

DRUG TESTING PROCEDURE

Notify competitors selected for testing at the start of the evening show.

Have them read and signed the “notification of intent to drug test” form.

Make sure they know where to find the Drug Testing Officer (DTO) before leaving the show.

Beforehand find a quiet area to perform the testing.

The DTO must accompany the donor through the entire process.

Make sure that there are enough paper towel on hand so that the oil and/or tanning lotion can be remove from the sample container.

The DTO will also need a pen, wrist watch, and the name / address of the venue.

Collection process

1. Before supplying a sample, make sure the donors clean their hands removing all residues of oil and lotion.
2. Have the donor submit the sample.
3. Complete the Drug Testing Custody & Control form (Attachment A) using the attached example.

The DTC will complete step 1 through step 4.

Donor should complete step 5 and initial / date the label at the bottom of the form.

Make sure that the locking tab on the top of the container is pulled down into the locked position.

Place the long label over the top of the container and place it in the lower opening of the specimen bag (Attachment B).

Place the smaller (tracking) label on the front of specimen bag.

Place the Laboratory copy of the Drug Testing Custody & Control form in the upper opening of the specimen bag.

Carefully seal the specimen bag by removing the liner from the flap and folding the blue adhesive over black cross hatch opening.

The donor should be given the “COPY 5 DONOR COPY” of the Drug Testing Custody & Control form.

The DTO should keep the “COPY 2 MEDICAL REVIEW OFFICER COPY” of the Drug Testing Custody & Control form.

All remaining copies of the Drug Testing Custody & Control form should be sent to the USBF National Office.

Once the collection process is complete, keep the specimen in a cool place. You can call federal express at 800-463-3339 to pickup from your home or you can check the internet (<http://www.fedex.com//Dropoff/start>) for a drop-off site near you.

For home pick-up, make sure you place the specimens in a small box or thick wrapping materials before placing in the Fed Express package

**UNITED STATES BODYBUILDING FEDERATION
NOTIFICATION OF INTENT TO DRUG TEST**

THE PURPOSE OF THIS DOCUMENT IS TO FORMALLY NOTIFY YOU OF YOUR SELECTION FOR DRUG TESTING. BY PRINTING AND SIGNING YOUR NAME BELOW, YOU AGREE TO SUBMIT A URINE SAMPLE BEFORE LEAVING THE FACILITY. **FAILURE TO SUBMIT A SAMPLE WILL RESULT IN YOUR SUSPENSION.**

SHOW NAME &

DATE _____

(Competitor #1)

NAME (PRINT) _____

NAME (SIGNATURE) _____

(Competitor #2)

NAME (PRINT) _____

NAME (SIGNATURE) _____

(Competitor #3)

NAME (PRINT) _____

NAME (SIGNATURE) _____

(Competitor #4)

NAME (PRINT) _____

NAME (SIGNATURE) _____

(Competitor #5)

NAME (PRINT) _____

NAME (SIGNATURE) _____

Attachment A



41126681 4397170 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. **USBF**
BRIAN WASHINGTON
25 GREYSTONE DR
LEWES, DE 19958
PH: 410-944-2866 FAX:

B. MRO Name, Address, Phone and Fax No. **FORM ID: CSDH500020**

C. Donor SSN or Employee I.D. No. 176-84-6876

D. Donor Name: Last: DOE First: JOHN

E. Donor ID Verified: Photo ID Emp. Rep. USBF Member

F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) SPORTS TESTING

G. Drug Tests to be Performed: 21791N SPORTS I EXPANDED

H. Collection Site Name: West Side H.S. Collection Site Code: _____
 Address: 2000 Houston Lane Collector Phone No.: 410-999-6666
 City, State and Zip: Baltimore, MD 21207 Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor is identical to the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

John Smith Signature of Collector
John Smith (Print) Collector's Name (First, MI, Last)

8:00 AM Time of Collection
10/18/08 Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
 Quest Diagnostics Courier FedEx
 DHL / Airborne Other _____
 Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: Signature of Accessioner _____
 (Print) Accessioner's Name (First, MI, Last)

Primary Specimen Bottle Seal Intact: Yes No, Enter Remark Below _____

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

John Doe Signature of Donor
John Doe (PRINT) Donor's Name (First, MI, Last)

Daytime Phone No. () _____ Evening Phone No. (410) 888-7777

10/18/08 Date (Mo./Day/Yr.)
8/27/60 Date of Birth Mo. Day Yr.

<u>10/18/08</u> Date (Mo. Day Yr.) <u>JD</u> Donor's Initial's	CENTER OVER CAP (A)	 41126681 - 4397170 SPECIMEN ID NUMBER	TRACKING LABEL 41126681 - 4397170
_____ Date (Mo. Day Yr.) _____ Donor's Initial's	CENTER OVER CAP (B)	 41126681 - 4397170 SPECIMEN ID NUMBER	

Attachment C

FedEx Express Expanded Billable Stamp

Use only for shipments within the U.S. Saturday delivery available.

1 From

ORDER: 49813902

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EXPIRATION DATE 02/28/2009

DECLARED VALUE \$100

NONREDEEMABLE
If you require a different amount of declared value, please use a FedEx US Airbill.

Do not put this receipt on your package.

2 To We cannot deliver to P.O. boxes or P.O. ZIP codes.

QUEST DIAGNOSTICS
LAX/STAMP
7600 TYRONE AVE
VAN NUYS, CA 91405
(818) 376-6370

FedEx Priority Overnight®

Next business morning by 10:30 a.m. Not available to all locations. Please consult the current FedEx Service Guide for specific commitments. Please see the back of this receipt for important terms and conditions.

fedex.com 1.800.GoFedEx 1.800.463.3339

860381671373

FedEx Express Expanded Billable Stamp

Use only for shipments within the U.S. Saturday delivery available.

1 From

ORDER: 49813902

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EXPIRATION DATE 02/28/2009

FedEx Priority Overnight®

Release Signature
By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Sign within this area. Please do not remove.

For FedEx Use Only	
Employee Number	Base Charges
Other	Total Charges

2 To We cannot deliver to P.O. boxes or P.O. ZIP codes.

QUEST DIAGNOSTICS
LAX/STAMP
7600 TYRONE AVE
VAN NUYS, CA 91405
(818) 376-6370

NONREDEEMABLE
Please see the back of this receipt for important terms and conditions.

SATURDAY DELIVERY

Shipments tendered on Friday are delivered on Saturday to most locations.

8603 8167 1373

Form II 0667

There is an artificial watermark on this document. Hold at an angle to view.

↑ Keep this receipt for your records.

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