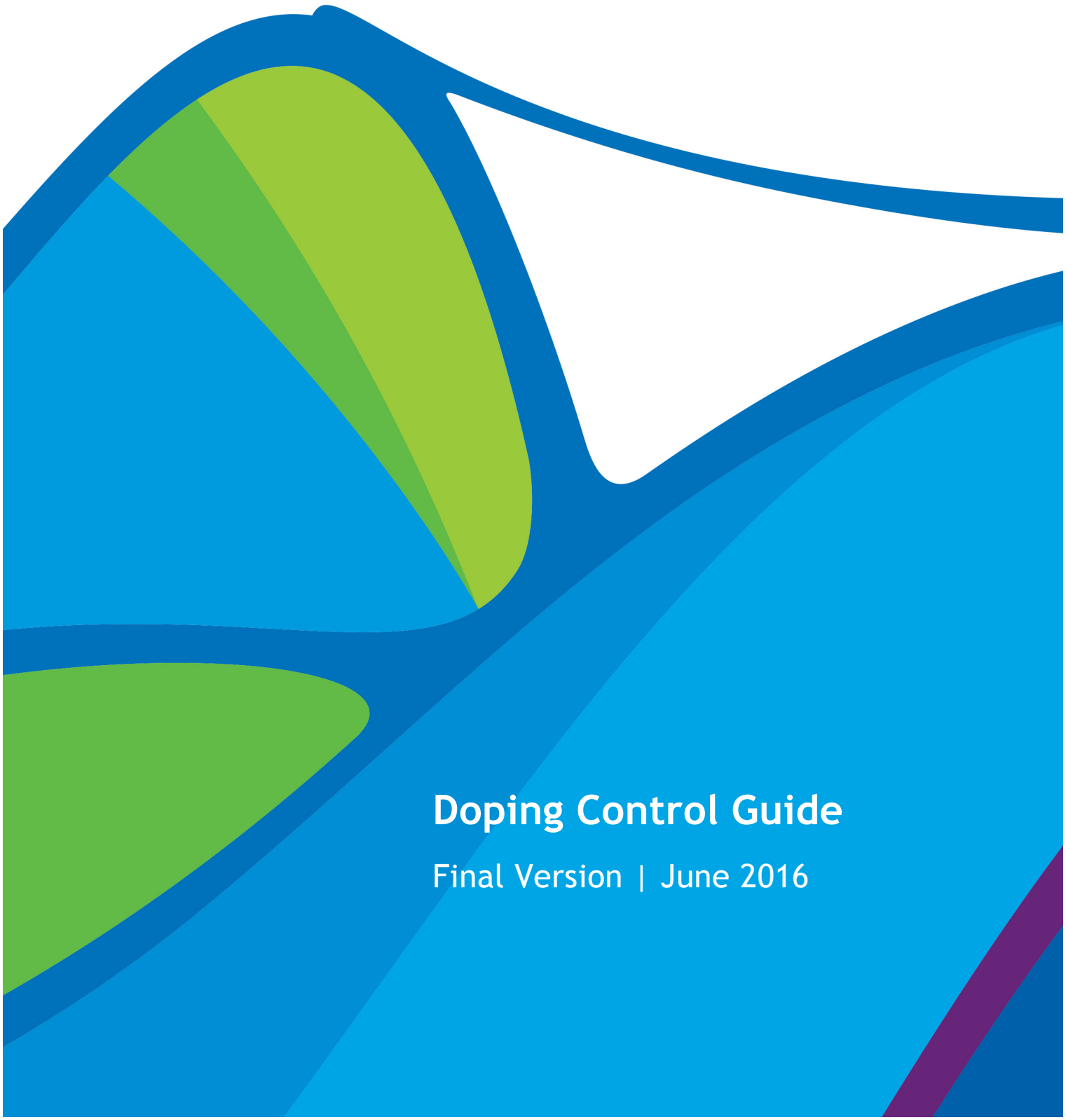


Doping Control Guide

Final Version | June 2016

CONTENTS

1 | GENERAL INFORMATION

The International Olympic Committee (IOC) Anti-Doping Programme of the Games of the XXXI Olympiad, in Rio de Janeiro, in 2016 is in compliance with the World Anti-Doping Code (the Code).

