PART 13 MEDICAL RULES

[Version entering into force on 17.07.2023]

SUMMARY

PART 13 MEDICAL RULES

Chapter I OLYMPIC MOVEMENT MEDICAL CODE

13.1.001 In 2009 the International Olympic Committee has adopted the Olympic Movement Medical Code that is reproduced below.

The Olympic Movement Medical Code is not a formal part of the UCI Cycling Regulations. It is not a set of UCI rules or binding obligations. It is the expression of a series of principles, goals and objectives that should guide all those that are involved in athlete health care and any activity covered by this Code, in particular: riders, their personal and team doctors, national federations, national team doctors, paramedical assistants, team managers, cycling event organizers and any medical staff involved in or present at cycling events. It is to that purpose that the Olympic Movement Medical Code is reproduced below.

13.1.002 All shall be reminded that in the event of a conflict with the Olympic Movement Medical Code, UCI rules, in particular chapters 2 to 4 below, and also any local legislation shall apply.

Olympic Movement Medical Code
In force as from 1 October 2009

PREAMBLE

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PREAMBLE

"Fundamental Principles of Olympism

1 Olympism is a philosophy of life, exalting and combining in a balanced whole the qualities of body, will and mind. Blending sport with culture and education, Olympism seeks to create a way of life based on the joy of effort, the educational value of good example and respect for universal fundamental ethical principles.

2 The goal of Olympism is to place sport at the service of the harmonious development of man, with a view to promoting a peaceful society concerned with the preservation of human dignity."

Olympic Charter, July 2007

1. The Olympic Movement, in accomplishing its mission, should encourage all stakeholders to take measures to ensure that sport is practised without danger to the health of the athletes and with respect for fair play and sports ethics. To that end, it encourages those measures necessary to protect the health of participants and to minimise the risks of physical injury and psychological harm. It also encourages measures that will protect athletes in their relationships with physicians and other health care providers.

2. This objective can be achieved mainly through an ongoing education based on the ethical values of sport and on each individual's responsibility in protecting his or her health and the health of others.

3. The present Code supports the basic rules regarding best medical practices in the domain of sport and the safeguarding of the rights and health of the athletes. It supports and encourages the adoption of specific measures to achieve those objectives. It complements and reinforces the World Anti-Doping Code as well as the general principles recognised in international codes of medical ethics.

4. The Olympic Movement Medical Code is directed toward the Olympic Games, championships of the International Federations and competitions to which the International Olympic Committee (IOC) grants its patronage or support, and to all sport practised within the context of the Olympic Movement, both during training and competition.

Chapter I: Relationships between Athletes and Health Care Providers

1. General Principles

1.1. Athletes should enjoy the same fundamental rights as all patients in their relationships with physicians and health care providers, in particular, respect for:

a. their human dignity;

b. their physical and mental integrity

c. the protection of their health and safety;

d. their self-determination; and

e. their privacy and confidentiality.

1.2. The relationship between athletes, their personal physician, the team physician and other health care providers should be protected and be subject to mutual respect. The health and the welfare of athletes prevail over the sole interest of competition and other economic, legal or political considerations.

2. Information

Athletes should be fully informed, in a clear and appropriate way, about their health status and their diagnosis; preventive measures; proposed medical interventions, together with the risks and benefits of each intervention; alternatives to proposed interventions, including the consequences of non-treatment for their health and for their return to sports practice; and the prognosis and progress of treatment and rehabilitation measures.

3. Consent

3.1. The voluntary and informed consent of the athletes should be required for any medical intervention.

3.2 Particular care should be taken to avoid pressures from the entourage (e.g., coach, management, family, etc.) and other athletes, so that athletes can make fully informed decisions, taking into account the risks associated with practising a sport with a diagnosed injury or disease.

3.3. Athletes may refuse or interrupt a medical intervention. The consequences of such a decision should be carefully explained to them.

3.4. Athletes are encouraged to designate a person who can act on their behalf in the event of incapacity. They may also define in writing the way they wish to be treated and give any other instruction they deem necessary.

3.5. With the exception of emergency situations, when athletes are unable to consent personally to a medical intervention, the authorisation of their legal representative or of the person designated by the athletes for this purpose should be required, after they have received the necessary information.

When the legal representative has to give authorisation, athletes, whether minors or adults, should nevertheless assent to the medical intervention to the fullest extent of their capacity.

3.6. Consent of the athletes is required for the collection, preservation, analysis and use of any biological sample.

4. Confidentiality and Privacy

4.1. All information about an athlete's health status, diagnosis, prognosis, treatment, rehabilitation measures and all other personal information should be kept confidential, even after the death of the athlete and all applicable legislation should be respected.

4.2. Confidential information should be disclosed only if the athlete gives explicit consent thereto, or if the law expressly provides for this. Consent may be presumed when, to the extent necessary for the athlete's treatment, information is disclosed to other health care providers directly involved in his or her health care.

4.3. All identifiable medical data on athletes should be protected. The protection of the data will normally be appropriate to the manner of their storage. Likewise, biological samples from which identifiable data can be derived should be protected from improper disclosure.

4.4. Athletes should have the right of access to, and a copy of, their complete medical record. Such access should normally exclude data concerning or provided by third parties.

4.5. Athletes should have the right to demand the rectification of any erroneous medical data in their files.

4.6. Intrusion into the private life of an athlete should be permissible only if necessary for diagnosis, treatment and care, with the consent of the athlete, or if it is legally required. Such intrusion is also permissible pursuant to the provisions of the World Anti-Doping Code.

4.7. Any medical intervention should respect privacy and be carried out in the presence of only those persons necessary for the intervention, unless the athlete expressly consents or requests otherwise.

5. Care and Treatment

5.1. Athletes should receive such health care as is appropriate to their needs, including preventive care, activities aimed at health promotion and rehabilitation measures. Services should be continuously available and accessible to all equitably, without discrimination and according to the financial, human and material resources available for such purpose.

5.2. Athletes should have a quality of care marked both by high technical standards and by the professional and respectful attitude of health care providers. This includes continuity of care, including cooperation between all health care providers and establishments involved in their diagnosis, treatment and care.

5.3. During training and competition abroad, athletes should receive the necessary health care, which if possible should be provided by their personal physician or the team physician. They should also receive appropriate emergency care prior to returning home.

5.4. Athletes should be able to choose and change their own physician, health care provider or health care establishment, provided that this is compatible with the functioning of the health care system. They should have the right to request a second medical opinion.

5.5. Athletes should be treated with dignity in relation to their diagnosis, treatment, care and rehabilitation, in accordance with their culture, tradition and values. They should enjoy support from family, relatives and friends during the course of care and treatment, and to receive spiritual support and guidance.

5.6. Athletes should enjoy relief of their suffering according to the latest recognised medical knowledge. Treatments with an analgesic effect, which allow an athlete to practise a sport with an injury or illness, should be carried out only after careful consideration and consultation with the athlete and other health care providers. If there is a long-term risk to the athlete's health, such treatment should not be given. Procedures that are solely for the purpose of masking pain or other protective symptoms in order to enable the athlete to practise a sport with an injury or illness should not be administered if, in the absence of such procedures, his or her participation would be medically inadvisable or impossible.

6. Health Care Providers

6.1. The same ethical principles that apply to the current practice of medicine should apply equally to sports medicine. The principal duties of physicians and other health care providers include:

a. making the health of the athletes a priority;
b. doing no harm.

6.2. Health care providers who care for athletes should have the necessary education, training and experience in sports medicine, and keep their knowledge up to date. They should understand the physical and emotional demands placed upon athletes during training and competition, as well as the commitment and necessary capacity to support the extraordinary physical and emotional endurance that sport requires.

6.3. Athletes' health care providers should act in accordance with the latest recognised medical knowledge and, when available, evidence-based medicine. They should refrain from performing any intervention

that is not medically indicated, even at the request of the athletes, their entourage or another health care provider. Health care providers must also refuse to provide a false medical certificate concerning the fitness of an athlete to participate in training or competition.

6.4. When the health of athletes is at risk, health care providers should strongly discourage them from continuing training or competition and inform them of the risks.

In the case of serious danger to the athlete, or when there is a risk to third parties (players of the same team, opponents, family, the public, etc.), health care providers may also inform the competent persons or authorities, even against the will of the athletes, about their unfitness to participate in training or competition, subject to applicable legislation.

6.5. Health care providers should oppose any sports or physical activity that is not appropriate to the stage of growth, development, general condition of health, and level of training of children. They should act in the best interest of the health of children or adolescents, without regard to any other interests or pressures from the entourage (e.g., coach, management, family, etc.) or other athletes.

6.6. Health care providers should disclose when they are acting on behalf of third parties (e.g., club, federation, organiser, NOC, etc.). They should personally explain to the athletes the reasons for the examination and its outcome, as well as the nature of the information provided to third parties. In principle, the athlete's physician should also be informed.

6.7. When acting on behalf of third parties, health care providers should limit the transfer of information to what is essential. In principle, they may indicate only the athlete's fitness or unfitness to participate in training or competition. With the athlete's consent, the health care providers may provide other information concerning the athlete's participation in sport in a manner compatible with his or her health status.

6.8. At sports venues, it is the responsibility of the team or competition physician to determine whether an injured athlete may continue in or return to the competition. This decision should not be delegated to other professionals or personnel. In the absence of the competent physician, such professionals or personnel should adhere strictly to the instructions that he or she has provided. At all times, the overriding priority should be to safeguard the health and safety of athletes. The outcome of the competition should never influence such decisions.

6.9. When necessary, the team or competition physician should ensure that injured athletes have access to specialised care, by organising medical follow-up by recognised specialists.

Chapter II: Protection and Promotion of the Athlete's Health during Training and Competition

7. General Principles

7.1. No practice constituting any form of physical injury or psychological harm to athletes should be acceptable. Members of the Olympic Movement should ensure that the athletes' conditions of safety, well-being and medical care are favourable to their physical and mental equilibrium. They should adopt the necessary measures to achieve this end and to minimise the risk of injuries and illness. The participation of sports physicians is desirable in the drafting of such measures.

