure for doping control with him, the team doctor and, if applicable, the coach.

- 3.11 The head of delegation of the relevant team shall give the IHF doping control officer an up-to-date list of the players at the training camp, including any who are absent at the time the doping test is undertaken. The reasons for any such absences shall be given to the IHF doping control officer, as well as the scheduled time of arrival at or return to the training camp for these players. The IHF doping control officer shall decide whether these players are to be included in the draw procedure for players having to undergo a doping test.
- 3.12 The IHF doping control officer shall hand the team doctor a copy of a Form 0-1, on which the team doctor shall enter all the drugs administered and prescribed to all of the players involved in the training camp, if necessary, after consultation with the players. The arrangements set forth herein in par. 3.2 shall also apply with respect to the particulars to be entered on Form 0-1 and the procedure for using this form. A team representative or the IHF doping control officer shall draw the names of the players who are required to undergo a doping test. In addition to the IHF doping control officer and, if applicable, his assistant, an official representative of the team concerned shall be in attendance.
- 3.13 The draw shall be conducted as follows:
- referring to the official players' list, the names and shirt numbers of the players shall be checked;
 - then tags containing the numbers of all the players registered in accordance with par. 3.11 will be spread out on a table;
 - it shall be made sure that none of the numbers is missing before placing them into a dark fabric bag;
 - then numbers will be drawn from this bag.

The players drawn shall undergo a doping test.

If one or more of the players drawn are injured or ill, the IHF doping control officer shall decide whether they will still need to undergo a doping test or whether they can be replaced by other players to be drawn.

4. Doping control room

- 4.1 In the case of competition doping tests, only the following people shall be allowed into the doping test area:
- the players who have been drawn by lots
 - an official delegate from each team, preferably the team doctor
 - the IHF doping control officer
 - the accredited assistant(s) of the IHF doping control officer
 - a local official, if requested
 - the IHF match official, if requested

- an interpreter approved by IHF, if requested

4.2 In the case of out of competition doping tests only the following people shall be allowed into the doping test area:

- the players who have been drawn by lots
- the IHF doping control officer
- the accredited assistant(s) of the IHF doping control officer
- the team doctor, if requested
- an interpreter approved by IHF, if requested

4.3 The players drawn to undergo a doping test shall remain in the waiting room of the doping test area until they are called in to give specimens. Drinks that are free of doping substances shall be made available to the players in the form of unopened and sealed bottles or cans placed in a refrigerator in the doping control room. If a player wishes to take his own food and non-alcoholic drinks to the doping test, it is entirely at his own responsibility.

4.4 The local security bodies shall take the necessary measures to ensure that no persons other than those authorized in par. 4.1 can enter the doping test area. The entrance door must be constantly guarded by a member of the local security authorities.

Responsibility for security during out of competition tests shall be borne by the relevant team delegations. The IHF doping control officer is entitled to refuse unauthorized persons access to the doping control room.

5. Taking specimens

5.1 The IHF doping control officer is responsible for the doping test procedure. He shall check the player's identity against the player's accreditation and the yellow copies of the IHF Doping Control Form " Record of the Doping Control " (form 0-3).

5.2 First, the player himself shall pick the utensils required for the procedure:

- a sealed and sterilized beaker
- a polystyrene box containing two transparent glass bottles, one marked specimen "A" and the other specimen "B", each packed and sealed in a transparent plastic bag. A code number is laser-engraved on the bottles and bottle caps and also marked on the polystyrene box.

- 5.3 The player shall urinate into the sterilized beaker under the supervision of the IHF doping control officer or his assistant. The urine volume shall be at least 75 ml ("A" 50 ml, "B" 25 ml), unless unexpected problems arise, in which case 60 ml ("A" 40 ml, "B" 20 ml) shall suffice. The decision shall rest with the IHF doping control officer. However, should EPO be tested in urine the urine volume shall be at least 100ml ("A" at least 70 ml and "B" at least 30 ml).
- 5.4 The player shall pour the urine into bottles "A" and "B". The IHF doping control officer shall explain the procedure to him.
- 5.5 The IHF doping control officer shall ascertain the pH value and the specific weight, using the last remaining drops of urine in the beaker.
- 5.6 After the urine sample has been poured into bottles "A" and "B", either the player himself or the IHF doping control officer (cf. par. 5.4.) shall close them tight, both of them first having checked that the bottles are in good and proper condition. The player shall ensure that no urine can leak out and compare the code numbers on both bottles, the bottle caps and the particulars on the yellow copies of the IHF Doping Control Form " Record of the Doping Control " . This shall then be signed by the player, the person accompanying him, the representative of the local organization (if present) and the IHF doping control officer.
- 5.7 The IHF doping control officer shall then complete the yellow copies of the IHF Doping Control Form " Record of the Doping Control" containing the following information: date, match, venue, match number, code number of the "A" and "B" specimens, pH value and specific weight of the urine specimens and the medication used by the player in the last 72 hours.
- 5.8 The "A" and "B" specimens of all the players tested and the red copies of the IHF Doping Control Form "Record for the Laboratory " shall be delivered to the laboratory by the IHF doping control officer or by courier. The red copies contain only the code number and the medication used by the player in the last 72 hours.