The IOC is responsible for the Rio 2016 Olympic Games Anti-Doping Programme, including IN-COMPETITION and OUT-OF-COMPETITION testing, from the opening of the Olympic Village on 24 July 2016 up to and including the day of the closing ceremony on 21 August 2016. The IOC is a signatory to the Code. Rio 2016 is responsible for the implementation of the Games Doping Control Programme, which includes the infrastructure and operational provisions to enable doping control testing as well as analysis of the doping control samples to be conducted in accordance with the Code and International Standards. If this results in an Adverse Analytical Finding (AAF) or another type of possible Anti-Doping Rule Violation (ADRV) then the management process of the detailed results is the responsibility of the IOC.

2 | DOPING CONTROL

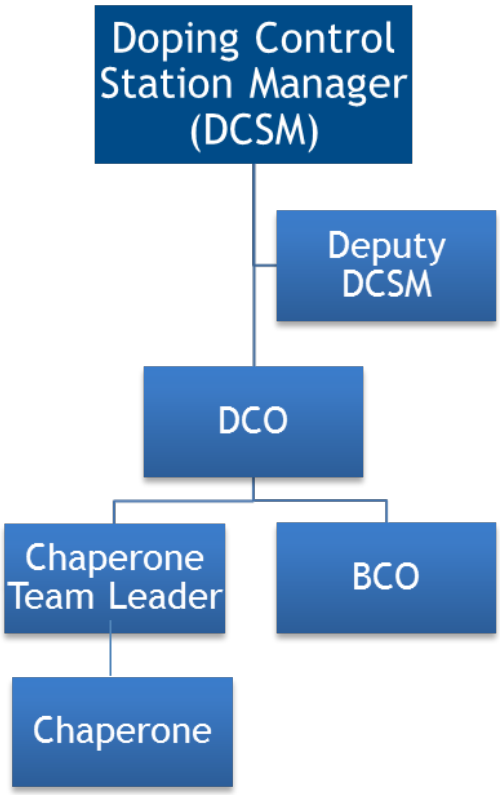
Doping control can be IN-COMPETITION and OUT-OF-COMPETITION, and it can happen at any moment and anywhere throughout Games time. Both urine and blood samples will be collected. Samples that are collected 12 hours prior to a competition in which an athlete is scheduled to participate, through to the end of the competition (including the sample collection process related to such competition), will be analysed according to the list of substances prohibited IN-COMPETITION on the 2016 Prohibited List. All other samples will be analysed according to the list of substances that are prohibited at all times.

The WADA List of Prohibited Substances and Methods can be found at https://www.wada-ama.org/en/resources/science-medicine/prohibited-list

The doping control team will be composed of:

- Doping control station manager (DCSM): the official who manages the doping control station (DCS) and the doping control team of a specific venue, dealing with any issues raised by athletes or their support personnel
- Doping control officer (DCO): the official trained to carry out the doping control procedures and witness the provision of a urine sample from an athlete

- Blood collection officer (BCO): the official qualified and authorised to collect a blood sample from an athlete
- Chaperone: the official trained to notify the athlete selected for doping control; accompany and observe the athlete until arrival at the DCS; accompany and observe the athlete in the DCS; and/or witness and verify the provision of the sample



3 | DOPING CONTROL STEP-BY-STEP

All doping control procedures will be implemented in accordance with the WADA International Standard for Testing and Investigations (ISTI). The ISTI can be found at https://www.wada-ama.org/en/resources/world-anti-doping-program/international-standard-for-testing-and-investigations-isti-0 .

4 | LABORATORY

The WADA-accredited laboratory, Laboratório Brasileiro de Controle de Dopagem (LBCD), will analyse collected samples during the Rio 2016 Games. The results will be provided within 24 to 96 hours after reception at the laboratory. Results will be reported to the IOC and WADA. Any ADRV discovered as a result of that analysis will be sanctioned according to IOC rules.

5 | MEDICATION USE

It is the responsibility of the athlete to determine whether a substance that he/she is using or considering using is prohibited or not. At all times, athletes are strongly advised to check the status of all medications with their team physicians. If, during the Games, further clarification is required, athletes should check with their NOC team physicians or with the sport medicine physicians at the Polyclinic in the Athletes' Village.

When bringing medications into Brazil, all NOCs should be familiar with the Rio 2016 process pertaining to the importation of medications, pharmaceutical products and medical equipment found in both the Rio 2016 Health Care Guide and the NOC Chefs de Mission Manual.

