



Olympic Winter Games PyeongChang 2018

Doping Control Guide

November 2017

Passion.Connected.
하나된 열정

PURPOSE OF THE DOPING CONTROL GUIDE

The purpose of this guide is to give Games participants information about the anti-doping programme and how it will be conducted.

This guide is not a technical document describing each step of doping control or other aspects of the anti-doping programme at the Games.

This guide is not a detailed set of rules, but rather a summary of key aspects of the rules.

This guide complements the International Olympic Committee (IOC) Anti-Doping Rules, but does not replace or supersede it.

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1 GOVERNANCE OF OLYMPIC WINTER GAMES PYEONGCHANG 2018 ANTI-DOPING PROGRAMME

The International Olympic Committee (IOC) is responsible for directing the Olympic Winter Games PyeongChang 2018 (the Games) anti-doping programme from the opening of the Olympic Villages (the Villages) on 1 February 2018 up to and including the day of the Closing Ceremony on 25 February 2018 (the Games Period) inclusively.

Sample collection responsibilities for the Games have been delegated to the PyeongChang Organizing Committee for the 2018 Olympic and Paralympic Winter Games (POCOG).

The IOC is a signatory to the World Anti-Doping Code (the Code). The IOC has established the IOC Anti-Doping Rules in compliance with the Code. The IOC Anti-Doping rules outline the various anti-doping rule violations and the detailed result management process following a possible anti-doping rule violation. The IOC Anti-Doping Rules is complemented by mandatory International Standards and other internal IOC policies and procedures.

The IOC Anti-Doping Rules shall apply during the Games Period. Athletes qualified and registered by their National Olympic Committee (NOC) may be tested at any time during the Games Period, as well as in the lead up to the Games, regardless of their location. All participants accept the IOC Anti-Doping Rules as a condition of participation and are presumed to have agreed to comply with them.

2 PYEONGCHANG 2018 IN-COMPETITION AND OUT-OF-COMPETITION TESTING

The standard definition of In-Competition and Out-of-Competition as per the IOC Anti-Doping Rules applies to the Games.

The definition of In-Competition means “the period commencing 12 hours before a competition in which the athlete is scheduled to participate through to the end of such competition and the sample collection process related to such competition.”

The definition of Out-of-Competition is “any doping control which is not in competition.”

The term “competition” is defined as “a single race, match, game or singular sport contest,” such as the Men’s 10 km Sprint in Biathlon.

Both urine and blood samples may be collected.

3 ADDITIONAL SAMPLE REQUESTS

NOCs or IFs that want to collect additional samples from athletes that fall under their regular jurisdiction during the Games Period should seek prior approval from the IOC. There may be a fee associated with the request.

4 LABORATORY

Samples collected by POCOG will be analysed at the WADA-accredited laboratory at the, Korea Institute of Science and Technology Doping Control Centre (KIST) in Seoul, or any other WADA-accredited laboratory as agreed to by the IOC.

The results of the tests will be provided to the IOC and WADA from the laboratory via the WADA Anti-Doping Administration and Management System (ADAMS). Results are typically provided within 24 to 72 hours of receipt by the laboratory. More time may be required for those samples requiring additional analyses, including, but not limited to confirmations. The IOC intends to keep the samples for long-term storage for future reanalysis programmes as per the statute of limitations in the WADA International Standard for Privacy and Protection of Personal Information (ISPPPI).

Some samples will be subject to analysis following the Closing Ceremony. Any anti-doping rule violation discovered as a result of such analysis will be dealt with according to the IOC Anti-Doping Rules.

5 WADA PROHIBITED SUBSTANCES AND METHODS

The WADA 2018 Prohibited List contains the substances and methods prohibited for the PyeongChang 2018 Games. If, at the time of the Games, the 2018 Prohibited List is amended, the valid version that can be found on the WADA website is applicable. All athletes and athlete support personnel must familiarise themselves with the Prohibited List.

6 PRESCRIPTION AND NON-PRESCRIPTION MEDICATION USE

It is the responsibility of the athlete to determine whether a substance and/or method he/she is using or considering using is prohibited or permitted according to the WADA Prohibited List. At all times, athletes are strongly advised to check the status of all medications through appropriate means such as through their team physicians and medical support staff.

7 SUPPLEMENT USE

The use of dietary supplements by athletes is strongly discouraged except in specific circumstances when they are required under the advice and control of a qualified health professional, 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 (Adverse Analytical Finding). Therefore, extreme caution is recommended regarding their use.

8 THERAPEUTIC USE EXEMPTIONS (TUE)

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 the ADAMS need to be either entered in the system or sent to the IOC by email at TUE@olympic.org by 10 January 2018.

During the Games Period, a TUE can be requested via the ADAMS or email TUE@olympic.org. 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 the Games.