7.2. In each sports discipline, minimal safety requirements should be defined and applied with a view to protecting the health of the participants and the public during training and competition. Depending on the sport and the level of competition, specific rules should be adopted regarding sports venues, safe environmental conditions, sports equipment authorised or prohibited, and the training and competition programmes. The specific needs of each athlete category should be identified and respected.

7.3. For the benefit of all concerned, measures to safeguard the health of the athletes and to minimise the risks of physical injury and psychological harm should be publicised for the benefit all concerned.

7.4. Measures for the protection and the promotion of the athletes' health should be based on the latest recognised medical knowledge.

7.5. Research in sports medicine and sports sciences is encouraged and should be conducted in accordance with the recognised principles of research ethics, in particular the Declaration of Helsinki adopted by the World Medical Association (last revised in Seoul, 2008), and the applicable law. It must never be conducted in a manner which could harm an athlete's health or jeopardise his or her performance. The voluntary and informed consent of the athletes to participate in such research is essential.

7.6. Advances in sports medicine and sports science should not be withheld, and should be published and widely disseminated.

8. Fitness to Practise a Sport

8.1. Except when there are symptoms or a significant family medical history, the practice of sport for all does not require undergoing a fitness test. The recommendation for an athlete to undergo such a test is the responsibility of the personal physician.

8.2. For competitive sport, athletes may be required to present a medical certificate confirming that there are no apparent contraindications. The fitness test should be based on the latest recognised medical knowledge and performed by a specially trained physician.

8.3. A pre-participation medical test is recommended for high level athletes. It should be performed under the responsibility of a specially trained physician.

8.4. Any genetic test that attempts to gauge a particular capacity to practise a sport constitutes a medical evaluation to be performed under the responsibility of a specially trained physician.

9. Medical Support

9.1. In each sports discipline, appropriate guidelines should be established regarding the necessary medical support, depending on the nature of the sports activities and the level of competition.
These guidelines should address, but not be limited to, the following points:

- medical coverage of training and competition venues and how this is organised;
- necessary resources (supplies, premises, vehicles, etc.);
- procedures in case of emergencies;
- system of communication between the medical support services, the organisers and the competent health authorities.

9.2. In case of a serious incident occurring during training or competition, there should be procedures to provide the necessary support to those injured, by evacuating them to the competent medical services when needed. The athletes, coaches and persons associated with the sports activity should be informed of those procedures and receive the necessary training for their implementation.

9.3. To reinforce safety in the practice of sports, a mechanism should be established to allow for data collection with regard to injuries sustained during training or competition. When identifiable, such data should be collected with the consent of those concerned, and be treated confidentially in accordance with the recognised ethical principles of research.

Chapter III: Adoption, Compliance and Monitoring

10. Adoption

10.1. The Code is intended to guide all members of the Olympic Movement, in particular the IOC, the International Sports Federations and the National Olympic Committees (hereafter the Signatories). Each Signatory adopts the Code according to its own procedural rules.

10.2. The Code is first adopted by the IOC. It is not mandatory, but desirable, that all members of the Olympic Movement adopt it.

10.3. A list of all Signatories will be made public by the IOC.

11. Compliance

11.1. The Signatories implement the applicable Code provisions through policies, statutes, rules or regulations according to their authority and within their respective spheres of responsibility. They undertake to make the principles and provisions of the Code widely known, by active and appropriate means. For that purpose, they collaborate closely with the relevant physicians' and health care providers' associations and the competent authorities.

11.2. The Signatories encourage the physicians and other health care providers caring for athletes within their spheres of responsibility to act in accordance with this Code.

11.3. Physicians and other health care providers remain bound to respect their own ethical and professional rules in addition to the applicable Code provisions. In the case of any discrepancy, the most favourable rule that protects the health, the rights and the interests of the athletes should prevail.

12. Monitoring

12.1. The IOC Medical Commission oversees the implementation of the Code and receives feedback relating to it. It is also responsible for monitoring changes in the field of ethics and best medical practice and for proposing adaptations to the Code.

12.2. The IOC Medical Commission may issue recommendations and models of best practice with a view to facilitating the implementation of the Code.

Chapter IV: Scope, Entry into Force and Amendments

13. Scope

13.1. The Code applies to all participants in the sports activities governed by each Signatory, in competition as well as out of competition.

13.2. The Signatories are free to grant wider protection to their athletes.

13.3. The Code applies without prejudice to the national and international ethical, legal and regulatory requirements that are more favourable to the protection of the health, rights and interests of the athletes.

14. Entry into Force

14.1. The Code enters into force for the IOC on 1 October 2009. It applies to all Olympic Games, beginning with the 2010 Vancouver Olympic Winter Games.

14.2. The Code may be adopted by the other members of the Olympic Movement after this date. Each Signatory determines when such adoption will take effect.

14.3. The Signatories may withdraw acceptance of the Code after providing the IOC with written notice of their intent to withdraw.

15. Amendments

15.1. Athletes, Signatories and other members of the Olympic Movement are invited to participate in improving and modifying the Code. They may propose amendments.

15.2. Upon the recommendation of its Medical Commission, the IOC initiates proposed amendments to the Code and ensures a consultative process, both to receive and respond to recommendations, and to facilitate review and feedback from athletes, Signatories and members of the Olympic Movement on proposed amendments.

15.3. After appropriate consultation, amendments to the Code are approved by the IOC Executive Board. Unless provided otherwise, they become effective three months after such approval.

15.4. Each Signatory must adopt the amendments approved by the IOC Executive Board within one year after notification of such amendments. Failing this, a Signatory may no longer claim that it complies with the Olympic Movement Medical Code.

Adopted by the IOC Executive Board in Lausanne on 16 June 2009

Chapter II MEDICAL ACTORS IN CYCLING

§ 1 UCI Medical Commission

13.2.001 The UCI Medical Commission is established by the Management Committee of the UCI.

The roles and responsibilities shall be as defined by the Management Committee of the UCI and by these Cycling regulations.

Comment: the decision of the UCI Management Committee dated 18-19 June 2009 and defining the terms of reference of the UCI Medical Commission is reproduced as annex1 to this part 13.]

§ 2 UCI Doctor

13.2.002 The UCI Doctor is the medical doctor appointed by the UCI who coordinates the work of the UCI Medical Commission and is the Commission's contact person with the UCI.

§ 3 UCI Medical Delegate

13.2.003 The Medical Commission shall appoint a UCI Medical Delegate for such UCI World Championships as selected by the Commission. The UCI Medical Delegate will sign a declaration of confidentiality form when accepting the designation.

13.2.004 The duties of the UCI Medical Delegate shall be:

1. Where appropriate, to observe and advise on the application of the UCI health rules and the Olympic Movement Medical Code ;
2. To become acquainted with the UCI Medical Report Form submitted by the organizer and to check that the medical facilities at the World Championships comply with it and with the UCI rules;
3. To inspect the medical facilities with the Chief Medical Officer (CMO) of the Local Organising Committee (LOC) the day before the first official training session. Further checks will be made on a regular basis during the event to check that medical facilities are in accordance with the UCI rules and to report any shortcomings found to the organizer and, for his information, to the UCI Technical Delegate ;
4. To obtain from the Chief Medical Officer at the end of each day the ad hoc list form of riders who required medical care and of the riders who were evacuated to a medical care centre ;
5. To visit riders who have been evacuated to medical care centres ;
6. To be the contact person for team doctors ;
7. To receive information on riders listed on the starting list and who don't wish to compete for medical reasons.
8. To coordinate on site research projects initiated by the Medical Commission.
9. To make a final report to the Medical Commission on the medical services at the World Championships.

13.2.005 Checks carried out by the UCI Official Doctor are limited to checks of compliance with the UCI rules and do not shift responsibility for the medical services from the organizer to the UCI. Findings of non-compliance are notified to the organizer who shall take appropriate measures and remain exclusively responsible for the safety at the world championships under the UCI rules and the terms of the organization agreement.

§ 4 National Medical Doctor

13.2.006 Each National Federation shall appoint a medical doctor as national medical doctor. Whenever possible the National Federation shall appoint a doctor that is familiar with sports medicine.

13.2.007 The national medical doctor shall be aware of and coordinate all actions of the National Federation in the fields of health and medicine.

13.2.008 The national medical doctor must take a UCI license from the National Federation. The National Federation shall register his/her name to the UCI Medical Commission.

13.2.009 The national medical doctor shall establish a relationship and cooperate with the UCI Medical Commission.

§ 5 Team Doctors

13.2.010 Only doctors who hold a licence as a team doctor issued by their National Federation may be engaged or appointed by National Federations, Teams, sponsors, clubs, cycling associations, or any other cycling body to provide medical care to their respective riders.

13.2.011 Medical care in this context is understood to mean non-casual medical care, including that in the following fields: medical examination of riders, examination of fitness to compete, treatment of sporting injuries and illnesses, the prescription of medication to be taken during sporting activity and advice on nutrition and training.

13.2.012 The licence shall be issued by the National Federation of the country of residence of the doctor. The National Federation shall register his/her name to the UCI Medical Commission.

13.2.013 The conditions under which a sports doctor's licence may be obtained shall be set by the National Federation.

In all cases the person concerned shall hold a recognised medical degree, in good standing, with an unrestricted license to practice medicine and preferably with a knowledge of sports medicine.

13.2.014 Any agreement or practice linking the pay of a team doctor to the performance of a rider or riders shall be forbidden.

13.2.015 The team shall ensure that all staff members and persons contracted for providing any assistance to the riders refer to the team doctor for all matters that may have an impact on the health of the rider.