6 | SUPPLEMENT USE

The use of dietary supplements by athletes is strongly discouraged, because in many countries the manufacturing and labelling of supplements may not follow strict controls. If supplements are consumed, the athlete may face an AAF. Therefore, extreme caution is recommended regarding their use.

7 | THERAPEUTIC USE EXEMPTIONS

Athletes that already have a pre-existing Therapeutic Use Exemption (TUE) in the Anti-Doping Administration and Management System (ADAMS) do not need to send this TUE to the IOC.

All other pre-existing TUEs not in ADAMS need to be either entered in the system or sent to the IOC by email at TUE@olympic.org, or by fax (**+41 21 621 6361)** at least 30 days (24 June 2016) before the start of the period of the Rio 2016 Olympic Games.

During the Games Period, a TUE can be requested via ADAMs, TUE@olympic.org, or by fax **+41 21 621 6361** or forms can be dropped off at the Athletes' Village Polyclinic. If an athlete requires a new TUE for a prohibited substance or method they must apply to the IOC Therapeutic Use Exemption Committee (TUEC) as detailed in the IOC Anti-Doping Rules applicable to Rio 2016.

The TUEC shall promptly evaluate the application in accordance with the International Standard for Therapeutic Use Exemptions (ISTUE) and render a decision as quickly as possible, which will be reported via ADAMS. The IOC Medical and Scientific Commission shall promptly inform the athlete, the athlete's NOC, WADA and the relevant International Federation (IF) of the decision of the TUEC.

A TUE issued by the IOC TUEC will only be valid during the period of the Rio 2016 Olympic Games. Therefore, all athletes should apply to their National Anti-Doping Organisation/Regional Anti-Doping Organisation (NADO/RADO) or IF for any TUE required for prohibited substances or methods.

8 | WHEREABOUTS INFORMATION

Once the Athletes' Village is open, athletes may be selected for doping control.

Whereabouts requirements include:

- NOCs will be required to provide a list of the location of athletes staying outside the Athletes' Village, and will be required to provide athlete rooming lists for the Athletes' Village
- Athletes who are included in a Registered Testing Pool (RTP) will be required to continue to provide their whereabouts during Games time. For example, athletes who are not included in an RTP will not be required to submit whereabouts, except when requested by the IOC
- Athletes' whereabouts will also be tracked through the Games accreditation system

9 | RESOLVING PENDING CASES INVOLVING POSSIBLE VIOLATIONS OF ANTI-DOPING RULES

The IOC appreciates every effort made by NOCs, NADOs/RADOs and IFs to ensure that pending cases involving possible ADRVs committed by athletes or athlete support personnel who are intending to participate in the Rio 2016 Olympic Games are resolved before the athletes/coaches validate their identity and accreditation for the Games.

Any outstanding results management matters should be reported without delay to intelligence@olympic.org.

10 | WADA INDEPENDENT OBSERVER PROGRAMME

The WADA Independent Observer (IO) Programme helps enhance athlete and public confidence at major events by monitoring and reporting on all phases of the doping control and results management processes.

The programme is conducted in a neutral and unbiased manner, providing feedback to help amend operations and procedures wherever needed during the Games and, at the conclusion of the IO Mission, a report will be published covering all aspects of the anti-doping programme, suggesting any possible areas of improvement.

The purpose of the programme is for the IOC, Rio 2016 and WADA to work collaboratively in delivering an effective anti-doping programme for the Games and to take the opportunity to further develop the anti-doping capacity in the region for future Games.

11 | WADA OUTREACH PROGRAMME

The WADA Outreach Programme has developed into an effective means of reaching out to and educating athletes and their entourage on the dangers and consequences of doping. An outreach booth will be located in the Athletes' Village where competitors can approach anti-doping experts from around the world. Critical to the success of the programme is the one-on-one interaction that athletes, coaches and officials will experience with anti-doping experts. This will be supported by a variety of educational materials and a fun and informative quiz.

12 | SHARING INFORMATION THROUGH SECURE DATABASE

IOC requests temporary access to NADO and IF anti-doping databases other than ADAMS to access both TUE and whereabouts information for athletes competing at the Rio 2016 Olympic Games. This access will be for the period of the Games (i.e. 24 July to 21 August 2016). ADOs wishing to share information in this way should email intelligence@olympic.org.

13 | DOPING CONTROL TECHNICAL PROCEDURES FOR RIO 2016 OLYMPIC GAMES

All doping control procedures will be implemented in accordance with the ISTI.