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 or person(s) designated by the IOC to take responsibility for monitoring the doping control programme 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 Olympic Winter Games PyeongChang 2018. 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 that needs to be continued after the Games.

9 WHEREABOUTS INFORMATION

Effective OUT-OF-COMPETITION testing programmes are essential in the fight against doping in sport. This largely depends on accurate and complete athlete whereabouts information.

The IOC and POCOG therefore request the assistance of all NOCs:

- Athletes who are included in a Registered Testing Pool (RTP) will be required to continue to provide their whereabouts during Games time. Travel schedules, specific rooming list allocations and training schedules for the Games must be included.
- NOCs will be required to provide a list of the location of athletes staying outside of the Olympic Villages, and will be required to provide athlete rooming lists for the Olympic Villages.
- NOCs will be required to provide an updated rooming list when there have been changes using a form that has been provided to NOCs on the IOC NOCnet. The form should be submitted by email to dop@pyeongchang2018.com.
- Athletes' whereabouts will also be tracked through the Games Management system.

10 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 (Anti-Doping Rule Violations) committed by athletes or athlete support personnel who are intending to participate in the Olympic Winter Games PyeongChang 2018 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.

11 WADA OUTREACH EDUCATION PROGRAMME

The WADA Outreach Education 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 Main Dining Hall in both the Olympic Villages.

Critical to the success of the programme is the one-on-one interaction that athletes, coaches and officials will experience with anti-doping experts from around the world. This will be supported by a variety of educational materials and a fun and informative quiz.

12 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, POCOG 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.

13 DOPING CONTROL TECHNICAL PROCEDURES FOR OLYMPIC WINTER GAMES PYEONGCHANG 2018

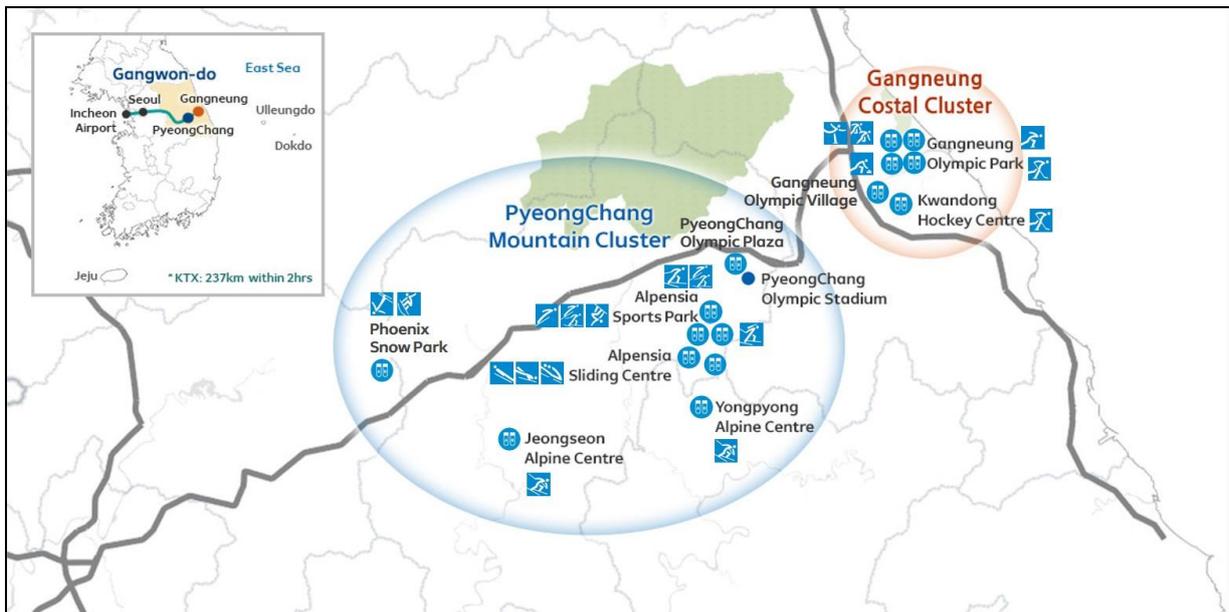
POCOG will have further detailed procedures that are compliant with the International Standard for Testing and Investigations.