13.2.016 Regardless of his contractual obligations to the team the role and responsibilities of a team doctor shall include:

1. Have as primary concern to provide the best medical care for the riders of the team at all levels and under all circumstances and commit the necessary time and effort to that end
2. Continue medical training in sports medicine
3. Develop and maintain basic knowledge of medicolegal, disability and workers' compensation issues
4. Develop and maintain a profound knowledge of the athletic specificities of the cycling disciplines of the riders of the team
5. Coordinate pre-participation screening, examination, and evaluation;
6. Prevent and manage injuries and illnesses;
7. Coordinate rehabilitation and return to participation;
8. Provide for proper preparation for safe return to participation after an illness or injury;
9. Integrate medical expertise with other health care providers
10. Provide for appropriate education and counselling to the riders regarding nutrition, strength training and conditioning, ergogenic aids, substance abuse, prohibited substances and methods and other medical problems that could affect the riders;
11. Provide for proper documentation and medical record keeping;
12. Participate in health surveys and other efforts to improve the medical care in cycling;
13. Establish and define the roles and relationships of all parties within the team in relation to health issues;
14. Develop a chain of command within the team in relation to health issues;
15. Educate riders, parents (for minors), team managers, coaches, and other involved parties on concerns regarding the riders;
16. Plan and train for emergencies during competition and training;
17. Address medical equipment and supply issues;
18. Provide for proper event coverage in terms of medical care
19. Assess environmental concerns and cycling conditions

The responsibilities of the team doctor shall not exonerate or affect the responsibilities that other persons have under the UCI regulations.

13.2.017 Any breach by a team doctor of the obligations imposed in this part 13 of the UCI regulations may be sanctioned by the UCI Disciplinary Commission by a suspension of between eight days and one year and/or a fine of between CHF 500.00 and CHF 5,000.00. In the case of a second offence within two years of the first, the team doctor will be suspended for a duration of at least six months or excluded permanently and subjected to a fine of between CHF 1,000.00 and CHF 10,000.00.

Where applicable a breach shall be qualified as a serious shortcoming of best medical practices.

Furthermore the matter may be passed over to the national medical disciplinary authorities.

13.2.018 Any contravention of article 13.2.010, article 13.2.014 or article 13.2.015 may be sanctioned by the UCI Disciplinary Commission by a suspension of the body in question for between one month and one year and/or a fine of between CHF 1,000.00 and CHF 10,000.00. In the event of a second or subsequent offence within

five years of the first, the offence shall be penalised by a fine of between CHF 2,000.00 and CHF 20,000.00 and/or a suspension of at least six months or permanent exclusion.

13.2.019 If the case involves a rider who, during the year of the offence, has taken part in or is taking part in races on the international calendar, the National Federation shall inform the UCI before it starts disciplinary procedures. The UCI may require disciplinary proceedings to be held in accordance with the Anti-Doping regulations. If the UCI does not make use of this right within fifteen days of its being informed of the case by the National Federation, the latter may proceed with disciplinary proceedings in accordance with its own regulations.

§ 6 Paramedical Assistants

Definition

13.2.020 The term Paramedical Assistant shall be taken to mean any person who, regularly, at the request or on the direct or indirect initiative of a National Federation, a Team, a sponsor, a club, a cycling association, or any other cycling entity, administers to a rider any paramedical or physical care in connection with the preparation for or participation in cycling races, such as, for example, the administration - under the supervision of a team doctor - of medicines, treatment in case of injury and massage.

Licence

13.2.021 With the exception of doctors holding a UCI licence as a team doctor, no-one may act as Paramedical Assistant without holding a Paramedical Assistant's licence.

13.2.022 The Paramedical Assistant's licence shall be issued by the respective National Federation.

13.2.023 The conditions for obtaining a licence as a Paramedical Assistant shall be set by National Federations. These conditions must ensure that such licences are issued only to those capable of offering quality assistance which respects the imperatives of health and, where applicable, the laws governing the practice of health professionals. It is desirable that a licence is granted only to persons that hold a diploma and have continued training in the field of the services that they are to extend to the riders, have a working knowledge of medical conditions affecting athletes and possess a basic knowledge of first aid at sporting events.

Rules of conduct

13.2.024 The Paramedical Assistant shall provide the best care for the riders of the team at all levels and under all circumstances and commit the necessary time and effort to that end.

13.2.025 The Paramedical Assistant shall develop and maintain a profound knowledge of the athletic specificities of the cycling disciplines of the riders of the team and continue training in his fields of activity.

13.2.026 The Paramedical Assistant shall respect and ensure the respect of the health imperatives of the rider health, sporting ethics and the regulations of the UCI and National Federations. He shall be subject to professional and medical secrecy.

13.2.027 The behaviour of the Paramedical Assistant shall serve as an example for the rider.

13.2.028 The Paramedical Assistant shall place the health of the rider before any interests of his Team, club, sponsor or National Team, that might be harmful to him. He shall oppose training sessions or participation in races in cases where the health and security of the rider cannot be ensured. He shall play an active role in injury prevention and athlete education.

13.2.029 The Paramedical Assistant shall avoid and combat any situations and circumstances that might have a negative effect on the physical integrity and the psychic well-being of the rider.

13.2.030 The Paramedical Assistant shall confine his activity to such acts for which he has sufficient training and experience to guarantee their quality and safety.

13.2.031 Care shall be given according to the real needs of the rider and best professional practice. The Paramedical Assistant shall abstain from any treatment of an experimental nature.

13.2.032 The Paramedical Assistant shall refrain from doing anything he may not be authorised to do under the legislation of his own country or of the country where he is practicing his profession.

13.2.033 The Paramedical Assistant shall be required to follow the instructions of a doctor when treating a sick or injured rider.

13.2.034 In particular, the Paramedical Assistant shall abstain from and oppose any involvement in acts and methods prohibited under the UCI Anti-Doping regulations.

Fundamental rights of the rider

13.2.035 The Paramedical Assistant may not perform any act on the rider without the consent of the rider himself.

13.2.036 The Paramedical Assistant shall inform the rider of the nature and purposes of any treatment given and of its consequences.

13.2.037 The rider shall be entitled to learn about any information about his health or his psychic or physical state that the Paramedical Assistant has recorded or has had recorded.

13.2.038 The Paramedical Assistant shall respect the privacy of the rider and, in the interest of that privacy, be discreet about the care administered, notwithstanding his obligation to disclose information required by or under the regulations of the UCI and of National Federations or a legal provision.

Penalties

13.2.039 Any breach by a Paramedical Assistant of the obligations deriving from this part 13 of the UCI regulations may be sanctioned by the UCI Disciplinary Commission by a suspension of at least eight days up to a maximum of one year and/or a fine of minimum CHF 500.00 to maximum CHF 5,000.00. In the case of a second breach being committed within two years of a first breach, the Paramedical Assistant shall be suspended for a minimum duration of six months or will be debarred for life and subjected to a fine of minimum CHF 1,000.00 up to maximum CHF 10,000.00.

Where applicable a breach shall be qualified as a serious shortcoming of best practices of the profession.

13.2.040 Any person, club, Team, Federation or other organisation calling on the services of a person not holding an Paramedical Assistant's or doctor's licence for the purpose of caring for a rider as defined in article 13.2.020 shall be suspended for a minimum of one month up to a maximum of one year and/or be subjected to a fine of minimum CHF 750.00 up to maximum CHF 10,000.00. Should there be a repeat of the offence within two years, the punishment shall be a minimum suspension of six months or final debarment and a fine of minimum CHF 1,500.00 up to maximum CHF 20,000.00.

13.2.041 The same penalties as referred to in article 13.2.040 shall be imposed on any licence-holders caring for riders as defined in article 13.2.020 without holding a Paramedical Assistant's or a doctor's licence or who are accessories to any breach committed by an Paramedical Assistant, in particular by inciting or forcing the Paramedical Assistant to commit acts counter to the present Regulations.

13.2.042 Should the facts relate to a rider who, during the year in which the breach was committed, participates or has participated in international calendar races, the National Federation shall inform the UCI before taking any disciplinary action. The UCI shall then be entitled, within fifteen days of the notification by the National Federation, to require that disciplinary proceedings be taken according to the Anti-Doping regulations. If the UCI does not avail itself of this right, the proceedings shall be conducted according to the regulations of the National Federation.

Chapter III PROTECTION AND PROMOTION OF THE RIDER'S HEALTH

§ 1 General rules

13.3.001 Each rider shall take care of his physical condition and be attentive to health and safety risks.

13.3.002 Each Team taking part in cycling events shall constantly and systematically ensure that its members are in proper physical condition to engage in cycling.

It shall also ensure that their members practice the sport under safe conditions. It shall ensure in particular that the rider is in good health when returning to competition after a break.

13.3.003 At cycling events, it is the responsibility of the team or race doctor, if any, to determine whether an injured rider may continue in or return to the competition. This decision may not be delegated to other professionals or personnel. At all times, the priority must be to safeguard the health and safety of rider. The potential outcome of the competition must never influence such decisions.

If the team doctor and the race doctor have a different opinion on whether the rider may continue or return to the competition the rider shall not continue or return to the competition.

13.3.004 National Federations shall have freedom of action as regards health protection and medical monitoring for their license-holders in addition to the medical monitoring provided by these UCI regulations.

A pre-participation medical test is recommended for high level athletes. It should be performed under the responsibility of a specially trained physician.

13.3.005 During races on the international calendar, no controls other than those imposed under the UCI regulations may be organized or accepted. This shall apply to the in-competition period for each race as defined in UCI's Anti-Doping Rules.

13.3.006 Each UCI ProTeam and each Professional Continental Team shall appoint a medical doctor, ideally a sports medicine doctor, as its team doctor. Other UCI-registered teams shall endeavour to appoint a medical doctor as their team doctor, ideally a sports medicine doctor.

§ 2 Medical monitoring of UCI WorldTeams and UCI ProTeams

General

13.3.007 This section shall apply to the UCI WorldTeams and UCI ProTeams.

13.3.008 For the purposes stipulated in article 13.3.002, the Team shall set in place and implement a prevention and safety programme that includes at least the programme of required tests and the risk prevention set out below.

13.3.009 The Team Manager shall be responsible for the organization and implementation of these programmes. The Team doctor shall be responsible for the medical aspects.

13.3.010 The Team shall not oblige or allow any rider to participate in cycling events if he has been judged unfit by the Team doctor or if it learns in any other way that he is unfit.

13.3.011 In the event that the Team doctor learns of any facts that in his view render the rider (even temporarily) unfit to participate in cycling events, he shall declare the rider unfit and shall inform the Team Manager. The duration of the period for which a rider shall be deemed unfit shall be determined by the Team doctor. This decision and the declaration of unfitness shall be made in writing and added to the rider's medical file.

13.3.012 The Team and the Team doctor shall help the rider to seek medical assistance.

13.3.013 For competitions lasting three days or more, it is mandatory for the team to have a medical doctor present for the full event.