APPENDICES

A1| DOPING CONTROL STEP-BY-STEP POSTER

Doping Control Step-by-Step Guide

1 Athlete selection

Attention: you can be selected for doping control anytime and anywhere in the world, between the opening and the closing of the athletes' village. Update your whereabouts or make sure your Chef de Mission has your name on the rooming list.

2 Notification

Keep your accreditation with you so your identity can be checked. If you are selected, the chaperone will notify you and explain your rights and responsibilities. You will sign the athlete notification field on the form.

3 Reporting to the doping control station

The chaperone will stay close to you at all times. You will need to go to the doping control station as soon as possible. In some cases, such as media commitments, seeking medical attention or attending a medal ceremony, you may delay your arrival at the doping control station.

4 At the doping control station

At the doping control station you will stay in the waiting room, under supervision of the chaperone, until you are ready to provide your sample. If you have any questions, you may ask the doping control officer (DCO).

5 Selecting a sample collection vessel

You will choose a sample collection vessel. Make sure the bag is sealed and the vessel doesn't have any cracks.

6 Providing the urine sample

It is time! You will be accompanied to the toilet by a DCO of the same gender, who will give you instructions in order to clearly see you passing the sample. You will need at least 90mL of urine.

7 Selecting a kit

You will select a kit that will protect your sample on the way to the lab. Always check if the number on the box and the one on bottles A and B is the same. That is the number that will be written on the doping control form.

8 Dividing and sealing your sample

Once you choose your kit, the DCO will instruct you on pouring the urine into bottles A and B. You will tighten the lids and confirm that the bottles are sealed.

9 Measuring specific gravity

The DCO will measure the specific gravity of your urine sample to make sure it meets lab requirements. If your sample does not meet laboratory requirements, an additional sample may be collected.

10 Blood sample

You may be asked to provide a blood sample. You will choose a blood kit and then the blood collection officer will collect the sample. The DCO will also provide instructions.

