ITF

Tennis Anti-Doping Programme

Prohibited List 2010

A STEP-BY-STEP GUIDE TO THE DOPING TEST

- You will be notified that you have been selected for testing by an IDTM-appointed Doping Control Officer (DCO) or Chaperone. No advance notice will be given of your selection.
- Following notification, you must remain in full view of the DCO or Chaperone until a sample has been provided.
- You must report to the Doping Control Station (DCS) immediately. You should not urinate prior to attending the DCS. Provided you are chaperoned, you may delay reporting to and/or leave the DCS for one of the following activities:
    - Participation in a victory ceremony
    - Attend a media interview
    - Participation in further competitions
    - Warm down (which includes taking a shower)
    - Obtaining medical treatment
    - Locating a representative and/or interpreter to accompany you
    - Obtaining photo identification
    - Completing a training session (out-of-competition tests only)
    - Other exceptional circumstances.
- Upon arrival at the DCS, the procedures will be explained to you and you will be offered a choice of sealed sample collection vessel. You should retain control of this and keep it in sight at all times until your sample is sealed.
- During the provision of the sample, you must remove sufficient clothing to enable the DCO to observe the urine leaving the body.
- You will be offered a choice of sealed sample collection kits containing A and B bottles into which your urine is dispensed. You should retain control of these bottles until you have sealed them, and checked that they do not leak.
- If your sample is of insufficient volume (less than 90 ml), it shall be sealed and you will be required to provide a further sample until a sufficient volume has been collected.
- The DCO will check that your sample has a suitable specific gravity for analysis. If the sample is too dilute, you will be required to provide further samples until the requirement for specific gravity is met. To facilitate early provision of a suitable sample, it is recommended that you completely void the bladder and do not hydrate excessively.
- The DCO will record the code number of the A and B bottles on the Doping Control Form, which you should check has been done correctly. You will be asked to declare any medications, substances or supplements that you are taking or have taken in the last month.
- You will be asked to write your personal/contact details and sign the Doping Control Form, of which you will be provided with a copy. **You should ensure that all addresses you provide are accurate and up-to-date, and that correspondence sent to those addresses is collected promptly.**
- The principles that apply to blood testing are similar to those for urine testing described above in terms of maintaining its identity, security and integrity. You should sit (not lie) for 30 minutes prior to providing the sample. No more than 3 attempts will be made to draw blood.

Please be polite to the Doping Control staff – they are only doing their job! If you have any concerns about your treatment during doping control, or if you feel that the procedures have not been adhered to, contact the ITF immediately (contact details can be found on the cover of this document).

NEW ANTI-DOPING RULES FOR 2010

The Prohibited List – there have been changes to the list, so do not assume that it is the same as last year. You are advised to read it thoroughly. **Remember to check whether any medication you are taking is on the Prohibited List**. Note that section S6(b) of the list (Specified Stimulants) provides examples, i.e. other stimulants not listed may also be prohibited.

TUE Applications – Salbutamol and salmeterol (by inhalation) are no longer prohibited. Their use **must be declared on the doping control form when you are tested** (and in ADAMS if you are a member of the ITF's Registered Testing Pool). Platelet-derived preparations (e.g. Platelet Rich Plasma) also require a declaration of Use.

In addition a declaration of the Use of these medications should be submitted to IDTM using the declaration of Use form, available from www.itftennis.com/anti-doping/tue.

Further information is available from the following web sites:

www.itftennis.com/anti-doping

www.wada-ama.org

www.idtm.se

This document is a summary of parts of the ITF Tennis Anti-Doping Programme. Players are required to be familiar with the full Programme, which is the definitive statement of the anti-doping requirements applicable to tennis players. A full copy of the Programme is available at www.itftennis.com/anti-doping.

THERAPEUTIC USE EXEMPTION

If you have an illness or condition that requires a medication containing a substance that is on the Prohibited List, a Therapeutic Use Exemption (TUE) may be granted that enables you to take the medication without committing a Doping Offence.

To apply for a TUE:

- Download a TUE Application Form from: **www.idtm.se** or **www.itftennis.com/anti-doping**
- Ask your physician to complete the form in UPPER CASE and in English, and preferably typed. If the form is incomplete or illegible, it will not be considered.
- Submit the completed form to IDTM, with all necessary supporting medical evidence. If you do not receive notification that your TUE application has been received within **72 hours**, you should contact IDTM again, as it may be that your contact information is illegible or incorrect and that they have been unable to contact you.
- An application for a new TUE (or renewal of an existing TUE) should be submitted at least 30 days in advance of the first date on which use of the substance is required.
- Please note that failure to provide the required information may result in the application being denied, or returned, whilst if the information provided is inconclusive, you may be requested to supply additional information, which will thereby delay the processing of an application.
- You are advised not to use any medication until you have been informed that a TUE has been granted for the substance(s) in question.

