

APPENDIX A

List of classes of prohibited substances and prohibited methods

(taken from the 2004 Prohibited List International Standard
which came into effect on 26 March 2004)

SUBSTANCES AND METHODS PROHIBITED IN COMPETITION

PROHIBITED SUBSTANCES

S1. STIMULANTS

The following stimulants are prohibited, including both their optical (D- and L-) isomers:

Adra nil, amfepramone, amiphenazole, amphetamines, ampheta- minil, benzphetamine, bromantan, carphedon, cathine*, clobenzo- rex, cocaine, dimethylamphetamine, ephedrine**, etilamphetamine, etilefrine, fencamfamin, fenetylline, fen uramine, fenproporex, furfenorex, mefenorex, mephentermine, mesocarb, methampheta- mine, methylamphetamine, methylenedioxyamphetamine, methyl- enedioxymethamphetamine, methylephedrine**, methylphenidate, moda nil, nikethamide, norfen uramine, parahydroxyamphetamine, pemoline, phendimetrazine, phenmetrazine, phentermine, prolintane, selegiline, strychnine, and other substances with similar chemical structure or similar pharmacological effects***.

- * Cathine is prohibited when its concentration in urine is greater than 5 micrograms per millilitre.
- ** Each of ephedrine and methylephedrine is prohibited when its concentra- tion in urine is greater than 10 micrograms per millilitre.
- *** The substances included in the 2004 Monitoring Program are not considered as Prohibited Substances.

S2. NARCOTICS

The following narcotics are prohibited:

buprenorphine, dextromoramide, diamorphine (heroin), hydromorphone, methadone, morphine*, oxycodone, oxymorphone, pentazocine, pethidine.

S3. CANNABINOIDS

Cannabinoids (e.g. hashish, marijuana) are prohibited.

S4. ANABOLIC AGENTS

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

- a. Exogenous* AAS including but not limited to:
androstadienone, bolasterone, boldenone, boldione, clostebol, danazol, dehydrochloromethyltestosterone, delta 1-androstene-3,17-dione, drostanolone, drostanediol, fluoxymesterone, formebolone, gestrinone, 4-hydroxytestosterone, 4-hydroxy-19-nortestosterone, mestanolone, mesterolone, methandienone, metenolone, methandriol, methyltestosterone, mibolerone, nandrolone, 19-norandrostenediol, 19-norandrostenedione, norbolethone, norethandrolone, oxabolone, oxandrolone, oxymesterone, oxymetholone, quinbolone, stanozolol, stenbolone, 1-testosterone (delta1-dihydro-testosterone), trenbolone and other substances with similar chemical structure or pharmacological effect (s) as well as their analogues#.
- b. Endogenous** AAS including but not limited to:
androstenediol, androstenedione, dehydroepiandrosterone (DHEA), dihydrotestosterone, testosterone and other substances with similar chemical structure or pharmacological effect (s) as well as their analogues#.

For purposes of this document:

- * "exogenous" refers to a substance which is not capable of being produced by the body naturally.
- ** "endogenous" refers to a substance which is capable of being produced by the body naturally.
- # an "analogue" is defined as "a substance derived from the modification or alteration of the chemical structure of another substance while retaining a similar pharmacological effect."

Where a Prohibited Substance (as listed above) is capable of being produced by the body naturally, a sample will be deemed to contain such Prohibited Substance where the concentration of the Prohibited Substance or its metabolites or markers and/or any other relevant ratio(s) in the player's sample so deviates from the range of values normally found in humans so as not to be consistent with normal endogenous production. A sample shall not be deemed to contain a Prohibited Substance in any such case where the athlete proves by evidence that the concentration of the Prohibited Substance or its metabolites or markers and/or the relevant ratio(s) in the player's sample is attributable to a pathological or physiological condition. In all cases, and at any concentration, the laboratory will report an adverse analytical finding if based on any reliable analysis method it can show that the Prohibited Substance is from an exogenous origin.

If the laboratory result is not conclusive and no concentration as referred to in the above paragraph is found, FIFA shall conduct a further investigation if there are serious indications, such as a comparison to reference steroid profiles, for a possible use of a prohibited substance.

If the laboratory has reported a presence of a T/E ratio greater than six (6) to one (1) in the urine, such further investigation is obligatory in order to determine whether the ratio is due to a physiological or pathological condition.

In both cases the investigation will include a review of any previous tests, subsequent tests and/or results of endocrine investigations. In the event that previous tests are not available, the player shall undergo an endocrine investigation or be tested unannounced at least once per month for three months.

Failure of the player to co-operate in the investigations will result in considering his sample to contain a prohibited substance.