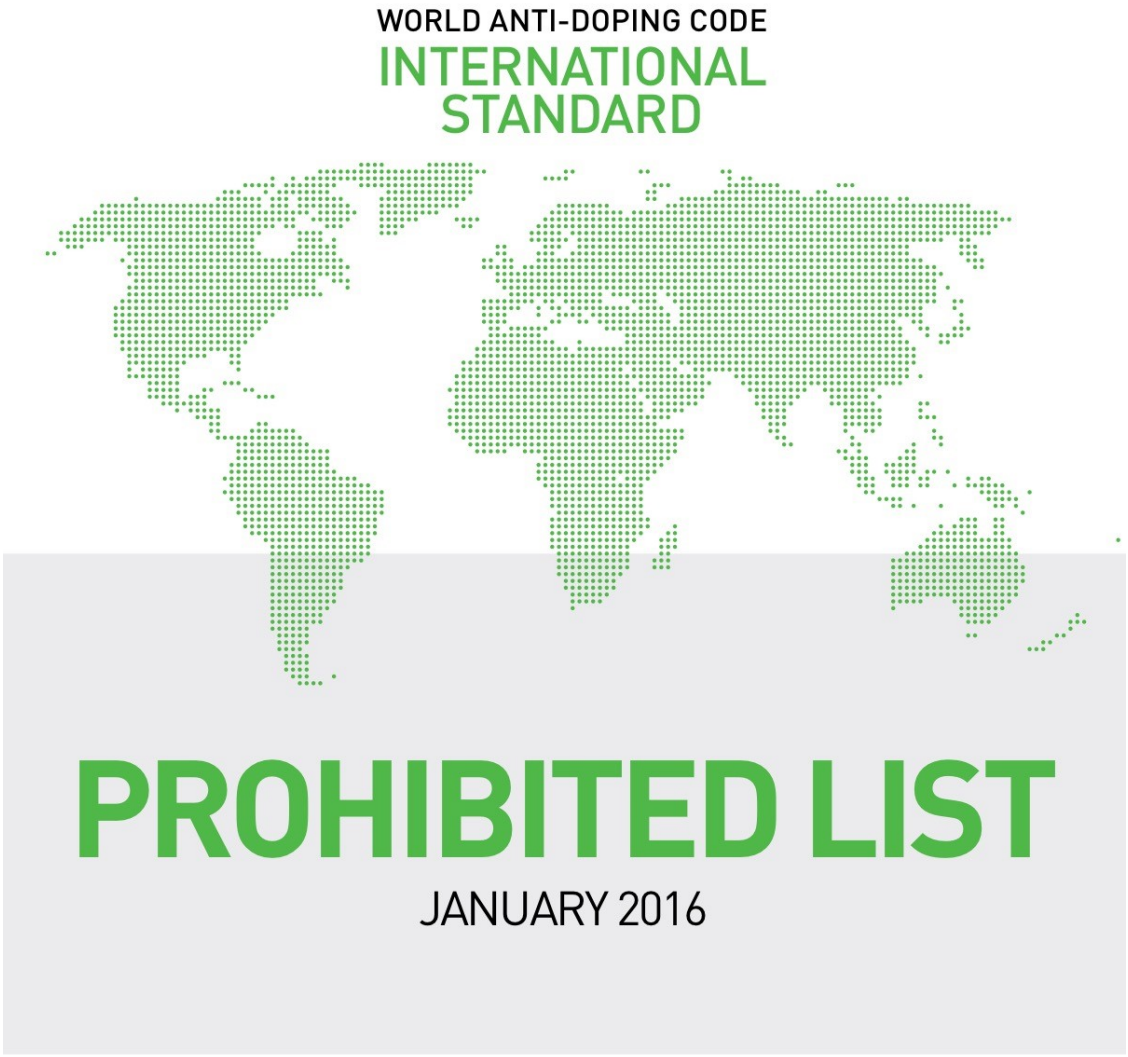
11 Completing the doping control form

After every sample collection session, the DCO will complete the doping control form. You will be asked to declare any medications or supplements taken in the last seven days. Confirm all your data and the number of the kit.

12 Finishing up

Sign where indicated and get the athlete's copy before you go. Your sample will be sent to a WADA (World Anti-Doping Agency)-accredited laboratory by secure courier.

A2 | THE 2016 PROHIBITED LIST



WORLD ANTI-DOPING AGENCY
play true

SUBSTANCES & METHODS PROHIBITED AT ALL TIMES (IN AND OUT-OF-COMPETITION)

PROHIBITED SUBSTANCES

S0. NON-APPROVED SUBSTANCES

Any pharmacological substance which is not addressed by any of the subsequent sections of the List and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g. drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

1. ANABOLIC-ANDROGENIC STEROIDS (AAS)

a. Exogenous* AAS, including:

- 1-Androstenediol (5α-androst-1-ene-3β,17β-diol)
- 1-Androstenedione (5α-androst-1-ene-3,17-dione
- 1-Testosterone (17β-hydroxy-5α-androst-1-en-3-one)
- 4-Hydroxytestosterone (4,17β-dihydroxyandrost-4-en-3-one)
- 19-Norandrostenedione (estr-4-ene-3,17-dione)
- Bolandiol (estr-4-ene-3β,17β-diol)
- Bolasterone
- Boldenone
- Boldione (androsta-1,4-diene-3,17-dione)
- Calusterone
- Clostebol
- Danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17α-ol)
- Dehydrochlormethyltestosterone (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one)
- Desoxymethyltestosterone (17α-methyl-5α-androst-2-en-17β-ol)
- Drostanolone
- Ethylestrenol (19-norpregna-4-en-17α-ol)
- Fluoxymesterone
- Formebolone

- Furazabol (17α-methyl [1,2,5]oxadiazolo[3',4':2,3]-5α-androstan-17ß-ol)
- Gestrinone
- Mestanolone
- Mesterolone
- Metandienone (17ß-hydroxy-17α-methylandrosta-1,4-dien-3-one)
- Metenolone
- Methandriol
- Methasterone (17ß-hydroxy-2α,17α-dimethyl-5α-androstan-3-one)
- Methyldienolone (17ß-hydroxy-17α-methylestra-4,9-dien-3-one)
- Methyl-1-testosterone (17ß-hydroxy-17α-methyl-5α-androst-1-en-3-one)
  Methylnortestosterone (17ß-hydroxy-17α-methylestr-4-en-3-one)
- Methyltestosterone
- Metribolone (methyltrienolone, 17ß-hydroxy-17α-methylestra-4,9, 11-trien-3-one)
- Mibolerone
- Nandrolone
- Norboletone
- Norclostebol
- Norethandrolone
- Oxabolone
- Oxandrolone
- Oxymesterone
- Oxymetholone
- Prostanozol (17ß-[(tetrahydropyran-2-yl)oxy]-1'Hpyrazolo[3,4:2,3] -5α-androstane)
- Quinbolone
- Stanozolol
- Stenbolone
- Tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17α-pregna-4,9, 11-trien-3-one);
  Trenbolone (17ß-hydroxyestr-4,9,11-trien-3-one)
- and other substances with a similar chemical structure or similar biological effect(s)