ANNEX A: PYEONGCHANG 2018 DOPING CONTROL TEAM

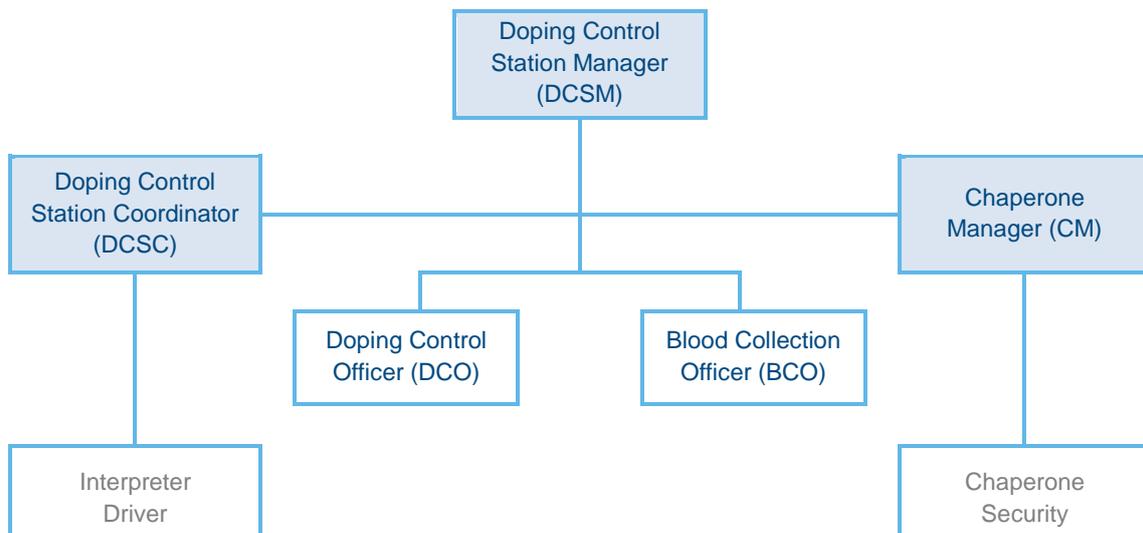
	SEO Min-jung Head Doping Control Team		
	KIM Han-min Manager Doping Control Team		YU Sung-sun Manager Doping Control Team
	LIM Jae-yoon Manager Doping Control Team		LEE Sang-min Manager Doping Control Team
	JI Un-seon Manager Doping Control Team		JANG Eun-seok Manager Doping Control Team
	KIM Hee-jae Manager Doping Control Team		JUNG Jae-heoun Manager Doping Control Team