13.3.014 The Team doctor shall inform the UCI Medical Commission of the risks observed and of any information or suggestion that may be useful for the cycling community in terms of health, medicine and prevention.

Tests

13.3.015 Riders must undergo the medical tests listed in the "Programme of obligatory tests for UCI medical monitoring" drawn up by the Medical Commission.

This programme will also set the procedures for the implementation of this section. The programme is obligatory for the parties concerned on the same basis as these regulations and is subject to the sanctions set out in the same.

The programme and its amendments shall come into force as from the moment that the Teams are notified.

13.3.016 The programme of obligatory test must include a check-up when a rider first joins a Team. Subsequently, examinations are carried out every two years, every year and every quarter as shown in the table in the programme.

13.3.017 Each examination shall include a physical examination by a medical doctor, preferably with experience in sports medicine, and the specific examinations stipulated in the programme.

13.3.018 The examinations shall be carried out in such a way that their results are known and provide a basis for assessing the fitness to train or compete of the rider before the end of the period in which they must be carried out.

13.3.019 The obligatory tests shall be carried out at the Teams' expense.

Medical file

13.3.020 The Team doctor shall keep a medical file for each rider.

13.3.021 The medical file shall include all the results of the examinations to be carried out on the rider under the terms of the present regulations and any other useful information concerning the rider's health that is added with his agreement.

13.3.022 The medical file is the property of the rider but must be kept by the Team doctor.

13.3.023 Without prejudice to the right to check of the UCI Medical Commission following article 13.3.028, only the rider and the Team doctor shall have access to the medical file.

13.3.024 The Team doctor and if necessary, the UCI Medical Commission shall treat the test results as confidential, without prejudice to the obligation of the Team doctor to declare a rider unfit to train or to compete where necessary.

13.3.025 The medical file shall be handed over to the rider when he leaves the Team. The rider shall hand it over to the Team doctor of his new Team.

13.3.026 Any document dating back ten years or more shall be withdrawn from the medical file.

Controls

13.3.027 After each test the Team doctor shall submit a declaration to the UCI Medical Commission in accordance with the model drawn up by the UCI Medical Commission noting the examinations undergone by each rider. This declaration must be received by the UCI Medical Commission by the 15th of the month following that in which the test was to take place.

13.3.028 On request from the UCI Medical Commission and within the time limit and in accordance with the procedures set by it, the Team doctor shall provide the Commission with the proof of the obligatory tests following the present regulations and give the explanations and information required.

13.3.029 The UCI Medical Commission shall ensure that no other member or person than member medical doctors or the UCI doctor shall have access to the medical information of the riders.

Penalties

13.3.030 The following penalties may be imposed by the UCI Disciplinary Commission in the event of infringements of the regulations set out in the present section:

to the Team: suspension from eight days to six months and/or a fine of CHF 1,000 to CHF 10,000; in the event of a contravention of article 13.3.027 the Team shall be penalised by a fine of CHF 500 per rider per week's delay;

to the rider: suspension from eight days to three months and/or a fine of CHF 100 to CHF 1,000;

to the Team doctor: in accordance with article 13.2.017;

to the Team Manager: a suspension of between eight days and ten years and/or a fine of between CHF 500 and CHF 10,000. In the event of an infringement committed in the two years following the first infringement, six month suspension minimum or final exclusion and a fine of CHF 1,000 to CHF 10,000.

§ 3 Medical monitoring for women road, mountain bike (cross-country), track and BMX disciplines

13.3.031 This section shall apply to the following disciplines: women road, mountain-bike (cross-country), track and BMX.
Riders who have to submit to the medical monitoring programme are the following:

1. UCI's Women's Teams
2. Mountain-bike (cross-country): the first 100 men and the first 40 women in the UCI individual classifications, Olympic format, of the 31 December of the preceding year;
3. Track: the first 100 men and the first 40 women in the UCI individual classifications of the 31 December of the preceding year;
4. BMX: the first 50 men and the first 20 women of the UCI individual classifications of the 31 December of the preceding year.

General

13.3.032 The National Federation of the rider shall set in place and implement a prevention and safety programme that includes at least the programme of required tests set out below.

13.3.033 The National Federation shall be responsible for the organisation and implementation of these programmes. In case the team does not have a team doctor, the national medical doctor or the doctor appointed by the National Federation (responsible doctor) shall be responsible for the medical aspects. Such doctor shall have a license as a team doctor.

13.3.034 The National Federation or the rider's team shall not oblige or allow any rider to participate in cycling events if he/she has been judged unfit by the medical consultant or if it learns in any other way that he/she is unfit.

13.3.035 In the event that the responsible doctor learns of any facts that in his view render the rider (even temporarily) unfit to participate in cycling events, he shall declare the rider unfit and shall inform the rider's team or club. The period for which a rider shall be deemed unfit shall be determined by the responsible doctor. This decision and the declaration of unfitness shall be made in writing and added to the rider's medical file.

13.3.036 The National Federation and the responsible doctor shall help the rider to seek medical assistance.

Tests

13.3.037 Riders referred to by article 13.3.031 must undergo the medical tests listed in the «Programme of obligatory tests for UCI medical monitoring» for women road, mountain biking (cross-country), track and BMX, drawn up by the UCI Medical Commission.

This programme will also set the procedures for the implementation of this section. The programme is obligatory for the parties concerned on the same basis as these regulations and is subject to the sanctions set out in the same.

The programme and its amendments shall come into force as from the moment that of their communication to the national federation.

13.3.038 The programme of obligatory test must include a check-up when request for the licence is submitted. Subsequently, examinations are carried out as shown in the table in the programme.

13.3.039 Within the context of medical monitoring, each examination shall include a physical examination by a medical doctor, preferably with experience in sports medicine, and the specific examinations stipulated in the programme.

13.3.040 The examinations shall be carried out in such a way that their results are known and provide a basis for assessing the fitness of the rider to train or to compete before the end of the period in which they must be carried out.

13.3.041 The obligatory tests shall be carried out at the team's (for riders of registered teams) or national federation's expense.

Medical file

13.3.042 The responsible doctor shall keep a medical file for each rider.

13.3.043 The medical file shall include all the results of the examinations to be carried out on the rider under the terms of the present regulations and any other useful information concerning the rider's health that is added with his agreement.

13.3.044 The medical file is the property of the rider but it must be kept by the responsible doctor.

13.3.045 Without prejudice to the right to check of the UCI medical commission following article 13.3.049, only the rider and the responsible doctor shall have access to the medical file.

13.3.046 The responsible doctor and, if needed the UCI Medical Commission shall treat the test results as confidential, without prejudice to the obligation of the responsible doctor to declare a rider unfit where necessary.

13.3.047 The medical file shall be handed over to the rider when he is no longer a licence-holder of the national federation.

13.3.048 Any document dating back ten years or more shall be withdrawn from the medical file.

Controls

13.3.049 On request from the UCI Medical Commission and within the time limit and in accordance with the procedures set by the Commission, the responsible doctor shall provide the Commission with the result of the tests and give the explanations and information required.

13.3.050 The Medical Commission shall ensure that no other member or person than member medical doctors or the UCI doctor shall have access to the medical information of the riders.

Penalties

13.3.051 The following penalties may be imposed by the UCI Disciplinary Commission in the event of violation of the regulations set out in the present section:

1. to the team or the national federation: a fine of CHF 1,000 to CHF 10,000 in the event of a violation of article 13.3.037, The national federation shall be penalised by a fine of CHF 500 per rider per week's delay;
2. to the rider: suspension from eight days to three months and/or a fine of CHF 100 to CHF 1,000;
3. to the responsible doctor: in accordance with article 13.2.017;
4. to the rider's team manager, depending on the case: a suspension of between eight days and ten years and/or a fine of between CHF 500 and CHF 10,000. In the event of an infringement committed in the two years following the first infringement, six month suspension minimum or final exclusion and a fine of CHF 1,000 to CHF 10,000.

§ 4 Ban on injections

Comment: the aim of this paragraph is to prohibit the use of injections to administer drugs or substances without a clear and recognized medical indication (i.e vitamins, enzymes, cofactors, sugars, amino-acids, proteins, anti-oxydants, etc.). In particular, it refers to injections aimed at improving and speeding up recovery or decreasing fatigue

13.3.052 The injection of any substance to any site of a rider's body is prohibited unless all of the following conditions are met:

1. The injection must be medically justified based on best practice. Justification includes physical examination by a certified medical doctor and an appropriately documented diagnosis, medication and route of administration;
2. There is no alternative treatment without injection available;
3. The injection must respect the manufacturer-approved indication of the medication;
4. The injection must be administered by a certified medical professional except where normal practice is that the patient with a disease requiring injections injects him/herself (for example diabetes);
5. The injection must be reported immediately and in writing not later than 24 hours afterwards to the UCI Doctor (via email [medical@uci.ch] or fax [+41 24 468 59 48]), except for riders
   a. With a valid TUE;
   b. Vaccination
   c. When the injection is received during hospital treatment or clinical examination;
   d. When normal practice is that the patient with a disease requiring injections injects him/herself.

The report must be made by the medical doctor having examined the rider and must include the confirmation that a physical examination took place, the diagnosis, medication and route of administration. Where applicable it shall also include the prescription referred to in article 13.1.065.

Comment to par. 5: the report may be sent by the medical doctor or the rider. The rider is responsible for the report to be sent.

13.3.053 The prohibition under article 13.3.052 applies to any substance that is injected, whether endogenous or exogenous, whether prohibited under the UCI Anti-Doping Rules or not.

13.3.054 The prohibition under article 13.3.052 applies to any type of injection: intravenous, intramuscular, intra-articular, peri-articular, peri-tendinous, epidural, intra-dermal, subcutaneous, etc.

13.3.055 In case of a local injection of glucocorticosteroids, which is subject to the UCI Anti-Doping Rules and the Prohibited List, the rider must rest and is excluded from competition for 8 days.

The medical doctor having prescribed the injection shall prescribe this rest in writing to the rider and add to the documentation referred to in article 13.3.052.1 a copy of such prescription signed by him/herself and the rider.