b. Endogenous AAS when administered exogenously:**

- Androstenediol (androst-5-ene-3ß,17ß-diol)
- Androstenedione (androst-4-ene-3,17-dione)

- Dihydrotestosterone (17β-hydroxy-5α-androstan-3-one)
- Prasterone (dehydroepiandrosterone, DHEA, 3β-hydroxyandrost-5-en-17-one)

Testosterone; and their metabolites and isomers, including but not limited to:

- 3β-Hydroxy-5α-androstan-17-one
- 5α-Androstane-3α,17α-diol
- 5α-Androstane-3α,17β-diol
- 5α-Androstane-3β,17α-diol
- 5α-Androstane-3β,17β-diol
- 5β-Androstane-3α,17β-diol
- 7α-Hydroxy-DHEA
- 7β-Hydroxy-DHEA
- 4-Androstenediol (androst-4-ene-3β, 17β-diol)
- 5-Androstenedione (androst-5-ene-3,17-dione)
- 7-Keto-DHEA
- 19-Norandrosterone
- 19-Noretiocholanolone
- Androst-4-ene-3α,17α-diol
- Androst-4-ene-3α,17β-diol
- Androst-4-ene-3β,17α-diol
- Androst-5-ene-3α,17α-diol
- Androst-5-ene-3α,17β-diol
- Androst-5-ene-3β,17α-diol
- Androsterone
- Epi-dihydrotestosterone
- Epitestosterone
- Etiocholanolone

2. OTHER ANABOLIC AGENTS

Including, but not limited to:

- Clenbuterol, selective androgen receptor modulators (SARMs, e.g. andarine and ostarine), tibolone, zeranol and zilpaterol

For purposes of this section:
* “exogenous” refers to a substance which is not ordinarily produced naturally by the body.
** “endogenous” refers to a substance which is ordinarily produced naturally by the body.

S2. PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited:

1. Erythropoietin-Receptor agonists:

1.1 Erythropoiesis-Stimulating Agents (ESAs) including, for example:

- Darbepoietin (dEPO)
- Erythropoietins (EPO)
- EPO-Fc
- EPO-mimetic peptides (EMP), e.g. CNTO 530 and peginesatide; methoxy polyethylene glycol-epoetin beta (CERA)

1.2 Non-erythropoietic EPO-Receptor agonists, e.g. ARA-290; asialo EPO; carbamylated EPO

2. Hypoxia-inducible factor (HIF) stabilisers, e.g. cobalt and FG-4592; and HIF activators, e.g. argon, xenon

3. Chorionic Gonadotrophin (CG) and Luteinising Hormone (LH) and their releasing factors, e.g. buserelin, gonadorelin and leuprorelin, in males

4. Corticotrophins and their releasing factors, e.g. corticorelin

5. Growth Hormone (GH) and its releasing factors, including: Growth Hormone Releasing Hormone (GHRH) and its analogues, e.g. CJC-1295, sermorelin and tesamorelin; Growth Hormone Secretagogues (GHS), e.g. ghrelin and ghrelin mimetics, e.g. anamorelin and ipamorelin; GH-Releasing Peptides (GHRPs), e.g. alexamorelin, GHRP-6, hexarelin and pralmorelin (GHRP-2)

Additional prohibited growth factors:

- Fibroblast Growth Factors (FGFs)
- Hepatocyte Growth Factor (HGF)
- Insulin-like Growth Factor-1 (IGF-1) and its analogues
- Mechano Growth Factors (MGFs)
- Platelet-Derived Growth Factor (PDGF)
- Vascular-Endothelial Growth Factor (VEGF)

- Any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilisation, regenerative capacity or fibre-type switching

S3. BETA-2 AGONISTS

All beta-2 agonists, including all optical isomers, e.g. d- and l- where relevant, are prohibited.