ANNEX B: PYEONGCHANG 2018 DOPING CONTROL STATION SCHEME AND KEY WORKFORCE

Doping Control Station Scheme

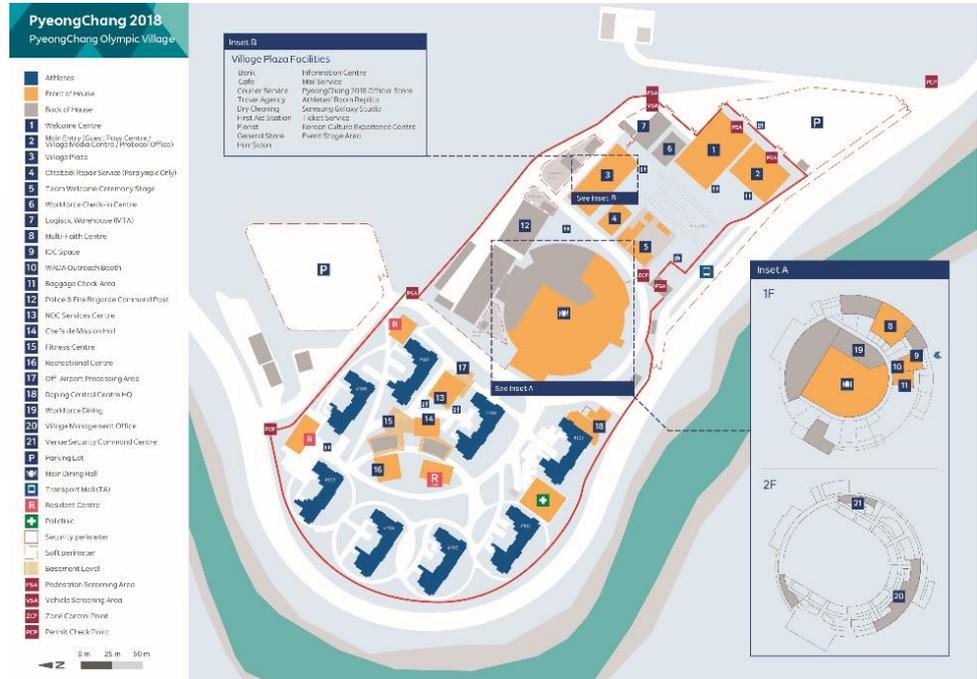


Key Workforce Structure



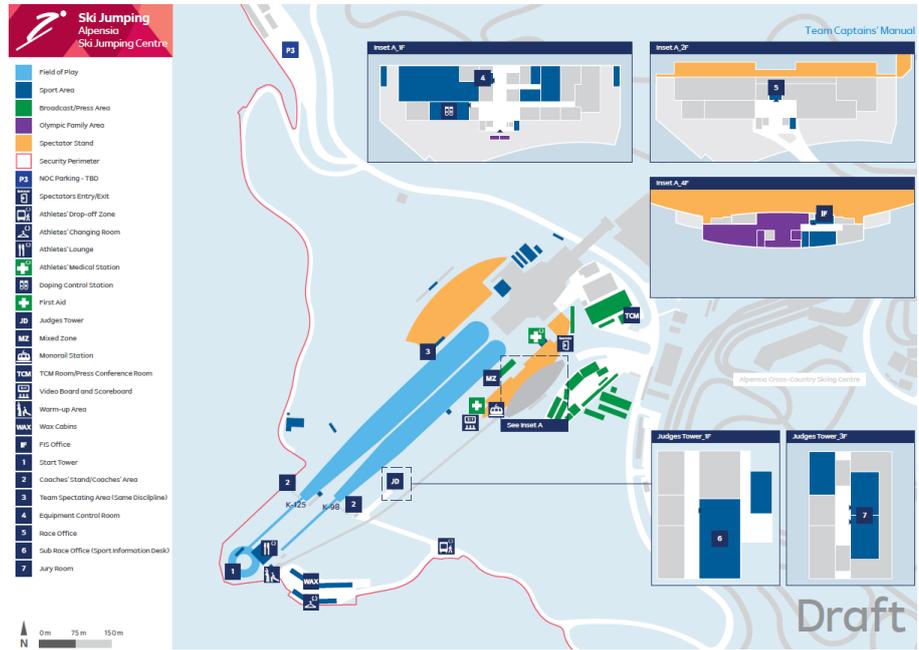
PyeongChang Mountain Cluster

PyeongChang Olympic Village



	CHOI Keun-hoon DCSM		PARK Hee-jin DCSC		KIM Hee-jung CM
	KANG Hyo-chan DCSM		LEE Doo-kyung DCSC		BAE Ki-sung CM