The medical doctor having prescribed the injection or the Team doctor will control the blood cortisol just before the potential return to competition. The cortisol assay will be performed at the best by a mass spectrometry method.

The results of this assay as well as the decision of medical fitness to return to competition will be sent by the Team doctor to the UCI medical director under the same conditions as those specified in Article 13.3.052.5.

13.3.056 In case of an injection of a prohibited substance, in addition to the requirements of articles 13.3.052 and 13.3.055, a Therapeutic Use Exemption remains required and the procedure foreseen in article 4 of the UCI Anti-Doping Rules has to be followed.

13.3.057 The following penalties may be imposed by the UCI Disciplinary Commission in the event of an infringement of article 13.3.052: suspension from eight days to six months and/or a fine of CHF 1,000 to CHF 100,000; in the case of a second offence within two years of the first: a suspension of at least six months or lifetime suspension and a fine of CHF 10,000 to CHF 200,000.

The penalties shall apply to any licence-holder found to have committed the violation or to be an accomplice; application of article 1.1.086 is reserved;

13.3.058 In addition to the sanctions stipulated in article 13.3.057 the following shall apply:

1. In case of infringement of article 13.3.055 all results obtained by the rider in the 48 hours period shall be disqualified.
2. In case a violation of article 13.3.052 occurs at a race the licence holder(s) concerned and, where appropriate, the whole team of the licence holder(s) at fault may be excluded from the race; in this respect the possession of objects used or fit for an injection shall be presumed to constitute evidence of a violation of article 13.3.052 having been committed except if the objects are in the possession of the medical doctor who has made the report referred to in article 13.3.052.5 and are covered by such report and except for those objects that may reasonably be in a medical doctor's possession. The exclusion may be decided by the president of the commissaires' panel after having given the persons concerned the opportunity to be heard or by the president of the UCI Disciplinary Commission upon report by the president of the commissaires' panel.

13.3.059 At stage races expedited disciplinary proceedings may be conducted as determined by the president of the UCI Disciplinary Commission.

13.3.060 The disposal of any material used for an injection shall conform to recognised safety standards.

§ 5 Diagnosis and return to competition after concussion

13.3.061 All doctors and paramedical assistants who are members of a team, or involved in the medical support of a cycling competition must be familiar with and able to implement the "Cycling-specific Sport Related Concussion", as well as the "Concussion Assessment Tool for Sport" (SCAT5), available on the UCI website.

13.3.062 In accordance with the consensus “Cycling-specific Sport Related Concussion”:

- the clinical assessment should follow the procedures outlined in the "Sport Concussion Assessment Tool for Assessment of Concussion in Sport" (SCAT5), in all cases where physicians have sufficient time to complete a standardized test (minimum 10 min); and
- in all other cases, and in particular during fast-paced cycling disciplines, a standardised initial screening assessment is needed, in accordance with the procedures outlined in the Consensus on Concussions in Cycling.

13.3.063 All riders and non-healthcare professionals on the teams must be familiar with the "Pocket Guide" which outlines the main signs of suspected concussion. This guide is available on the UCI website.

When a non-healthcare professional detects signs of suspected concussion, he or she has an obligation to refer to a physician. The physician must conduct a clinical assessment as described in the consensus “Cycling-specific Sport Related Concussion".

When a physician confirms the suspicion of concussion, following a clinical assessment, the physician must immediately remove the rider from competition or training. The rider must then be urgently subjected to appropriate additional medical examinations.

In order to improve the sensitivity of the tests carried out during the emergency examination on road side or track side, especially when this is not interrupted, the UCI recommends carrying out a basic evaluation (pre-season) of the tests taken from the 5 version of the sports concussion assessment tool (SCAT5),

- assessment of balance in the feet together position, head back,
- immediate memory, 10 words recall,
- digits backwards.

13.3.064 Any medically confirmed concussion must be officially reported within 24 hours to the UCI medical director (by email [medical@uci.ch]), using the declaration form (document available on the UCI website).

13.3.065 In adult riders, the recovery period (absence of competition and training) following a confirmed concussion should be a minimum of 7 days. No return to competition before this 7-day period can be considered.
For junior riders, the recovery period is a minimum of 2 weeks.

§6 In-Competition Prohibition of tramadol

13.3.066 Introduction

Tramadol is sold under different brand names, including, without limitation, Nobligan, Tiparol, Topalgic, Tradolan, Contramal, Tramal, Ultram, Ixprim. For the purposes of this Chapter tramadol is defined as the molecule *2-(diméthylamino)méthyl-1-(3-méthoxyphényl) cyclohexanol hydrochloride* according to the IUPAC[1] nomenclature.

Tramadol is a synthetic opioid analgesic (painkiller) prescribed for the treatment of moderate to moderately severe pain. It is a centrally acting analgesic that affects the way the brain and nervous system respond to pain. In addition to the risk of dependence and addiction, commonly reported adverse side effects of tramadol are dizziness, drowsiness and loss of attention, which are incompatible with competitive cycling and endanger other competitors.

In light of the foregoing, in order to protect each rider's health and physical integrity and to ensure the safety of the competitions, Tramadol is prohibited in-competition.

For the purpose of this provision, "in-competition" is the period starting 12 hours before the beginning of the event the rider is scheduled to participate through the end of such event and through the end of the Tramadol Sample collection process related to such event.

By requesting a license, any rider agrees to abide and be bound by these Rules and explicitly agrees and acknowledges that Tramadol is prohibited in-competition. In this respect, any rider agrees to submit to in-competition tramadol control as provided under this Chapter.

The following provisions are intended to apply autonomously and without connection with the World Anti-Doping Code and/or the UCI Anti-Doping Rules. For the sake of clarity, offences against these provisions are not anti-doping rules violation within the meaning of the World Anti-Doping Code and/or the UCI Anti-Doping Rules.

When reviewing the facts and the law of a given case, courts, arbitral hearing panels and other adjudicating bodies should be aware of and respect the purpose of these Rules as defined in this article.

The In-Competition Prohibition of Tramadol and the rules under this Chapter entered in full as of 1 March 2019.

13.3.067 Tramadol Control

Any rider participating in an event registered on an international or national calendar may be subject to Tramadol Control.

The rider shall be notified of his/her selection for a Tramadol Control either in person, through his/her support personnel or by any other means.

[1] International Union of Pure and Applied Chemistry (IUPAC) / Union Internationale de Chimie Pure et Appliquée (UICPA)

The rider shall report immediately to the dedicated area for the collection of samples under these Rules (Tramadol Control Station), unless compelling justification exists (e.g. obtaining necessary medical treatment, participation in official protocols, fulfilment of media commitment, doping control or bike checks).

A sample collected from a rider under these Rules (Tramadol Sample) is owned by the UCI.

Tramadol Sample collection process, transportation and analysis of the Tramadol Sample are governed by the UCI Technical Rules on Tramadol in their version in force at the time of the sample collection.

13.3.068 Infringements of the In-Competition Prohibition of Tramadol

The following constitute an infringement relating to the In-Competition Prohibition of Tramadol:

a) Presence of Tramadol in a rider's sample collected in-competition.

   Presence within the meaning of this provision is defined as the analytical identification of Tramadol and its metabolites in biological material collected for the purposes of Tramadol Control.

   The mere presence of Tramadol and its metabolites in a rider's in-competition sample is sufficient to establish an infringement of the In-Competition Prohibition of Tramadol, without consideration of the rider's intent, fault or negligence.

b) Proven use of Tramadol in Competition
   Use can be established by any reliable means

c) Evading a Tramadol Sample Collection.

d) Refusing or failing to submit to Tramadol Sample Collection without compelling justification.

e) Tampering or attempting to tamper with any part of the Tramadol Sample Collection. This includes, without limitation, any conduct which subverts the Tramadol Sample collection process.

[Comment: Infringements of Article 13.3.068 let. b, c, d and e can be established by any reliable means, including without limitation, report from the Tramadol Control Officer]

13.3.069 Sanctions on Riders

1. <u>First Infringement</u>

A first infringement of the In-Competition Prohibition of Tramadol is sanctioned with the following disciplinary measures:

a) disqualification of the event in connection with the infringement, with all resulting consequences, including forfeiture of any medals, points and prizes;

b) a fine of 5'000 CHF if the rider is a member of a UCI WorldTour Team or UCI ProTeam, at the time of the infringement. Otherwise, the fine shall be 1000 CHF;

c) Reimbursement of the costs incurred for the Tramadol Control.

2. Multiple Violations

Any further infringement shall be sanctioned with the following disciplinary measures:

a) disqualification of the event in connection with the infringement, with all resulting consequences, including forfeiture of any medals, points and prizes.

b) suspension of 5 months for a second infringement and 9 months for any further infringement.

Unless fairness requires otherwise, the suspension starts from the notification of the sanction.

c) Reimbursement of the costs incurred for the Tramadol Control.

13.3.070 Proceedings

a) Use of Tramadol or Presence of Tramadol in a rider's sample.

In accordance with Article 12.5.004 of the UCI Regulations, the UCI Medical Director is competent to decide and sanction all cases of Use of Tramadol or Presence of Tramadol for a first infringement.

In case of Use, before making the decision, the UCI Medical Director may invite the rider to provide his/her position on the reported infringement.

Sanctions for further infringement of Use or Presence shall be imposed by the UCI Disciplinary Commission.

The UCI Disciplinary Commission will apply the rules of procedure as contained in Part XII of the UCI Regulations.

b) Evading a Tramadol Sample collection, tampering or attempting to tamper with the Tramadol Sample collection process, refusing or failing to submit to Tramadol Sample collection without compelling justification.

Such infringement shall be reported to the UCI Medical Director by any person subject to the UCI Regulation, including the Tramadol Control Officer.

The UCI Medical Director will decide whether there is a prima facie infringement and if so, refer the case to the UCI Disciplinary Commission.

Before making the decision the UCI Medical Director may invite the rider to provide his/her position on the reported infringement.

The UCI Disciplinary Commission will apply the rules of procedure as contained in Part XII of the UCI Regulations.

c) Decision

The decisions of the UCI Medical Director and of the UCI Disciplinary Commission shall be notified by email to the rider, with a copy to the rider's national federation and the rider's team. They will be published on the UCI website until the end of the year the infringement was committed.

The decisions of the UCI Medical Director and of the UCI Disciplinary Commission are enforceable as soon as it is communicated.

d) Appeal

The decisions of the UCI Medical Director and of the UCI Disciplinary Commission are subject to an appeal to the Court of Arbitration for Sport. The time limit to appeal is 10 days upon receipt of the decision by the rider.

13.3.071 Sanctions on Teams

a) Fine

If two riders contracted to a Team registered with the UCI commit, while competing for the Team, within a twelve-month period, an infringement of the In-Competition Prohibition of Tramadol under Article 13.3.068, the Team shall pay a fine of 10'000 CHF to the UCI. The fine is due when the second rider's sanction becomes final.

[Comment: The imposition of the fine against the Team is based on strict liability.]

b) Suspension

In the event of any further infringement within the same twelve-month period, the Team shall, unless circumstances of exceptional nature require otherwise, be suspended from participation in any International Event for a period determined by the UCI Disciplinary Commission (through its President or a member designated to act in his stead).

The suspension shall not be less than 1 month and not more than 12 months.

The Team shall be invited by the UCI Disciplinary Commission to provide its position.

The proceedings shall be conducted in an expedited manner and, unless the UCI Disciplinary Commission orders otherwise, by written submissions only.

The UCI Disciplinary Commission will take its decision taking into account all the circumstances of the case.

[Comment: Factors to be considered by the UCI Disciplinary Commission in deciding the duration of the suspension include, but are not limited to:

- the nature of the infringement and the circumstances giving rise to it;
- the level of due diligence applied by the Team;
- whether there is any prima facie indication that the Team (through its Team members or staff) was involved in one or some of the infringement;
- whether some other facts or circumstances exist that, in the UCI Disciplinary Commission's opinion, make it clearly unfair to impose a suspension;

- the Team's race calendar.]

The UCI Disciplinary Commission may decide not to suspend the Team, if the Team clearly can establish that it took all measures that could reasonably be expected in order to avoid the commission of the infringement.

The start date and period of suspension shall be determined so that the suspension be effective.

[Comment: Its application may be suspended at the end of the season and the rest of the suspension time may be served at the beginning of the next season. Subject to the discretion of the UCI Disciplinary Commission, the suspension may take effect during an ongoing event or on the first day of the next event on the Team's race calendar.]

Chapter IV MEDICAL SERVICE AT EVENTS

§ 1 General rules

13.4.001 The health and safety of all involved in a cycling event shall be a primary concern of the organiser of the event.

13.4.002 The organizer of a cycling event shall be responsible for setting up and operating appropriate medical services at the event in order to provide treatment for riders, officials, team and organisation staff, press and all other accredited persons who suffer injury or illness at the event.

13.4.003 The organizer shall ensure that the medical assistance to be provided in his cycling event is of the highest possible standards and efficiency in all respects, taking into account that any delay, error or indecision may have serious consequences.

13.4.004 Medical care shall be available immediately after an accident or the appearance of symptoms (first intervention time). The major objective shall be to provide the best care possible in order to stabilise a person's condition and, if necessary, to transfer the person to an appropriate hospital facility without delay.

13.4.005 The organiser shall at least appoint one or more doctors to provide medical care on site, and provide one or more ambulances. For the rest the medical service shall be consistent with all relevant factors including but not limited to:

1. The discipline, the size and the level of the event,
2. The estimated number of competitors, support staff and spectators,
3. The geographical, topographical and environmental conditions, and
4. The local law and professional practices.

13.4.006 The organiser shall ensure that the providers of medical services have the required professional licenses and permits including for the vehicles they drive.

13.4.007 On-site medical services shall be operational continuously from at least one hour before the start of each competition or official training session until at least one hour after the last rider has finished.

13.4.008 Outside the timeframes referred to in article 13.4.007 a round-the-clock service shall be organized consisting of at least one paramedic who may be called upon at all times to assist in finding adequate medical help and who is fluent in English or French.

13.4.009 Prior to the start of the event, the organiser must make available to participating teams and to all medical and organizational staff a document with a plan of the on-site medical stations, the names and telephone numbers of the on-site medical staff and of the hospitals to be contacted to receive injured persons.

13.4.010 The organiser shall also provide a separate medical service for the public in accordance with local legislation and reflecting the size of crowd expected.

13.4.011 The organizer shall be responsible for the medical services to the exclusion of the UCI.

Checks that may be carried out by or on behalf of the UCI are limited to checks of compliance with the UCI rules and do not shift responsibility for the medical services from the organizer to the UCI. The organizer remains exclusively responsible for the safety at his event.

§ 2 UCI World Championships, UCI World Cup events and UCI World Tour events

13.4.012 The rules of this §2 apply to UCI World Championships, UCI World Cup events and to the races of the UCI World Tour.

13.4.013 The Local Organizing Committee (LOC) shall put in place at the minimum the resources specified below. Additional resources may be required by local law and/or by the specific circumstances of the event.

Human resources

13.4.014 LOC shall appoint as Chief Medical Officer (CMO) a doctor with knowledge in sports medicine and if possible with experience in the discipline of the event. The CMO shall be the general coordinator of the medical services at the event.

13.4.015 LOC shall also provide in support of the CMO:

1. One assistant doctor and for road races two assistant doctors, preferably trained in sports, emergency medicine or traumatology or specialists in anaesthesiology, and holders of an ATLS diploma (Advanced Traumatic Life Support)
2. A medical team consisting of one doctor, one paramedic and one volunteer located in each first responder unit.
3. One paramedic qualified to the highest national level in their profession in ALS (Advanced Life Support) and one paramedic assistant located in each ambulance.
4. A driver for each ambulance holding the highest national qualification in ambulance transport.
5. A driver for the doctor's car at road races who shall be experienced in driving during cycle races.

13.4.016 Medical personnel shall ware recognizable clothing. Doctors shall wear distinctive jackets bearing the word "Doctor".

13.4.017 All doctors and to the extent possible all other medical personnel shall be fluent in English or French.

Equipment

A. Vehicles

13.4.018 The LOC shall provide

1. On road races, a car, preferably a convertible, for the doctor who shall act as first responder during an accident and provide acute medical care;
2. Two or more ambulances to provide immediate aid to accident victims and equipped to give emergency cardio-pulmonary resuscitation and advanced life support; at least one ambulance must be available at all times when the other ambulance(s) is/are in use.
3. Depending on the nature of the event, the proximity of hospitals and the suitability of evacuation routes, the following vehicles shall be provided in addition:

    a) Vehicles capable of carrying a stretcher with an injured person in reasonable conditions on difficult routes.

b) A motorcycle, designed to ensure prompt medical assistance when access to the patient by car is problematic (narrow roads, crowds on the road, etc.)
c) Whenever the evacuation with the ambulance shall take more than 30' (thirty minutes), a medical helicopter shall be available as nearly as possible for transport of patients on stretchers in order to minimise the second intervention time, plus a helicopter landing area close to the venue.
d) Additional means of rescue and transport depending on the topography of the competition site: alpine rescuers, quads, etc....

B. Medical equipment

13.4.019 The LOC shall provide all medical equipment for the event and put it under the responsibility of the CMO, which shall include at the minimum the equipment described in Annex 2.

C. Communication

13.4.020 All vehicles, posts and units of the medical service must be interconnected by a professional radio system through a special channel that is available to medical services only. The radio system must be set to the channel of the commissaires and of the organizer as well.

13.4.021 All medical staff must be equipped with radio transmitters/receivers as well as with mobile phones to be used in case of technical malfunction of the radio transmitters/receivers

13.4.022 All medical staff must be in possession of a list of emergency medical centres and hospitals to which victims can be evacuated if necessary as well as the telephone numbers of the relevant emergency services.

At least the CMO must be able to directly contact the management of these emergency services.

Disposition on the field

A. Road races

13.4.023 In normal conditions, the medical services are distributed in the race convoy as described below:

1. The car with the CMO or assistant doctor and a paramedic on board takes up a position behind the president of the commissaires' panel;
2. The first ambulance remains behind the team managers' cars, with the main peloton; a second ambulance stays at the back of the race, near the broom wagon; one of the assistant doctors must be located in one of the ambulances.
3. If a motorbike is available, it shall have the second assistant doctor on board and stay with any breaks during flat stages, but be available anywhere on the course during mountain stages.

13.4.024 Where the course of the race has technically difficult sections that are prone to see riders crash the organiser shall provide all medical staff with a course map with detailed identification of such sections and ambulance accesses and evacuation routes.

A first responder unit shall be deployed in vicinity of each of these sections to provide rapid intervention in case of emergencies.

13.4.025 If the course forms a circuit a central medical post shall also be set up at the start/finish line.

B. Other disciplines

13.4.026 The organiser shall provide a central medical post that can be a permanent or temporary structure with adequate space for medical personnel and equipment to treat ill or injured persons for major and minor injuries or medical problems.

The central medical post shall be located at the start-finish area at mountain bike and cyclo-cross events, adjacent to the venue for BMX, trial and indoor events and in the velodrome at track events.

The location shall be such as to provide good access and evacuation possibilities.

13.4.027 Where the course of a mountain bike or cyclo-cross race has technically difficult sections that are prone to see riders crash the organiser shall provide all medical staff with a course map with detailed identification of such sections and ambulance accesses and evacuation routes.

A first responder unit shall be deployed in vicinity of each of these sections to provide rapid intervention in case of emergencies.

At least one doctor should also be rapidly available to move among the different sections.

13.4.028 At track events a first responder unit shall be deployed in the track centre to provide rapid intervention in case of emergencies.

13.4.029 At BMX events medical staff shall be posted next to the course where crashes are most likely to occur.

C. Specific rule for UCI World Championships

13.4.030 The LOC for the World Championships shall submit the plan of the medical service for prior approval by the UCI Medical Commission through the UCI Medical Report Form.

The organiser shall send the UCI Medical Report Form to the UCI via email [medical@uci.ch] or fax [+41 24 468 59 48] at least 3 months prior to the beginning of the event.

13.4.031 The UCI Medical Delegate appointed for the World Championships concerned shall inspect the medical facilities with the Chief Medical Officer as laid down in article 13.2.004.

Chapter V ELIGIBILITY REGULATIONS FOR TRANSGENDER ATHLETES

§ 1 Introduction

13.5.001 The Union Cycliste Internationale (UCI), as the international federation responsible for the worldwide governance and regulation of Cycling, has adopted these Eligibility Regulations for Transgender Athletes ("**Transgender Regulations**") for the participation of Transgender athletes in the sport of Cycling in the category of competition and classification that is consistent with their gender identity, in accordance with the following imperatives:

1. UCI wants to give equal opportunities to all athletes to participate in and excel at the sport, and to provide them with fair and meaningful competition conditions, so that they are motivated to make the huge commitment and sacrifice required to excel in the sport, and inspire new generations to join the sport and aspire to the same excellence.

2. The substantial sex difference in sports performance that emerges from puberty onwards means that the only way to achieve the objectives set out above is to maintain separate classifications (competition categories) for male and female athletes. That difference is due to the physical advantages conferred on male athletes by the testes producing much higher levels of testosterone than ovaries produce from puberty onwards in female athletes.

3. UCI recognises that Transgender athletes may wish to compete in Cycling in a category and in a classification consistent with their gender identity. UCI respects the dignity of all individuals, including Transgender athletes. UCI also wishes the sport of Cycling to be as inclusive as possible, and to encourage and provide a clear path to participation in the sport for all. It therefore seeks to place conditions on such participation only to the extent necessary to deliver fair and meaningful competition conditions at the elite level of the sport.

4. These Transgender Regulations exist solely to achieve the objective set out above. In no way are they intended as any kind of judgement on or questioning on the gender identity of the athlete. On the contrary, the dignity and privacy of Transgender athletes must be respected and preserved, and therefore all cases arising under these Transgender Regulations must be handled and resolved in a confidential manner, recognising the sensitive nature of such matters.

13.5.002 These Transgender Regulations reflect a broad medical, scientific and legal consensus as to the approach required to achieve the imperatives identified above. They are based on discussions and exchanges between medical experts, sports physicians, legal counsel, human rights experts, and transgender representatives.

13.5.003 These Transgender Regulations come into effect on 17 July 2023, replacing the previous edition of these Transgender Regulations (which came into effect on 1 July

2022), and apply immediately and in full to all cases falling within their scope. They will be subject to periodic review, and may be amended following such review to take account of any new evidence and/or relevant scientific or medical developments.

13.5.004 These Eligibility Regulations for Transgender Athletes are binding on and must be complied with by UCI officials, athletes, National Federations, athlete representatives, member federation officials, and all other applicable persons, such as, but not limited to, persons and entities hosting an International Event, persons and entities who are participating in International Events, etc.

13.5.005 Since these Regulations apply globally, regulating the conditions for participation in competitions taking place around the world, insofar as is possible they are to be interpreted and applied not by reference to national or local laws, but rather as an independent and autonomous text, and in a manner that protects and advances the imperatives identified above.

13.5.006 In the event an issue arises that is not foreseen in these Regulations, it will be addressed by UCI in a manner that protects and promotes the imperatives identified above.

13.5.007 The words and phrases used in these Regulations that are defined terms (denoted by initial capital letters) shall have the following meanings:

"Expert Panel" means a pool of independent medical experts with appropriate knowledge and expertise, appointed by UCI to perform the functions set out in these Regulations on the Eligibility of Transgender Athletes, which will review cases arising under these Regulations.

"International Event" means an event registered on the UCI International Calendar in any discipline, including any event for which UCI points are awarded, as well as other events recognised by the UCI such as world records and any other competition organised by or on the behalf of UCI.

"Medical Manager" means a medically qualified person who is appointed and authorised by UCI to act on its behalf in matters arising under these Regulations. The Medical Manager cannot be part of the Exert Panel.

"Tanner Stages" means the medical analysis that denotes the five stages of puberty during which individuals develop secondary sex characteristics. Tanner Stage 2 denotes the onset of puberty. The normal time of onset of puberty ranges from 8 to 13 years old in females and from 9 to 14 years old in males.

"Transgender" means a person whose gender identity is different from their biological sex (whether they are pre- or post-puberty and whether or not they have undergone any form of medical intervention). A **"Transgender male"** is a person whose biological sex is female and whose gender identity is male; and a **"Transgender female"** is a person whose biological sex is male and whose gender identity is female.

"Transgender Female Eligibility Conditions" has the meaning given to that term in article 13.5.015 of these Regulations.

§ 2 Application

13.5.008 These Regulations establish the conditions enabling Transgender athletes to compete in International Events, in the competition category that is consistent with their gender identity.

13.5.009 A Transgender athlete who wishes to be eligible to compete in the classification consistent with their gender identity at an International Event, agrees, as a condition to such participation:

1. to comply in full with these Regulations and any other applicable regulations enacted by the UCI;

2. to cooperate promptly and in good faith with the Medical Manager and the Expert Panel in the discharge of their respective responsibilities under these Regulations, including:

   a) providing all of the information and evidence the Medical Manager and/or Expert Panel request to assess their compliance with these Regulations, including submitting to testing in accordance with these Regulations;

   b) ensuring that all information and evidence provided by them or on their behalf to the Medical Manager and/or Expert Panel is accurate and complete, and that nothing relevant is withheld; and

   c) consenting to and ensuring the disclosure by their physician(s) to the Medical Manager and the Expert Panel of any information or evidence that the Expert Panel deems necessary to its assessment;

3. (to the fullest extent permitted and not contrary to applicable laws) to the collection, processing, disclosure and use of information (including their sensitive personal information) as required to implement and apply these Regulations effectively and efficiently;

4. to follow exclusively the procedures set out in § 7 of these Regulations in the context of any challenge to these Regulations and/or appeal against decisions made under these Regulations, and not to bring any proceedings in any court or other forum that are inconsistent with that article; and

5. to provide written confirmation of their agreement with articles 13.5.009/1 to 13.5.009/4 of these Regulations upon request by UCI. However, their agreement to these Regulations will be assumed as an automatic consequence of their participation in cycling events and is effective and binding upon them whether or not confirmed in writing.

13.5.010 An athlete may revoke at any time, with or without giving reasons, the consent that they have granted in accordance with article 13.5.009. In that event, the athlete will be deemed to have withdrawn any claim to satisfy the eligibility conditions for Transgender athletes set out in § 3 of these Regulations.

13.5.011 Every person and entity under the jurisdiction of UCI (including any person who brings him/herself within the jurisdiction of UCI by providing information to UCI pursuant to these Regulations):

1. is bound by and must comply in full with these Regulations, including in particular only providing accurate and complete information, and not providing any information in bad faith or for any improper purpose; and

2. must cooperate promptly and in good faith with the Medical Manager and the Expert Panel in the discharge of their respective responsibilities under these Regulations.

13.5.012 All cases arising under these Regulations will be dealt with by the UCI Medical Department, rather than by the National Federation of the athlete concerned (or by any other body), unless the Medical Manager specifically asks for their assistance with respect to a particular case. Each National Federation must cooperate with and support UCI promptly and fully in the application and enforcement of these Regulations (including assisting upon request in respect of assessments and investigations conducted under these Regulations), must observe strictly the confidentiality obligations set out below, and must ensure that any Transgender athlete under its jurisdiction that is entered to compete in an International Event is eligible to do so under these Transgender Regulations.

13.5.013 A National Federation may adopt its own regulations to determine the eligibility of Transgender athletes to compete in events taking place under its own jurisdiction that are not International Events. For the avoidance of doubt, however:

1. Nothing that a National Federation does or does not do at national level will affect the eligibility of Transgender athletes to compete in International Events. That will instead be determined exclusively by reference to these Regulations.

2. If a National Federation does not set any regulations for the eligibility of Transgender athletes in competitions under its jurisdiction, the requirements set out in these Regulations shall apply by default, whereas the National Federation shall remain solely responsible for their applications.

§ 3 Eligibility conditions for transgender athletes

Eligibility conditions for Transgender male (i.e. female-to-male) athletes

13.5.014 To be eligible to compete in the male category of competition at an International Event, a Transgender male athlete must provide a written and signed declaration, in a form satisfactory to the Medical Manager, that their gender identity is male. As soon as reasonably practicable following receipt of such declaration, the Medical Manager will issue a written certification of that athlete's eligibility to compete in the male category of competition in International Event.

Eligibility conditions for Transgender female (i.e. male-to-female) athletes

13.5.015 To be eligible to compete in the female category of competition at an International Event, a Transgender female athlete must meet each of the following conditions (together, the **Transgender Female Eligibility Conditions**) to the satisfaction of the Expert Panel:

1. They must provide a written and signed declaration, in a form satisfactory to the Medical Manager, that her gender identity is female;

2. They must not have experienced any part of male puberty either beyond Tanner Stage 2 or after age 12 (whichever comes first);

3. Since puberty they must have continuously maintained the concentration of testosterone in their serum below 2.5 nmol/L;

4. They must continue to maintain the concentration of testosterone in their serum below 2.5 nmol/L at all times (i.e. whether they are in competition or out of competition) for so long as they wish to retain eligibility to compete in the female category of competition at International Events;

5. for purposes of these Regulations, all measurements of serum testosterone must be conducted by means of liquid chromatography coupled with mass spectrometry, as provided in Appendix.

Provisions applicable to all Transgender athletes

13.5.016 For the avoidance of doubt, no athlete will be forced to undergo any medical assessment and/or treatment under these Regulations. It is the athlete's responsibility, in close consultation with their medical team, to decide on the advisability of proceeding with any assessment and/or treatment.

13.5.017 For the further avoidance of doubt, there are no other special conditions (i.e., other than the Transgender Female Eligibility Conditions) that a Transgender athlete must satisfy in order to compete at an International Event, in the category of competition that is consistent with their gender identity (because such requirements are not relevant to the imperatives identified above). In particular, the following are not required in order for a Transgender athlete to be eligible to compete at an International Event, in the category of competition that is consistent with their gender identity:

1. legal recognition of the athlete's gender identity; or

2. surgical anatomical changes.