Except:

- Inhaled salbutamol (maximum 1,600 micrograms over 24 hours)
- Inhaled formoterol (maximum delivered dose 54 micrograms over 24 hours)
- Inhaled salmeterol in accordance with the manufacturers' recommended therapeutic regimen

The presence of salbutamol in urine in excess of 1000ng/mL or formoterol in excess of 40ng/mL is presumed not to be an intended therapeutic use of the substance and will be considered as an AAF unless the athlete proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of the therapeutic inhaled dose up to the maximum indicated above.

S4. HORMONE AND METABOLIC MODULATORS

The following hormone and metabolic modulators are prohibited:

1. Aromatase inhibitors including, but not limited to:

- 4-Androstene-3,6,17 trione (6-oxo)
- Aminoglutethimide
- Anastrozole
- Androsta-1,4,6-triene-3,17-dione (androstatrienedione)
- Exemestane
- Formestane
- Letrozole
- Testolactone

2. Selective estrogen receptor modulators (SERMs) including, but not limited to:

- Raloxifene
- Tamoxifen

- Toremifene

3. Other anti-estrogenic substances including, but not limited to:

- Clomiphene
- Cyclofenil
- Fulvestrant

4. Agents modifying myostatin function(s) including, but not limited, to:

- Myostatin inhibitors

5. Metabolic modulators:

- Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR; and Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists, e.g. GW 1516
- Insulins and insulin-mimetics
- Meldonium
- Trimetazidine

S5. DIURETIC AND MASKING AGENTS

The following diuretics and masking agents are prohibited, as are other substances with a similar chemical structure or similar biological effect(s). Including, but not limited to:

- Desmopressin; probenecid; plasma expanders, e.g. glycerol and intravenous administration of albumin, dextran, hydroxyethyl starch and mannitol
- Acetazolamide; amiloride; bumetanide; canrenone; chlortalidone; etacrynic acid; furosemide; indapamide; metolazone; spironolactone; thiazides, e.g. bendroflumethiazide, chlorothiazide and hydrochlorothiazide; triamterene and vaptans, e.g. tolvaptan

Except:

- Drospirenone; pamabrom; and ophthalmic use of carbonic anhydrase inhibitors (e.g. dorzolamide, brinzolamide)
- Local administration of felypressin in dental anaesthesia

The detection in an athlete's sample at all times or IN-COMPETITION, as applicable, of any quantity of the following substances subject to threshold limits: formoterol,

salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine, in conjunction with a diuretic or masking agent, will be considered as an Adverse Analytical Finding unless the athlete has an approved TUE for that substance in addition to the one granted for the diuretic or masking agent.

PROHIBITED METHODS

M1. MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:

1. The administration or reintroduction of any quantity of autologous, allogenic (homologous) or heterologous blood, or red blood cell products of any origin into the circulatory system

2. Artificially enhancing the uptake, transport or delivery of oxygen. Including, but not limited to:

Perfluorochemicals; efaproxiral (RSR13) and modified haemoglobin products, e.g. haemoglobin-based blood substitutes and microencapsulated haemoglobin products, excluding supplemental oxygen

3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means

M2. CHEMICAL AND PHYSICAL MANIPULATION

The following are prohibited:

1. Tampering, or attempting to tamper, to alter the integrity and validity of samples collected during doping control. Including, but not limited to:

urine substitution and/or adulteration, e.g. proteases

2. Intravenous infusions and/or injections of more than 50mL per six-hour period, except for those legitimately received in the course of hospital admissions, surgical procedures or clinical investigations.

M3. GENE DOPING

The following, with the potential to enhance sport performance, are prohibited:

1. The transfer of polymers of nucleic acids or nucleic acid analogues
2. The use of normal or genetically modified cells

SUBSTANCES & METHODS PROHIBITED IN-COMPETITION

PROHIBITED SUBSTANCES

S6. STIMULANTS

All stimulants, including all optical isomers, e.g. d- and l- where relevant, are prohibited.