Alpensia Ski Jumping Centre

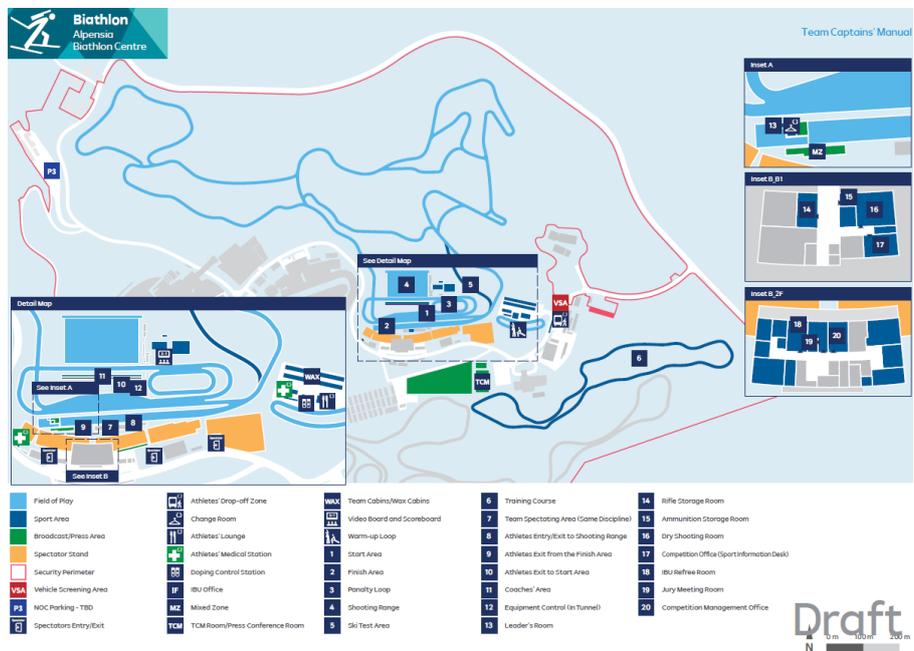


KIM In-sook
DCSM



PARK Tae-joon
DCSC/CM

Alpensia Biathlon Centre



LEE Soon-Ju
DCSM

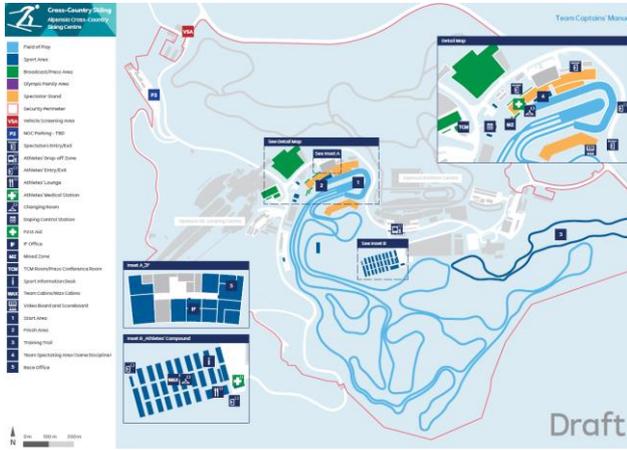


YOON Sein-hee
DCSC



LEE Jung-yeol
CM

Alpensia Cross-Country Skiing Centre



LEE Young-gil
DCSM



PARK Seon-ki
DCSC



KIM Min-kab
CM

Yongpyong Alpine Centre



KIM Ji-yeon
DCSM

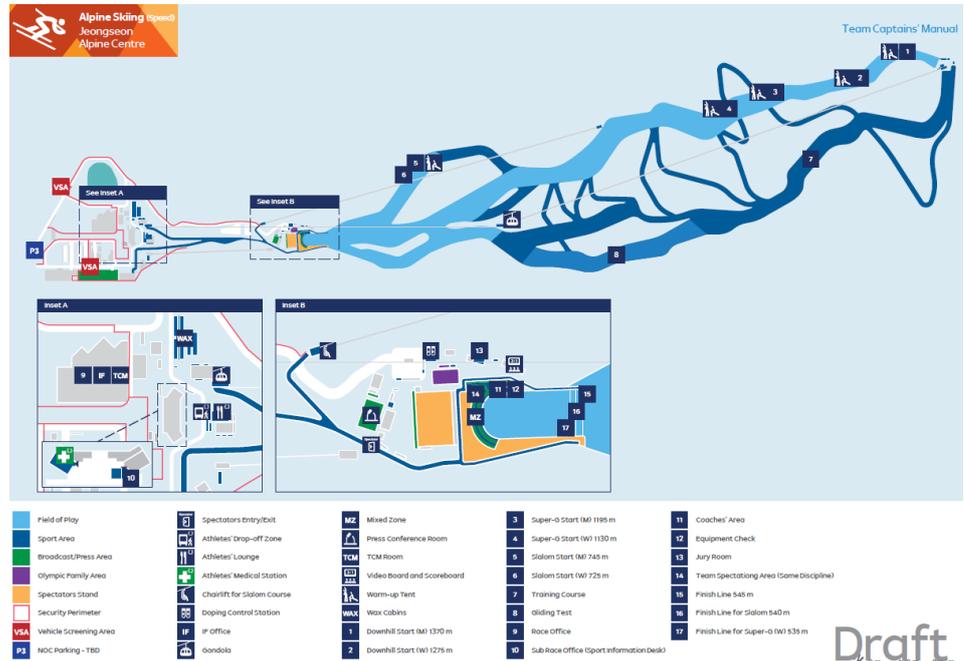


JOO Chul-kyu
DCSC



LEE Kyu-nyeong
CM

Jeongseon Alpine Centre



Draft



KIM Ji-yeon
DCSM



JOO Chul-kyu
DCSC



LEE Kyu-nyeong
CM

Olympic Sliding Centre



Draft



LEE Geon
DCSM



JUNG Jong-shin
DCSC



YOO Ji-hyung
CM

Phoenix Snow Park



OH Jung-woo
DCSM



LEE Sang-kyu
DCSC



CHOI Joon-hyuck
CM

Gangneung Oval



LEE Cha-ho
DCSM

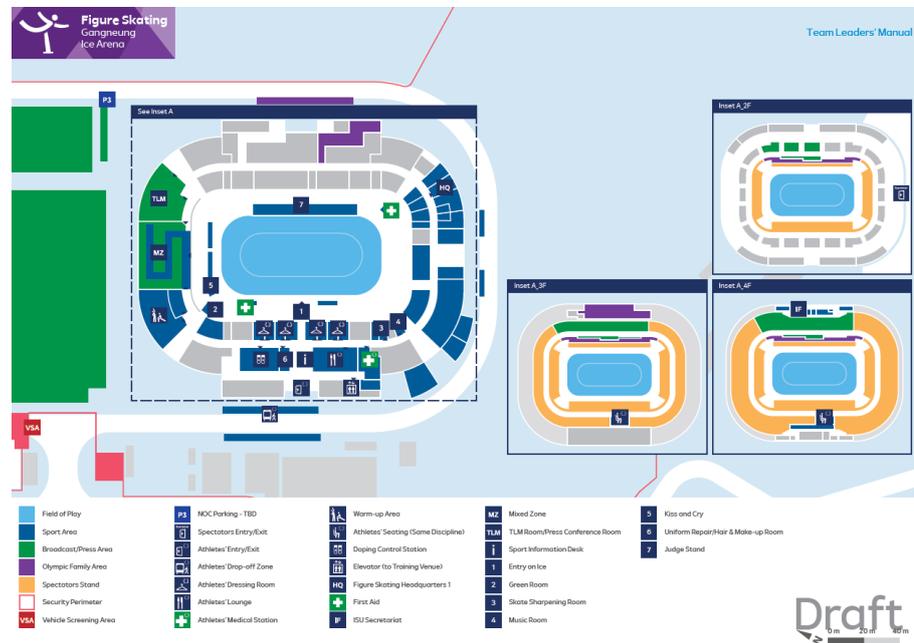


PARK Ji-eun
DCSC



KANG Seon-young
CM

Gangneung Ice Arena



HWANG In-mi
DCSM

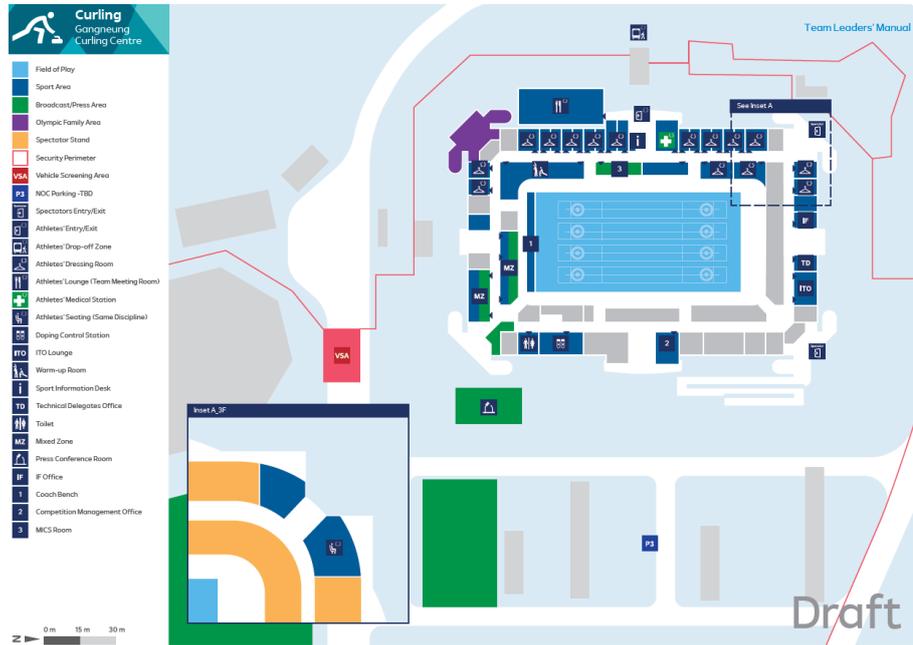


HYUN Min-kyung
DCSC



KANG Min-woo
CM

Gangneung Curling Centre



KIM In-ho
DCSM



KANG Keum-jin
DCSC/CM

Kwandong Hockey Centre



LEE Myung-soo
DCSM



JEON Hee-sook
DCSC



LEE Dong-hoon
CM

ANNEX C: 2018 PROHIBITED LIST