NEW REGULATIONS FOR USE OF GLUCOCORTICOSTEROIDS, SALBUTAMOL OR SALMETEROL

A TUE is required for glucocorticosteroids, salbutamol or salmeterol administered by the following routes:

- Oral
- Intravenous
- Intramuscular
- Rectal

You do NOT need to obtain a TUE for the use of glucocorticosteroids, salbutamol or salmeterol by non-systemic routes, but you MUST declare their use on the Doping Control Form every time you are tested. The routes of administration that require declaration are as follows:

- Intraarticular/periarticular
- Intradermal injections
- Peritendinous
- Inhaled
- Epidural

If you are a member of the International Registered Testing Pool under the Programme, then you must also declare their use in ADAMS. For players not in the International Registered Testing Pool, the ITF will create an account in ADAMS and declare the Use on their behalf.

Topical (i.e. surface) application of glucocorticosteroids are not prohibited and do not require a TUE or a declaration of Use. These methods of administration are:

- Auricular
- Buccal
- Dermatological (including iontophoresis/phonophoresis)
- Opthalmic
- Nasal
- Perianal

Is a TUE granted by a National Anti-Doping Organisation (NADO) valid for events covered under the TADP?

No. A TUE granted by a NADO must be submitted to IDTM for recognition prior to participation in an event covered under the Programme. The ITF is not obliged to recognise a TUE granted by a NADO, and also reserves the right to amend the duration of any TUE granted by a NADO.

Can the decision to grant/deny a TUE be overturned?

All TUE decisions are sent to the World Anti-Doping Agency (WADA), whose own TUE Committee (TUEC) may reverse any decision. A player whose TUE application is denied by the TUEC can appeal the decision to the WADA TUEC (at their own expense). A TUE application that is denied by WADA can be appealed to the Court of Arbitration for Sport for a final decision.

When can I start using the medication and how long for?

Players should not assume that their application will be granted, even for the renewal of an existing TUE, and are advised to wait until they receive notification from IDTM before using the substance(s) concerned. All TUEs are granted for a specific period of time and so do expire. Before a TUE has expired, a new application must be submitted to permit continued use of the Prohibited Substance under the TADP.

Can I get a back-dated TUE?

TUEs are only retroactively approved for **emergency treatment or exceptional circumstances.**

What happens if a prohibited substance is detected during analysis?

When the report is received from the laboratory, an initial review will take place to verify that a TUE has been granted for the substance(s) concerned, and is still in effect, and that the results of the analysis are consistent with the TUE granted. If this is the case, the result of your test will be recorded as negative.

Where to send the completed TUE Application

The completed TUE Application Form and supporting medical information must be sent to IDTM:

- By email to: tennis@idtm.se
- By fax to: +46 8 555 10 95
- By registered post/courier to:
  IDTM, Stockholmsvägen 18, 181 33 Lidingo, Sweden

If you need to contact IDTM by telephone, please call: +46 8 555 10 999.

Players are solely responsible for all substances that they ingest, including all medicines they take. Thus, it is crucial that all medication is checked for Prohibited Substances.

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

PROHIBITED SUBSTANCES

S1. ANABOLIC STEROIDS

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous* AAS, including:

1-androstendiol (5α-androst-1-ene-3β,17β-diol); **1-androstendione** (5α-androst-1-ene-3,17-dione); **bolandiol** (19-norandrostenediol); **bolasterone; boldenone; boldione** (androsta-1,4-diene-3,17-dione); **calusterone; clostebol; danazol** (17α-ethynyl-17β-hydroxyandrost-4-eno[2,3-d]isoxazole); **dehydrochlormethyltestosterone** (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one); **desoxymethyltestosterone** (17α-methyl-5α-androst-2-en-17β-ol); **drostanolone; ethylestrenol** (19-nor-17α-pregn-4-en-17-ol); **fluoxymesterone; formebolone; furazabol** (17β-hydroxy-17α-methyl-5α-androstano[2,3-c]-furazan); **gestrinone**; **4-hydroxytestosterone** (4,17β-dihydroxyandrost-4-en-3-one); **mestanolone; mesterolone; metenolone**; **methandienone** (17β-hydroxy-17α-methylandrosta-1,4-dien-3-one); **methandriol; methasterone** (2α, 17α-dimethyl-5α-androstane-3-one-17β-ol); **methyldienolone** (17β-hydroxy-17α-methylestra-4,9-dien-3-one); **methyl-1-testosterone** (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one); **methylnortestosterone** (17β-hydroxy-17α-methylestr-4-en-3-one); **methyltestosterone**; **metribolone** (methyltrienolone, 17β-hydroxy-17α-methylestra-4,9,11-trien-3-one); **mibolerone**; **nandrolone; 19-norandrostenedione** (estr-4-ene-3,17-dione); **norboletone; norclostebol; norethandrolone; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanozol** (17β-hydroxy-5α-androstano[3,2-c] pyrazole); **quinbolone; stanozolol; stenbolone; 1-testosterone** (17β-hydroxy-5α-androst-1-en-3-one); **tetrahydrogestrinone** (18a-homo-pregna-4,9,11-trien-17β-ol-3-one); **trenbolone** and other substances with a similar chemical structure or similar biological effect(s).

b. Endogenous** AAS when administered exogenously:

androstenediol (androst-5-ene-3β,17β-diol); **androstenedione** (androst-4-ene-3,17-dione); **dihydrotestosterone** (17β-hydroxy-5α-androstan-3-one) ; **prasterone** (dehydroepiandrosterone, DHEA); **testosterone** and the following metabolites and isomers:

5α-androstane-3α,17α-diol; 5α-androstane-3α,17β-diol; 5α-androstane-3β,17α-diol; 5α-androstane-3β,17β-diol; 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; 4-androstenediol (androst-4-ene-3β,17β-diol); **5-androstenedione** (androst-5-ene-3,17-dione); **epi-dihydrotestosterone; epitestosterone; 3α-hydroxy-5α-androstan-17-one; 3β-hydroxy-5α-androstan-17-one; 19-norandrosterone; 19-noretiocholanolone.**

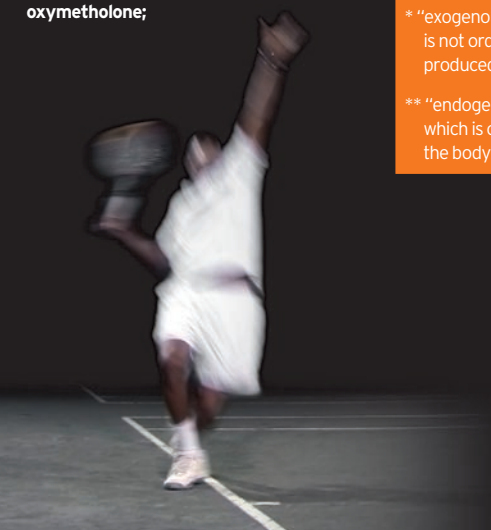
2. Other Anabolic Agents, including but not limited to:

Clenbuterol, selective androgen receptor modulators (SARMs), tibolone, zeranol, zilpaterol.

For purposes of this section:

* "exogenous" refers to a substance which is not ordinarily capable of being produced by the body naturally.

** "endogenous" refers to a substance which is capable of being produced by the body naturally.



S2. PEPTIDE HORMONES, GROWTH FACTORS AND RELATED SUBSTANCES

The following substances and their releasing factors are prohibited:

1. **Erythropoiesis-Stimulating Agents [**e.g. **erythropoietin (EPO), darbepoetin (dEPO), methoxy polyethylene glycol-epoetin beta (CERA), hematide];**
2. **Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH)** in males;
3. **Insulins;**
4. **Corticotrophins;**
5. **Growth Hormone (GH), Insulin-like Growth Factor-1 (IGF-1), Mechano Growth Factors (MGFs), Platelet Derived Growth Factor (PDGF), Fibroblast Growth Factors (FGFs), Vascular-Endothelial Growth Factor (VEGF) and Hepatocyte Growth Factor (HGF)** as well as any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching;
6. **Platelet-derived preparations (e.g. Platelet Rich Plasma, "blood spinning")** administered by intramuscular route.
   Other routes of administration require a declaration of Use in accordance with the International Standard for Therapeutic Use Exemptions.

and other substances with similar chemical structure or similar biological effect(s).

S3. BETA-2 AGONISTS

All beta-2 agonists (including both optical isomers where relevant) are prohibited except salbutamol (maximum 1600 micrograms over 24 hours) and salmeterol by inhalation which require a declaration of Use in accordance with the International Standard for Therapeutic Use Exemptions.

The presence of salbutamol in urine in excess of 1000 ng/mL is presumed not to be an intended therapeutic use of the substance and will be considered as an Adverse Analytical Finding unless the Athlete proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of a therapeutic dose (maximum 1600 micrograms over 24 hours) of inhaled salbutamol.

S4. HORMONE ANTAGONISTS AND MODULATORS

The following classes are prohibited:

1. **Aromatase inhibitors** including, but not limited to: **aminoglutethimide, anastrozole, androsta-1,4,6-triene-3,17-dione (androstatrienedione), 4-androstene-3,6,17 trione (6-oxo), 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.**

S5. DIURETICS AND OTHER MASKING AGENTS

Masking agents are prohibited. They include:

Diuretics, probenecid, plasma expanders (e.g. **glycerol;** intravenous administration of **albumin, dextran, hydroxyethyl starch** and **mannitol**) and other substances with similar biological effect(s).

Diuretics include:

Acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone, etacrynic acid, furosemide, indapamide, metolazone, spironolactone, thiazides (e.g. **bendroflumethiazide, chlorothiazide, hydrochlorothiazide), triamterene,** and other substances with a similar chemical structure or similar biological effect(s) (except drosperinone, pamabrom and topical dorzolamide and brinzolamide, which are not prohibited).

A Therapeutic Use Exemption for diuretics and masking agents is not valid if an Athlete's urine contains such substance(s) in association with threshold or sub-threshold levels of an exogenous Prohibited Substance(s).

PROHIBITED METHODS

M1. ENHANCEMENT OF OXYGEN TRANSFER

The following are prohibited:

1. Blood doping, including the use of autologous, homologous or heterologous blood or red blood cell products of any origin.
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, microencapsulated haemoglobin products), excluding supplemental oxygen.

M2. CHEMICAL AND PHYSICAL MANIPULATION

1. Tampering, or attempting to tamper, in order to alter the integrity and validity of Samples collected during Doping Controls is prohibited. These include but are not limited to catheterisation, urine substitution and/or adulteration (e.g. proteases).
2. Intravenous infusions are prohibited except for those legitimately received in the course of hospital admissions or clinical investigations.

M3. GENE DOPING

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

1. The transfer of cells or genetic elements (e.g. DNA, RNA);
2. The use of pharmacological or biological agents that alter gene expression.

Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists (e.g. GW 1516) and PPARδ-AMP-activated protein kinase (AMPK) axis agonists (e.g. AICAR) are prohibited.

SUBSTANCES AND METHODS PROHIBITED IN-COMPETITION

In addition to the categories S1 to S5 and M1 to M3 defined to the left, the following categories are prohibited in competition:

PROHIBITED SUBSTANCES

S6. STIMULANTS

All stimulants (including both optical isomers where relevant) are prohibited, except imidazole derivatives for topical use and those stimulants included in the 2010 Monitoring Program*.

Stimulants include:

a: Non-Specified Stimulants:

Adrafinil; amfepramone; amiphenazole; amphetamine; amphetaminil; benfluorex; benzphetamine; benzylpiperazine; bromantan; clobenzorex; cocaine; cropropamide; crotetamide; dimethylamphetamine; etilamphetamine; famprofazone; fencamine; fenetylline; fenfluramine; fenproporex; furfenorex; mefenorex; mephentermine; mesocarb; methamphetamine(d-); p-methylamphetamine; methylenedioxyamphetamine; methylenedioxymethamphetamine; methylhexaneamine (dimethylpentylamine); modafinil; norfenfluramine; phendimetrazine; phenmetrazine; phentermine; 4-phenylpiracetam (carphedon); prenylamine; prolintane.

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

b: Specified Stimulants (examples):

Adrenaline; cathine***; ephedrine****; etamivan; etilefrine; fenbutrazate; fencamfamin; heptaminol; isometheptene; levmetamphetamine; meclofenoxate; methylephedrine****; methylphenidate; nikethamide; norfenefrine; octopamine; oxilofrine; parahydroxyamphetamine; pemoline; pentetrazol; phenpromethamine; propylhexedrine; pseudoephedrine*****; selegiline; sibutramine; strychnine; tuaminoheptane** and other substances with a similar chemical structure or similar biological effect(s).