Stimulants include:

a: Non-Specified Stimulants:

- Adrafinil
- Amfepramone
- Amfetamine
- Amfetaminil
- Amiphenazole
- Benfluorex
- Benzylpiperazine
- Bromantan
- Clobenzorex
- Cocaine
- Cropropamide
- Crotetamide
- Fencamine
- Fenetylline
- Fenfluramine
- Fenproporex
- Fonturacetam [4-phenylpiracetam (carphedon)]
- Furfenorex
- Mefenorex
- Mephentermine
- Mesocarb
- Metamfetamine(d-)
- p-Methylamphetamine
- Modafinil
- Norfenfluramine
- Phendimetrazine

- Phentermine
- Prenylamine
- Prolintane

A stimulant not expressly listed in this section is a Specified Substance.

b: Specified Stimulants (included, but not limited to):

- Benzfetamine
- Cathine**
- Cathinone and its analogues, e.g. mephedrone, methedrone, and α-pyrrolidinovalerophenone; Dimethylamphetamine
- Ephedrine***
- Epinephrine**** (adrenaline)
- Etamivan
- Etilamfetamine
- Etilefrine
- Famprofazone
- Fenbutrazate
- Fencamfamin
- Heptaminol
- Hydroxyamfetamine (parahydroxyamphetamine)
- Isometheptene
- Levmetamfetamine
- Meclofenoxate
- Methylenedioxymethamphetamine
- Methylephedrine***
- Methylhexaneamine (dimethylpentylamine)
- Methylphenidate
- Nikethamide
- Norfenefrine
- Octopamine
- Oxilofrine (methylsynephrine)
- Pemoline
- Pentetrazol
- Phenethylamine and its derivatives
- Phenmetrazine

- Phenpromethamine
- Propylhexedrine
- Pseudoephedrine*****
- Selegiline
- Sibutramine
- Strychnine
- Tenamfetamine (methylenedioxyamphetamine)
- Tuaminoheptane and other substances with a similar chemical structure or similar biological effect(s)

Except:

- Clonidine
- Imidazole derivatives for topical/ophthalmic use and those stimulants included in the 2016 Monitoring Programme*
- Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: these substances are included in the 2016 Monitoring Programme, and are not considered Prohibited Substances

** Cathine: prohibited when its concentration in urine is greater than 5 micrograms per millilitre.
*** Ephedrine and methylephedrine: prohibited when the concentration of either in urine is greater than 10 micrograms per millilitre.
**** Epinephrine (adrenaline): not prohibited in local administration, e.g. nasal, ophthalmologic, or coadministration with local anaesthetic agents.
***** Pseudoephedrine: prohibited when its concentration in urine is greater than 150 micrograms per millilitre.

S7. NARCOTICS

Prohibited:

- Buprenorphine
- Dextromoramide
- Diamorphine (heroin)
- Fentanyl and its derivatives
- Hydromorphone
- Methadone
- Morphine
- Oxycodone
- Oxymorphone
- Pentazocine
- Pethidine

S8. CANNABINOIDS

Prohibited:

- Natural, e.g. cannabis, hashish and marijuana, or synthetic Δ9-tetrahydrocannabinol (THC)
- Cannabimimetics, e.g. “Spice”, JWH-018, JWH-073, HU-210

S9. GLUCOCORTICOIDS

All glucocorticoids are prohibited when administered by oral, intravenous, intramuscular or rectal routes.

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1. ALCOHOL

Alcohol (ethanol) is prohibited IN-COMPETITION only, in the following sports. Detection will be conducted by analysis of breath and/or blood. The doping violation threshold is equivalent to a blood alcohol concentration of 0.10g/L:

- Air sports (FAI)
- Automobile (FIA)
- Archery (WA)
- Powerboating (UIM)

P2. BETA-BLOCKERS

Beta-blockers are prohibited IN-COMPETITION only, in the following sports, and also prohibited OUT-OF-COMPETITION where indicated:

- Archery (WA)*
- Automobile (FIA)
- Billiards (all disciplines) (WCBS)
- Darts (WDF)
- Golf (IGF)
- Shooting (ISSF, IPC)*
- Skiing/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air

- Underwater sports (CMAS) in constant-weight apnoea with or without fins, dynamic apnoea with and without fins, free immersion apnoea, Jump Blue apnoea, spearfishing, static apnoea, target shooting and variable weight apnoea

*Also prohibited OUT-OF-COMPETITION

- P2

Including, but not limited to:

- Acebutolol
- Alprenolol
- Atenolol
- Betaxolol
- Bisoprolol
- Bunolol
- Carteolol
- Carvedilol
- Celiprolol
- Esmolol
- Labetalol
- Levobunolol
- Metipranolol
- Metoprolol
- Nadolol
- Oxprenolol
- Pindolol
- Propranolol
- Sotalol
- Timolol

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