This list shall come into effect on January 2018.

SUBSTANCES & METHODS PROHIBITED AT ALL TIMES

(IN- AND OUT-OF-COMPETITION)

IN ACCORDANCE WITH ARTICLE 4.2.2 OF THE WORLD ANTI-DOPING CODE, ALL PROHIBITED SUBSTANCES SHALL BE CONSIDERED AS "SPECIFIED SUBSTANCES" EXCEPT SUBSTANCES IN CLASSES S1, S2, S4.4, S4.5, S6.A, AND PROHIBITED METHODS M1, M2 AND M3.

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 (5 α -androst-1-ene-3 β ,17 β -diol);
- 1-Androstenedione (5 α -androst-1-ene-3,17-dione);
- 1-Androsterone (3 α -hydroxy-5 α -androst-1-ene-

17-one);

1-Testosterone (17 β -hydroxy-5 α -androst-1-en-3-one);

4-Hydroxytestosterone (4,17 β -dihydroxyandrost-4-en-3-one);

Bolandiol (estr-4-ene-3 β ,17 β -diol);

Bolasterone;

Calusterone;

Clostebol;

Danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17 α -ol);

Dehydrochlormethyltestosterone (4-chloro-17 β -hydroxy-17 α -methylandrosta-1,4-dien-3-one);

Desoxymethyltestosterone (17 α -methyl-5 α -androst-2-en-17 β -ol);

Drostanolone;

Ethylestrenol (19-norpregna-4-en-17 α -ol);

Fluoxymesterone;

Formebolone;

Furazabol (17 α -methyl[1,2,5]oxadiazolo[3',4':2,3]-5 α -androstan-17 β -ol);

Gestrinone;

Mestanolone;

