



FUNDACIÓ INSTITUT MAR
D'INVESTIGACIONS MÈDIQUES (IMIM)

CATALONIAN ANTIDOPING
LABORATORY

ASSAYS
REQUEST

Laboratori Antidopatge de Catalunya, Fundació Institut Mar d'Investigacions Mèdiques (IMIM)
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REQUEST DESCRIPTION:

Organization/Federation:	Sport:	Event Date:	Nº of samples:
Event name:	Location of the event:	Sample delivery/receive date:	
Requested assays: 1. Athlete's samples: 1.1. Urine samples <input type="checkbox"/> In competition test (full screen) <input type="checkbox"/> Out of competition test (partial screen) <input type="checkbox"/> IRMS <input type="checkbox"/> ESAs (erythropoiesis stimulating agents) <input type="checkbox"/> Growth hormone releasing factors (GHRF) 1.2. Serum samples <input type="checkbox"/> ESAs <input type="checkbox"/> hGH (human growth hormone) – isoforms test <input type="checkbox"/> hGH (human growth hormone) – biomarkers test		2. Animal's samples: <input type="checkbox"/> In competition test <input type="checkbox"/> Veterinary analysis: <input type="checkbox"/> Analysis of steroidal anti-inflammatory drugs (SAIDs) <input type="checkbox"/> Analysis of non-steroidal anti-inflammatory drugs (NSAIDs) 1.3. Blood samples: <input type="checkbox"/> ESAs (in plasma) <input type="checkbox"/> Biological passport (haematological parameters) <input type="checkbox"/> Homologous blood transfusion <input type="checkbox"/> HBOCs (haemoglobin-based oxygen carriers) 1.4. Others <input type="checkbox"/> "B" sample analysis <input type="checkbox"/> Other (please specify): _____	

INFORMATION FOR DELIVERY OF RESULTS:

Organization:	Name of the contact person:	
Telephone:	Fax:	E-mail:
Address:	Results to be delivered by: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

Only fill in the fields highlighted in grey if you request the assay for the first time or if any information has changed

INFORMATION FOR INVOICING ANALYSES:

(Only to be filled in if you request the assay for the first time or if any information has changed)

Organization:	Name of the contact person:		
Telephone:	Fax:	E-mail:	CIF or NIF:
Address:			

Date:	Seal of the Organization requesting the assays:
Name and signature of person requesting the assays:	

TO BE FILLED IN BY THE LABORATORY

Date when request is received:
Request received by:
REQUEST APPROVAL: (By either the Head of the Laboratory, or by the person responsible for the department involved in the analyses or by the person to whom one of them delegates) _____; (First Name and surname, Signature, Date)
RECEPTION BATCH: