



**LABORATORIO NACIONAL DE  
PREVENCIÓN Y CONTROL DEL  
DOPAJE**

**FORMATO**

Camino a Sta.Teresa No.482, Col. Peña Pobre, C.P.14060, Deleg. Tlalpan, México D.F. Tel.: (+52) 55 59275200 Web: www.conade.gob.mx

**REQUEST DESCRIPTION:**

|   |                               |                                      |                       |
|---|-------------------------------|--------------------------------------|-----------------------|
| <b>Organization/Federation:</b>   | <b>Sport:</b>                 | <b>Event Date:</b>                   | <b>Nº of samples:</b> |
| <b>Event name:</b>  | <b>Location of the event:</b> | <b>Sample delivery/receive date:</b> |                       |
| <b>Requested assays:</b><br><input type="checkbox"/> In competition antidoping control (full screen) in athletes<br><input type="checkbox"/> Out of competition antidoping control (partial screen) in athletes<br><input type="checkbox"/> Erythropoietin analysis in athletes<br><input type="checkbox"/> "B" sample analysis<br><input type="checkbox"/> Other (Please specify): _____ |                               |                                      |                       |

**INFORMATION FOR DELIVERY OF RESULTS:**

|                      |             |  |  |
|----------------------|-------------|--|--|
| <b>Organization:</b> |             | <b>Name of the contact person:</b>   |  |
| <b>Telephone:</b>    | <b>Fax:</b> | <b>E-mail:</b>   |  |
| <b>Address:</b>      |             | <b>Results to be delivered by:</b><br><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)*

|                      |             |                                    |                    |
|----------------------|-------------|------------------------------------|--------------------|
| <b>Organization:</b> |             | <b>Name of the contact person:</b> |                    |
| <b>Telephone:</b>    | <b>Fax:</b> | <b>E-mail:</b>                     | <b>CIF or NIF:</b> |
| <b>Address:</b>      |             |                                    |                    |

|  |  |
|--|--|
| <b>Date:</b>   | <b>Seal of the Organization requesting the assays:</b> |
| <b>Name and signature of person requesting the assays:</b> |  |



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**TO BE FILLED IN BY THE LABORATOR:**

**Date when request is received:**

**Request received by:**

**REQUEST APPROVAL:** (By the Laboratory Director, Head of Analytical Services, Quality or persons delegated by them)

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
(First Name and Surname, Signature, Date)

**RECEPTION BATCH:**

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