Mesterolone;
 Metandienone (17 β -hydroxy-17 α -methylandrosta-1,4-dien-3-one);
 Metenolone;
 Methandriol;
 Methasterone (17 β -hydroxy-2 α ,17 α -dimethyl-5 α -androstan-3-one);
 Methyldienolone (17 β -hydroxy-17 α -methylestra-4,9-dien-3-one);
 Methyl-1-testosterone (17 β -hydroxy-17 α -methyl-5 α -androst-1-en-3-one);
 Methylnortestosterone (17 β -hydroxy-17 α -methylestr-4-en-3-one);
 Methyltestosterone;
 Metribolone (methyltrienolone, 17 β -hydroxy-17 α -methylestra-4,9,11-trien-3-one);
 Mibolerone;
 Norboletone;
 Norclostebol;
 Norethandrolone;
 Oxabolone;
 Oxandrolone;
 Oxymesterone;
 Oxymetholone;
 Prostanazol (17 β -[(tetrahydropyran-2-yl)oxy]-1'Hpyrazolo[3,4:2,3]-5 α -androstane);
 Quinbolone;
 Stanozolol;
 Stenbolone;
 Tetrahydrogestrinone (17-hydroxy-18 α -homo-19-nor-17 α -pregna-4,9,11-trien-3-one);
 Trenbolone (17 β -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:

19-Norandrostenediol (estr-4-ene-3,17-diol);
 19-Norandrostenedione (estr-4-ene-3,17-dione);
 Androstanolone (5 α -dihydrotestosterone, 17 β -hydroxy-5 α -androstan-3-one);
 Androstenediol (androst-5-ene-3 β ,17 β -diol);
 Androstenedione (androst-4-ene-3,17-ione);
 Boldenone;
 Boldione (androsta-1,4-diene-3,17-dione);
 Nandrolone (19-nortestosterone);
 Prasterone (dehydroepiandrosterone, DHEA, 3 β -hydroxyandrost-5-en-17-one);
 Testosterone;

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

3 β -Hydroxy-5 α -androstan-17-one;
 5 α -Androst-2-ene-17-one;
 5 α -Androstane-3 α ,17 α -diol;
 5 α -Androstane-3 α ,17 β -diol;
 5 α -Androstane-3 β ,17 α -diol;
 5 α -Androstane-3 β ,17 β -diol;
 5 β -Androstane-3 α ,17 β -diol;
 7 α -Hydroxy-DHEA;
 7 β -Hydroxy-DHEA;
 4-Androstenediol (androst-4-ene-3 β ,17 β -diol);
 5-Androstenedione (androst-5-ene-3,17-dione);
 7-Keto-DHEA;
 19-Norandrosterone;
 19-Noretiocholanolone;
 Androst-4-ene-3 α ,17 α -diol;
 Androst-4-ene-3 α ,17 β -diol;
 Androst-4-ene-3 β ,17 α -diol;
 Androst-5-ene-3 α ,17 α -diol;

Androst-5-ene-3 α ,17 β -diol;
Androst-5-ene-3 β ,17 α -diol;
Androsterone;
Epi-dihydrotestosterone;
Epitestosterone;
Etiocholanolone.

2. OTHER ANABOLIC AGENTS

Including, but not limited to:

Clenbuterol, selective androgen receptor modulators (SARMs, e.g. andarine, LGD-4033, ostarine and RAD140), tibolone, zeranol and zilpaterol.

For purposes of this section:

* “exogenous” refers to a substance which is not ordinarily produced by the body naturally.

** “endogenous” refers to a substance which is ordinarily produced by the body naturally.

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. Erythropoietins (EPO) and agents affecting erythropoiesis, including, but not limited to:

- 1.1 Erythropoietin-Receptor Agonists, e.g.
 - Darbepoetins (dEPO);
 - Erythropoietins (EPO);
 - EPO based constructs [EPO-Fc, methoxy polyethylene glycol-epoetin beta (CERA)];

EPO-mimetic agents and their constructs (e.g. CNTO-530, peginesatide).

1.2 Hypoxia-inducible factor (HIF) activating agents, e.g.

Argon;
Cobalt;
Molidustat;
Roxadustat (FG-4592);
Xenon.

1.3 GATA inhibitors, e.g. K-11706.

1.4 TGF-beta (TGF- β) inhibitors, e.g. Luspatercept; Sotatercept.

1.5 Innate repair receptor agonists, e.g. Asialo EPO; Carbamylated EPO (CEPO).

2. Peptide Hormones and Hormone Modulators,

2.1 Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors, e.g. Buserelin, deslorelin, gonadorelin, goserelin, leuprorelin, nafarelin and triptorelin, in males;

2.2 Corticotrophins and their releasing factors, e.g. Corticotorelin;

2.3 Growth Hormone (GH), its fragments and releasing factors, including, but not limited to:

Growth Hormone fragments, e.g. AOD-9604 and hGH 176-191;
Growth Hormone Releasing Hormone (GHRH) and its analogues, e.g. CJC-1293, CJC-1295, sermorelin and tesamorelin;
Growth Hormone Secretagogues (GHS), e.g. ghrelin and ghrelin mimetics, e.g. anamorelin, ipamorelin and tabimorelin;
GH-Releasing Peptides (GHRPs), e.g. alexamorelin, GHRP-1, GHRP-2 (pralmorelin), GHRP-3, GHRP-4, GHRP-5, GHRP-6, and hexarelin.