- 5.9 **Procedure if the stipulated urine volume of 75 ml is not obtained:** The player shall select a polystyrene box as in par. 5.2. Without removing the red security ring he shall open bottle "A" only and select an interim sealing set (interim sealing device and numbered security tape). The player or the IHF doping control officer (cf. par. 5.4.) shall pour the urine into bottle "A" and seal it, using the interim sealing device before replacing the cap on the bottle. Next, he shall place bottle "A" back in the polystyrene box, which also contains bottle "B", and seal it with the security tape, the number of which is registered on the yellow copies of the IHF Doping Control Form "Record of the Doping Control". The player shall then return to the waiting room. The box shall remain under the control of the DCO.

As soon as the player is able to give a further urine specimen, he shall select a new, sealed and sterilized beaker, into which he shall then urinate under the supervision of the medical officer or his assistant.

The IHF doping control officer or the player (cf. par. 5.4) shall then pour the urine from bottle "A" into the beaker containing the freshly produced urine. If the urine volume is still below 75 ml, the process shall be repeated.

Once the urine volume of 75 ml has been obtained, the procedure shall be continued as from par. 5.4. to par. 5.8.

6. Analysis of specimens and communication of results

- 6.1 Analysis of the specimens shall be carried out in a laboratory recognized by WADA
- 6.2 The laboratory shall proceed with the analysis of specimen "A", keeping specimen "B" in a refrigerator at the laboratory.
- 6.3 The head of the laboratory shall send the test results by fax or e-mail to the IHF chief doping control officer responsible, within 24 hours of receiving the specimen but no later than one hour prior to the next match in which the players tested will compete.
- 6.4 If the analysis of specimen "A" proves negative, IHF shall inform the head of delegation of both teams and the relevant IHF committees. The "B" specimen shall be disposed of 30 days after the announcement of the analysis result, so that it can no longer be used for additional testing.

- 6.5 If the analysis of specimen "A" proves positive, the IHF chief doping control officer responsible shall immediately inform the competition management and the head of the delegation concerned. of the result and when applicable, the relevant particulars on Form 0-1 in in competition testing. For out of competition testing the chairman of the Anti Doping Sub Commission is informed..

7. Procedure if specimen "A" proves positive.

- 7.1 Temporary disciplinary measures (e.g. suspension) for doping violations shall be imposed if the analysis of specimen "A" proves positive and the player acknowledges this as a final result (i.e. does not request for the B- sample analysis)

8. Right to request an analysis of specimen "B"

- 8.1 If a player does not request a B-sample analysis, he accepts the A-sample analysis result
- 8.2 If the analysis of specimen "A" is confirmed as positive by the IHF Medical Commission 's medical report, the Chairman of the Medical Commission shall at once confidentially notify the chairmen of the Disciplinary Committee and the national association of the player concerned, which shall have the right to request a second analysis using specimen "B". This request has to be done within 12 hours after notification of the result of the A- sample for in competition test and within 2 working days for out-of-competition tests.
- 8.3 If a second analysis is requested, IHF shall communicate this request immediately to the head of the laboratory where the "B" specimen is being kept. An analysis of specimen "B" shall be carried out as soon as possible, but not later than within 48 hours of IHF's request for in competition test and no later than within 7 working days for out-of-competition tests. The laboratory personal carrying out the test should have had no involvement with the analysis of specimen "A".
- 8.4 An IHF representative may be present when the bottle containing specimen "B" is opened. The association concerned shall have the right to have a representative present, in addition to the player concerned.
- 8.5 The results of the analysis of specimen "B" shall be sent immediately to the IHF chief doping control officer responsible, by fax or by e-mail.

- 8.6 If no request for a second test is made, the laboratory shall dispose of specimen "B" after 30 days have elapsed.

9. Procedure if the result of the analyses of the A-sample is accepted or when the analysis the B-sample proves positive

- 9.1 If the result of the analyses of the A-sample is accepted, or when the analysis of the B-sample proves positive, the case shall be evaluated by the Chief Doping Officer, in competition or by the Chairman of the Anti-doping Sub Committee , out-of-competition. He shall determine the degree of responsibility of the player and/or persons belonging to his national association.
- 9.2 After Individual Case Management following the checklist for positive doping tests by the IHF Anti Doping Sub Committee, a written report will be given to the disciplinary commission responsible. In this report the ADSC will give an advice on the sanction to be given. After hearing the player and/or his representative if requested the Disciplinary Commission shall decide , based upon the advice of the ADSC , **appropriate** sanctions. If necessary the national anti-doping agency may be informed of any positive findings (e.g. CPLD in France).
- 9.3 IHF shall have the exclusive right to publish the test results and the consequences thereof.