2. Other Anabolic Agents

Clenbuterol, zeranol

S5. PEPTIDE HORMONES

The following substances, including other substances with similar chemical structure or similar pharmacological effect(s), and their releasing factors are prohibited:

1. Erythropoietin (EPO)
2. Growth hormone (hGH) and Insulin-like Growth Factor (IGF-1)
3. Chorionic Gonadotrophin (hCG) prohibited in males only;
4. Pituitary and synthetic gonadotrophins (LH) prohibited in males only;
5. Insulin
6. Corticotrophins

Insulin is permitted only for the treatment of athletes with diabetes. Written notification in accordance with the Standard for Therapeutic Use Exemption (*a special section in the standard will address this issue*) is necessary.

Unless the player can demonstrate that the concentration was due to a physiological or pathological condition, a sample will be deemed to contain a Prohibited Substance (as listed above) where the concentration of the Prohibited Substance or its metabolites and/or relevant ratios or markers in the athlete's sample so exceeds the range of values normally found in humans so as not to be consistent with normal endogenous production.

Also, the presence of analogues, mimetics, diagnostic marker(s) or releasing factors of a hormone listed above or of any other finding which indicate(s) that the substance detected is not the naturally present hormone, will be reported as an adverse analytical finding.

For purposes of this document

- * *a "mimetic" is defined as a substance with a pharmacological effect similar to that of another substance, regardless of the fact that it has a different chemical structure.*
- # *an "analogue" is defined as "a substance derived from the modification or alteration of the chemical structure of another substance while retaining a similar pharmacological effect."*

S6. BETA-2 AGONISTS

All Beta-2 agonists including their D- and L- isomers are prohibited except that formoterol, salbutamol, salmeterol and terbutaline are permitted by inhalation only to prevent and/or treat asthma and exercise-induced asthma / broncho-constriction. A medical notification in accordance with FIFA's standards for Therapeutic Use Exemptions is required.

Despite the granting of a TUE, when the laboratory has reported a concentration of salbutamol (free plus glucuronide) greater than 1000ng/ml, this will be considered as an adverse analytical finding unless the player proves that the abnormal result was the consequence of the therapeutic use of inhaled salbutamol.

S7. AGENTS WITH ANTI-OESTROGENIC ACTIVITY

Aromatase inhibitors, clomiphene, cyclofenil, tamoxifen are prohibited only in males.

S8. MASKING AGENTS

Masking agents are prohibited. They are products that have the potential to impair the excretion of Prohibited Substances, to conceal their presence in urine or other samples used in doping control, or to change haematological parameters.

Masking agents include but are not limited to:

Diuretics*, epitestosterone, probenecid, plasma expanders (e.g. dextran, hydroxyethyl starch.)

* A medical approval in accordance with FIFA's standard for Therapeutic Use Exemptions is not valid if a player's urine contains a diuretic in association with threshold or sub-threshold levels of a Prohibited Substance(s).

Diuretics include:

Acetazolamide, amiloride, bumetanide, canrenone, chlortalidone, etacrynic acid, furosemide, indapamide, mersalyl, spironolactone, thiazides (e.g. bendroflumethiazide, chlorothiazide, hydrochlorothiazide) and triamterene, and other substances with similar chemical structure or similar pharmacological effect(s).

S9. GLUCOCORTICOSTEROIDS

Glucocorticosteroids are prohibited when administered orally, rectally, or by intravenous or intramuscular administration.

All other administration routes require a medical notification in accordance with FIFA's standard for Therapeutic Use Exemptions.

PROHIBITED METHODS

M1. ENHANCEMENT OF OXYGEN TRANSFER

The following are prohibited:

- a. Blood doping. Blood doping is the use of autologous, homologous or heterologous blood or red blood cell products of any origin, other than for legitimate medical treatment justified by a TUE.
- b. The use of products that enhance the uptake, transport or delivery of oxygen, e.g. erythropoietins, modified haemoglobin products including but not limited to haemoglobin-based blood substitutes, microencapsulated haemoglobin products, per urochemicals, and efaproxiral (RSR13).

M2. PHARMACOLOGICAL, CHEMICAL AND PHYSICAL MANIPULATION

Pharmacological, chemical and physical manipulation is the use of substances and methods, including masking agents, which alter, attempt to alter or may reasonably be expected to alter the integrity and validity of specimens collected in doping controls.

These include but are not limited to catheterisation, urine substitution and/or tampering, inhibition of renal excretion and alterations of testosterone and epitestosterone measurements.

M3. GENE DOPING

Gene or cell doping is defined as the non-therapeutic use of genes, genetic elements and/or cells that have the capacity to enhance athletic performance.

SUBSTANCES AND METHODS PROHIBITED OUT OF COMPETITION

PROHIBITED SUBSTANCES

(All categories listed hereunder refer to all those substances and methods listed in the relevant section)

- S1. STIMULANTS
 - S4. ANABOLIC AGENTS
 - S5. PEPTIDE HORMONES
 - S6. BETA-2 AGONISTS
 - S7. AGENTS WITH ANTI-OESTROGENIC ACTIVITY S8.
- MASKING AGENTS

PROHIBITED METHODS

- M1. ENHANCEMENT OF OXYGEN TRANSFER
 - M2. PHARMACOLOGICAL, CHEMICAL AND PHYSICAL MANIPULATION M3.
- GENE DOPING

SPECIFIED SUBSTANCES

"Specified Substances" are listed below::

Stimulants: ephedrine, L-methylamphetamine, methylephedrine

Cannabinoids

Inhaled Beta-2 Agonists (except clenbuterol)

Diuretics

Masking Agents: probenecid

Glucocorticosteroids

"The Prohibited List may identify specified substances which are particularly susceptible to unintentional anti-doping rule violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents." A doping violation involving such substances may result in a reduced sanction as noted in the FIFA Disciplinary Statutes provided that the ". Player can establish that the use of such a specified substance was not intended to enhance sport performance...".

Warning

The results of studies recently carried out on so-called food supplements for athletes have shown that these products, which are principally manufactured and distributed by companies in the USA, are contaminated with anabolic-androgenic steroids or so-called pro-hormones, in other words, with prohibited substances. It cannot be ruled out that such food supplements are also being produced and distributed by other firms on behalf of these US companies. This contamination is not detectable from the indications given on the packaging or on the enclosed information leaflet! Every athlete who uses such food supplements is responsible for ascertaining whether they are contaminated with prohibited substances, for, in the case of a positive doping test, an athlete is liable to the relevant sanctions.

APPENDIX B

Therapeutic Use Exemption

Therapeutic Use Exemption (TUE) may be granted to a player permitting the use of a Prohibited Substance or Method contained in the Prohibited List. An application for a TUE will be reviewed by the FIFA Sports Medical Committee represented by the Doping Control Sub-Committee (granting body).

An exemption will be granted only in strict accordance with the following criteria:

- B1 The player should submit an application for a TUE no less than 21 days before participating in an Event.
- B2 The player would experience a significant impairment to health if the Prohibited Substance or Method were to be withheld in the course of treating an acute or chronic medical condition.
- B3 The therapeutic use of the Prohibited Substance or Method would produce no additional enhancement of performance other than that which might be anticipated by a return to a state of normal health following the treatment of a legitimate medical condition. The use of any Prohibited Substance or Method to increase "low-normal" levels of any endogenous hormone is not considered an acceptable therapeutic intervention.
- B4 There is no reasonable therapeutic alternative to the use of the otherwise Prohibited Substance or Method.
- B5 The necessity for the use of the otherwise Prohibited Substance or Method cannot be a consequence, wholly or in part, of prior non-therapeutic use of any substance from the Prohibited List.

- B6 The TUE will be cancelled by the granting body, if
- a. The player does not promptly comply with any requirements or conditions imposed by the FIFA Doping Control Sub-Committee granting the exemption.
 - b. The term for which the TUE was granted has expired.
 - c. The player is advised that the TUE has been withdrawn by the FIFA Doping Control Sub-Committee.
- B7 An application for a TUE will not be considered for retroactive approval except in cases where:
- a. Emergency treatment or treatment of an acute medical condition was necessary, or
 - b. Due to exceptional circumstances, there was insufficient time or opportunity for an applicant to submit, or the granting body to consider, an application prior to doping control.

B8 Confidentiality of information:

The applicant must provide written consent for the transmission of all information pertaining to the application to members of the FIFA granting body and, as required, other independent medical or relevant scientific experts.

Should the assistance of external, independent experts be required, all details of the application will be circulated without identifying the player involved in the player's care. The applicant must also approve written consent for the decisions of the FIFA granting body to be distributed to the involved medical personnel or other relevant Anti-Doping Organizations under the provisions of the FIFA Doping Control Regulations.

The members of the granting body involved will conduct all of their activities in strict confidence according to the Hippocratic Oath and the medico-legal and ethical rules of confidentiality.

FIFA propose to use the Standard Application Forms for TUE applications which are listed in the WADC under "International Standard for TUE" Appendix 1 or similar forms.

WADA and/or NADA's will only be informed directly to their physicians responsible (name of player, association, medical indication, medication and duration of medication).