3. Growth Factors and Growth Factor Modulators, including, but not limited to:
- 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);
 - Thymosin- β 4 and its derivatives e.g. TB-500;
 - Vascular-Endothelial Growth Factor (VEGF).

Additional growth factors or growth factor modulators affecting muscle, tendon or ligament protein synthesis/degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.

S3. BETA-2 AGONISTS

All selective and non-selective beta-2 agonists, including all optical isomers, are prohibited. Including, but not limited to:

Fenoterol;

Formoterol;
Higenamine;
Indacaterol;
Olodaterol;
Procaterol;
Reproterol;
Salbutamol;
Salmeterol;
Terbutaline;
Tulobuterol;
Vilanterol.

Except:

- Inhaled salbutamol: maximum 1600 micrograms over 24 hours in divided doses not to exceed 800 micrograms over 12 hours starting from any dose;
- Inhaled formoterol: maximum delivered dose of 54 micrograms over 24 hours;
- Inhaled salmeterol: maximum 200 micrograms over 24 hours.

The presence in urine of salbutamol in excess of 1000 ng/mL or formoterol in excess of 40 ng/mL is not consistent with therapeutic use of the substance and will be considered as an Adverse Analytical Finding (AAF) unless the Athlete proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of a therapeutic dose (by inhalation) up to the maximum dose 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);

Androsta-3,5-diene-7,17-dione (arimistane);

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:

Clomifene;

Cyclofenil;

Fulvestrant.

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

5. Metabolic modulators:

5.1 Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR, SR9009; and Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists, e.g. 2-(2-

methyl-4-((4-methyl-2-(4-(trifluoromethyl)phenyl)thiazol-5-yl)methylthio)phenoxy) acetic acid (GW1516, GW501516);

5.2 Insulins and insulin-mimetics;

5.3 Meldonium;

5.4 Trimetazidine.

S5. DIURETICS 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. 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 (AAF) unless the Athlete has an approved Therapeutic Use Exemption (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 by inhalation.
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 a total of 100 mL per 12 hour period except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations.

M3. GENE DOPING

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

1. The use of polymers of nucleic acids or nucleic acid analogues.
2. The use of gene editing agents designed to alter genome sequences and/or the transcriptional or epigenetic regulation of gene expression.
3. The use of normal or genetically modified cells.

SUBSTANCES & METHODS PROHIBITED IN-COMPETITION

IN ADDITION TO THE CATEGORIES S0 TO S5 AND M1 TO M3 DEFINED ABOVE, THE FOLLOWING CATEGORIES ARE 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;
Amphetamine;
Amfetaminil;
Amiphenazole;
Benfluorex;
Benzylpiperazine;
Bromantan;
Clobenzorex;
Cocaine;
Cropropamide;
Crotetamide;
Fencamine;
Fenetylline;
Fenfluramine;
Fenproporex;
Fonturacetam [4-phenylpiracetam (carphedon)];
Furfenorex;
Lisdexamfetamine;
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.

Including, but not limited to:

1,3-Dimethylbutylamine;
4-Methylhexan-2-amine (methylhexaneamine);
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***;
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 2018 Monitoring Program*.

- * Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2018 Monitoring Program, and are not considered

Prohibited Substances.

- ** Cathine: Prohibited when its concentration in urine is greater than 5 micrograms per milliliter.
- *** Ephedrine and methylephedrine: Prohibited when the concentration of either in urine is greater than 10 micrograms per milliliter.
- **** Epinephrine (adrenaline): Not prohibited in local administration, e.g. nasal, ophthalmologic, or co-administration with local anaesthetic agents.
- ***** Pseudoephedrine: 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;
Nicomorphine;
Oxycodone;
Oxymorphone;
Pentazocine;
Pethidine.

S8. CANNABINOIDS

The following cannabinoids are prohibited:

- Natural cannabinoids, e.g. cannabis, hashish and marijuana,
- Synthetic cannabinoids e.g. Δ 9-tetrahydrocannabinol (THC) and other cannabimimetics.

Except:

- Cannabidiol.

S9. GLUCOCORTICOIDS

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

Including but not limited to:

Betamethasone;

Budesonide;

Cortisone;

Deflazacort;

Dexamethasone;

Fluticasone;

Hydrocortisone;

Methylprednisolone;

Prednisolone;

Prednisone;

Triamcinolone.

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1. 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

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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