10. Doping test procedure for blood samples

The Medical Commission shall decide whether blood and urine tests or only urine tests shall be carried out.

- 10.1 With reference to the Information on the Declaration of Agreement for Blood Tests, the team doctors agree to support the IHF doping control officer in explaining the blood sampling procedure to their players so that they understand the reasons for it and the need to comply.
- 10.2 With reference to par. 3. 1 - 3.14 (II), par. 4.1 - 4.4 (II) and par. 5.1. - 5.7 (II) of the IHF Doping Control Regulations, IHF shall carry out blood tests in addition to urine tests.
- 10.3 The IHF doping control officer is responsible for the blood sampling. He may not delegate the sampling procedure to his assistant unless they are physicians. An exception may be made, when national legislation allows other than physicians to collect samples of bodily fluids(with all the consequences including the medical confidentiality according to the medical ethics and Hippocratical oath).

- 10.4 With reference to par. 3.4 of the IHF Doping Control Regulations, blood samples shall be taken from those players who have been drawn to undergo urine tests for doping control.
- 10.5 The collection of blood samples from the players shall, in general, be carried out before the players produce a urine specimen.
- 10.6 A part of the doping control room shall be partitioned off to carry out the blood sampling procedure.
- 10.7 No less than 3 ml of blood shall be drawn from the player's vein, preferably from the inner part of the lower arm, whilst the player is sitting on a chair and resting his arm on a suitable support.
- 10.8 Blood sampling shall be carried out by applying a proficient (lege artis) intravenous injection which excludes any health risk, except the possible risk of local haematomas.
- 10.9 With reference to par. 5.2 of the IHF doping control regulations, the player shall select two polystyrene boxes with the same code numbers, one labelled in black for the urine samples and the second labelled in red for the blood sample.
- 10.10 At the beginning of the doping control procedure, the IHF doping control officer shall explain the urine and blood sampling procedures to the selected players with the help of the team doctors.

Declarations are required for

- medications that may affect the venepuncture procedure (particularly those that affect clotting) e.g. aspirin, warfarin, non-steroidal anti-inflammatory agents

- any bleeding disorder which may have an effect on clotting time

Prior to the blood samples being taken, the players shall be asked if they

- have understood the procedure and purpose of sampling
- if players have taken medication which could affect clotting time, extra care shall be taken concerning haemostasis for these players.

10.11 IHF doping control officers are responsible for

- Hygiene and a sterile technique
- Handling of blood sampling equipment
- Handling of blood samples e.g. mixing anti-coagulants
- After-care for the players

The IHF doping control officer or the assistant shall wear sterile gloves during the procedure and only they and the players are allowed to handle the samples.

10.12 Players shall be given a choice of Bereg Kits containing blood sample tubes, Vacutainer sleeve and needle. Players shall decide whether they or the IHF Medical Officer shall seal the blood sample into the specially designed red labeled Bereg Kit bottle, once the IHF doping control officer or his/her assistant has completed the procedure for taking blood. The IHF doping control officer shall then place the coded, sealed glass bottle containing the player's blood sample into the transport cooling bag.

10.13 All players shall be accompanied by an official team representative at all times, preferably the team doctor.

10.14 Blood samples shall be taken using Butterfly needles (Vacutainer Systems Blood Collection Set), following the usual clinical procedure for blood sampling.

No less than 3 ml venepuncture tubes with a 2 (3) ml vacuum draw shall be used for collecting blood.

10.15 Disposal of partial blood samples:

This issue may arise when a player's vein collapses after a small amount of blood has been collected. The procedure shall be repeated on the other arm to obtain a sufficient volume of blood before packing it in the Bereg Kit.

10.16 The blood samples shall be screened for blood doping such as EPO abuse using two parameters (haematocrit and reticulocyte %).

10.17 IOC accredited laboratories are able to detect blood doping substances like EPO and Darbepoetin in urine.

If this analytical method shows suspicious results in urine and blood, the case shall be declared positive.

If the results of the blood analysis are suspicious, further blood samples may be collected for further analysis.

10.18 In accordance with par. 6 of IHF's doping control regulations, the analyses for blood tests shall be carried out in IOC accredited laboratories.

The information on the results is similar to the handling of urine test results.

V. MATTERS NOT PROVIDED FOR

1. Matters not provided for in these regulations shall be settled by final decision of the relevant organizing committee.
2. If there is any discrepancy in the interpretation of the English, French, or German versions of these regulations, the German text shall be authoritative.
3. The regulations for doping tests at IHF competitions and out of competition shall be implemented and construed according to Swiss law and the rules of the Court of Arbitration for Sport (CAS).
4. Any dispute arising from or related to the present regulations will be settled in accordance with IHF jurisdiction and, if necessary, by the CAS in Lausanne, Switzerland, in accordance with its regulations.

These regulations were adopted by the IHF Council on