* The following substances included in the 2010 Monitoring Program (bupropion, caffeine, phenylephrine, phenylpropanolamine, pipradol, synephrine) are not considered as Prohibited Substances.

** **Adrenaline** associated with local anaesthetic agents or by local administration (e.g. nasal, ophthalmologic) is not prohibited.

*** **Cathine** is prohibited when its concentration in urine is greater than 5 micrograms per milliliter.

**** Each of **ephedrine** and **methylephedrine** is prohibited when its concentration in urine is greater than 10 micrograms per milliliter.

***** **Pseudoephedrine** is prohibited when its concentration in urine is greater than 150 micrograms per milliliter.

S7. NARCOTICS

The following narcotics are prohibited:

Buprenorphine, dextromoramide, diamorphine (heroin), fentanyl and its derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, pethidine.

S8. CANNABINOIDS

Natural or synthetic Δ9-tetrahydrocannabinol (THC) and THC-like cannabinoids (e.g. hashish, marijuana, HU-210) are prohibited.

S9. GLUCOCORTICOSTEROIDS

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

In accordance with the International Standard for Therapeutic Use Exemptions, a declaration of Use must be completed by the Athlete for glucocorticosteroids administered by intraarticular, periarticular, peritendinous, epidural, intradermal and inhalation routes, except as noted below.

Topical preparations when used for auricular, buccal, dermatological (including iontophoresis/phonophoresis), gingival, nasal, ophthalmic and perianal disorders are not prohibited and require neither a Therapeutic Use Exemption nor a declaration of Use.

THE 2010 PROHIBITED LIST

All Prohibited Substances shall be considered as "Specified Substances" except Substances in classes S1, S2.1 to S2.5, S.4.4 and S6.a, and Prohibited Methods M1, M2 and M3.

ANTI-DOPING

THE FACTS

The Tennis Anti-Doping Programme (TADP) is a comprehensive and internationally recognised programme that applies to all players who hold an ATP or WTA ranking, or who are competing at tournaments sanctioned by the ITF, ATP, and WTA Tour. This includes Grand Slam tournaments, Davis Cup and Fed Cup ties, the Olympic Tennis event, other IOC-recognised International Events WTA Tour tournaments, ATP Tour tournaments, Challenger Series tournaments, ITF Pro Circuit tournaments, Juniors events, Wheelchair events, ITF Seniors events and ITF Beach Tennis Tour events.

The TADP maintains a common set of rules and procedures that apply across all levels of tennis. Players are tested for prohibited substances and methods in accordance with the World Anti-Doping Agency Prohibited List.

The aim of the TADP is to ensure fair competition and protect the health of tennis players. All players are strongly advised to:

- Know the anti-doping regulations - if there is anything that you do not understand do not hesitate to contact the ITF or IDTM.
- Understand the testing procedures and your rights and responsibilities during testing.
- Keep a list of medications, substances and supplements you are taking with you at all times, so that you can accurately list them on the Doping Control Form at the time of testing.
- Maintain accurate and up-to-date Whereabouts details (as necessary).

WARNING ON DIETARY SUPPLEMENTS

These products may not be subject to governmental regulation and so their manufacture and distribution may not be controlled. In addition, some products may contain ingredients not listed on the label, or in different quantities than stated on the label, or may be contaminated with other substances which may be Prohibited Substances.

The consumption of any dietary supplement contaminated with a Prohibited Substance may subject a Player to penalties under the Tennis Anti-Doping Programme.

IMPORTANT

KEEP THIS CARD WITH YOU AT ALL TIMES. GIVE A COPY TO YOUR PHYSICIAN, COACH AND PERSONAL TRAINER. A PLAYER MUST APPLY FOR A TUE BEFORE USING ANY PROHIBITED SUBSTANCE OR METHOD.

The Programme is managed and enforced by the ITF on behalf of the ATP, WTA and Grand Slams:

International Tennis Federation

Tel: +44 208 878 6464
Fax: +44 208 392 4696
Email: anti-doping@itftennis.com
Web: www.itftennis.com/anti-doping

All testing, requests for product information and the processing of TUE applications is administered by:

International Doping Tests & Management (IDTM)

Tel: +46 8 555 10 999
Fax: +46 8 555 10 995
Email: tennis@idtm.se
Web: www.idtm.se

ITF ATP Sony Ericsson WTA TOUR