13.5.018 Once a Transgender athlete has satisfied the relevant eligibility requirements set out above and has started competing in International Event in the category of competition consistent with their gender identity, they may not then participate in the other gender category in International Event, unless and until (a) at least four years have passed since the first International Event in which they participated as a Transgender athlete; and (b) they satisfy all of the conditions for eligibility to compete in the other gender

category.

13.5.019 The eligibility conditions for Transgender athletes set out in these Regulations operate without prejudice to the other eligibility requirements that are applicable to all athletes (Transgender or otherwise) under the rules of UCI, which must also be satisfied at all relevant times. In particular, nothing in these Regulations is intended to undermine or affect in any way any of the requirements of the World Anti-Doping Code, of the WADA International Standards (including the International Standard for Therapeutic Use Exemptions), or of the UCI Anti-Doping Rules. Nothing in these Regulations permits, excuses or justifies non-compliance with any of those requirements, including any requirement for an athlete to obtain a Therapeutic Use Exemption for the use of substances on the WADA Prohibited List, such as testosterone, spironolactone, or GnRH agonists.

§ 4 Assessment of Cases

13.5.020 UCI will appoint a pool of independent medical experts from which a suitably qualified panel of experts (the "**Expert Panel**") may be formed to review cases arising under these Regulations. They will also designate one of those experts to act as chair and to select the Expert Panel for each case.

13.5.021 The Expert Panel may make such enquiries or investigations as it considers necessary to carry its assessment accurately and effectively, including requesting further information from the athlete or the athlete's physician and/or obtaining additional expert opinion(s). The athlete is responsible for ensuring that the information provided is accurate and complete, and that nothing relevant to the Expert Panel's assessment of the case is withheld. The athlete must also provide the appropriate consents and waivers (in a form satisfactory to the Medical Manager) to enable the athlete's physician(s) to disclose to the Medical Manager and the Expert Panel any information that the Expert Panel deems necessary to its assessment.

13.5.022. A Transgender female (i.e. male-to-female) athlete who wishes to be declared eligible to compete in the female category of competition at an International Event

1. Must file the appropriate declaration referred to in article 13.5.015/1 of these Regulations with the Medical Manager.

2. Must provide a comprehensive medical history, including details of:

   a. any reassignment surgeries the athlete has undertaken, including the date(s) of any such procedures and whether they took place before or after puberty;

   b. any other relevant treatment the athlete has received (including pre- or post-reassignment treatment), including the timing, dosage, and frequency of such treatment; and

   c. the results of any pre- or post-reassignment monitoring;

3. Unless they can prove to the satisfaction of the Medical Manager that they have had a gonadectomy or other procedure that will have necessarily and

permanently supressed their testosterone below 2.5 nmol/L, she must provide, on demand from the Medical Manager, ongoing evidence of the concentration of testosterone in their serum, such as laboratory reports obtained by their personal physician of the results of analysis of samples collected periodically from the athlete.

13.5.023. After communicating with the athlete and/or the athlete's physician to remedy any obvious deficiencies, the Medical Manager may refer the file (in anonymised form) to the Expert Panel, with details of the steps that the Medical Manager proposes to monitor the levels of testosterone in the athlete's serum, in which case he will amend those proposed steps as necessary to address any comments made by the Expert Panel.

13.5.024. The Expert Panel will assess cases referred to it by the Medical Manager to determine whether the Transgender Female Eligibility Conditions have been met (or, if not, then what else the athlete must do to satisfy those conditions). It will base its assessment on the guidance set out in Appendix. It may make such enquiries or investigations as it considers necessary to carry out the assessment accurately and effectively, including requesting further information from the athlete or the athlete's physician and/or obtaining additional expert opinion(s).

13.5.025. If the Expert Panel has any concerns about the adequacy of the evidence provided by or on behalf of the athlete, it will give the athlete a fair opportunity to address those concerns before it comes to its final decision.

13.5.026. The Expert Panel will complete its assessment as soon as is reasonably practicable in all of the circumstances of the case. However, in no circumstance will UCI or any member of the Expert Panel be liable for any detriment allegedly suffered by the athlete or anyone else as a result of the length of time taken by the Expert Panel to complete its assessment.

13.5.027. Once it has completed its assessment, the Expert Panel will send its decision in writing to the Medical Manager, who will forward it to the athlete (with a copy to the athlete's physician, if any).

1. If the Expert Panel decides that the evidence provided is not sufficient to demonstrate that the Transgender Female Eligibility Conditions have been met, it must explain in writing the reasons for its decision. Where applicable, it should also specify what else the athlete needs to do to satisfy those conditions (including, for example, maintaining the concentration of testosterone in their serum at less than 2.5 nmol/L for a longer period; monitoring; reporting; and further reviews).

2. If the Expert Panel decides that the Transgender Female Eligibility Conditions have been met, the Medical Manager will issue a written certification of that athlete's eligibility to compete in the female category of competition in International Events. That eligibility will be conditional in every case on the athlete's continuing to maintain their serum testosterone at a concentration of less than 2.5 nmol/L.

13.5.028. The Expert Panel's decision will be final and binding on all parties. It may only be challenged by way of appeal in accordance with § 7 of these Regulations.

§ 5 Investigations and Continuing compliance

13.5.029. The Medical Manager may monitor an athlete's compliance with the Transgender Female Eligibility Conditions at any time, with or without notice, whether by random or targeted testing of the athlete's serum testosterone levels or by any other appropriate means.

13.5.030. In addition, provided they are acting in good faith and on reasonable grounds based on information derived from reliable sources (for example, the athlete, the team doctor of the National Federation to which the athlete is affiliated, results from a routine pre-participation health examination, and/or information/data (including but not limited to serum testosterone levels) obtained from the collection and analysis of samples from the athlete for anti-doping purposes), the Medical Manager may investigate whether an athlete who is competing or is or may be entered to compete at an International Event may be a Transgender athlete to whom these Regulations apply. The Medical Manager may also investigate, at any time:

1. whether (because of a subsequent change in circumstances, subsequent learning or experience, or otherwise) it is necessary to require a Transgender athlete who has previously been determined to satisfy the Transgender Female Eligibility Conditions to undergo further assessment by the Expert Panel to determine whether they still satisfy those conditions; and/or

2. any circumstances that indicate potential non-compliance by a Transgender Athlete with these Regulations;

and in such cases the athlete in question must cooperate fully and in good faith with the investigation by the Medical Manager and any subsequent assessment by the Expert Panel, including by providing serum and/or urine samples upon request for analysis, and/or submitting to medical examination.

Where the athlete does not cooperate as required under these Regulations, or where otherwise necessary to safeguard the fairness and/or integrity of competition, UCI may provisionally suspend the athlete from competing in International Events pending resolution of the matter. Where such provisional suspension is imposed, all reasonable endeavours should be used to complete the investigation as expeditiously as possible. Any such provisional suspension may be appealed in accordance with § 7 of these Regulations (Dispute Resolution).

13.5.031. Where the Medical Manager concludes following an investigation that an athlete is a Transgender athlete to whom these Regulations apply, the Medical Manager will invite the athlete to provide the information set out in these Regulations so that their case may be assessed.

13.5.032. The dignity of every individual must be respected. All forms of abuse and/or harassment are prohibited. In particular (but without limitation):

1. Any person or entity that provides information to the Medical Manager and/or the Expert Panel for consideration under these Regulations must:

   a. ensure that the information is accurate and complete; and

   b. not provide any information in bad faith, to harass, stigmatise or otherwise injure an athlete, or for any other improper purpose.

2. No stigmatisation or improper discrimination on grounds of gender identity will be tolerated. In particular, persecution of or campaigns against an athlete simply on the basis that their appearance does not conform to gender stereotypes are unacceptable. Any such conduct will be considered a serious breach of these Regulations and of the Code of Ethics, as will any breach of the confidentiality provisions set out below.

13.5.033. A Transgender female athlete will be solely responsible for maintaining the concentration of testosterone in their serum at less than 2.5 nmol/L for as long as they wish to be eligible to compete in the female category of competition in International Events.

13.5.034. The Expert Panel may specify particular means of demonstrating such continuing compliance. In any event, the athlete must produce, on request, evidence satisfactory to the Medical Manager of such continuing compliance. In particular, save where the athlete can prove to the satisfaction of the Expert Panel that they have had gonadectomy or other procedure that will have necessarily and permanently suppressed their testosterone below 2.5 nmol/L, the Medical Manager:

1. may require the athlete to provide ongoing evidence of the concentration of testosterone in their serum, such as laboratory reports obtained by their personal physician of the results of analysis of samples collected periodically from the athlete;

2. may monitor the concentration of testosterone in the athlete's system, including by having samples collected from the athlete and analysed for relevant evidence;

3. may consult with the chair of the Expert Panel at any stage during this process as the Medical Manager considers necessary; and

4. may refer the Transgender female athlete back to the Expert Panel for further assessment.

13.5.035. If a Transgender female athlete who has previously been declared eligible to compete in the female category of competition at International Events is found to have failed to keep the concentration of testosterone in their serum below 2.5 nmol/L; then (subject always to article 13.5.036 of these Regulations):

1.1 where UCI considers it necessary to do so to maintain the integrity of competition results, they may disqualify the individual

results obtained by the athlete in the female classification of a competition at an International Event and/or other competitions, with all resulting consequences, including forfeiture of any medals, ranking points, prize money, records (including world records), and other items awarded to the athlete based on those results;

1.2 where the athlete is able to satisfy the Expert Panel on the balance of probabilities that their failure to keep the concentration of testosterone in their serum below 2.5 nmol/L was unintentional, the athlete will be ineligible to compete in the female classification of a competition at an International Event for such period (if any) as the Expert Panel shall consider necessary to protect fair competition in the female classification; and

1.3 where the athlete is not able to satisfy the Expert Panel on the balance of probabilities that their failure to keep their concentration of testosterone in their serum below 2.5 nmol/L was unintentional, the athlete will be ineligible to compete in the female classification of a competition at an International Event from the same period as the period of ineligibility that they would have received for intentional use of an anabolic steroid under the UCI Anti-Doping Rules in force at the relevant time. The athlete will be given a reasonable opportunity to provide any explanations or comments they see fit before any results are disqualified or any period of ineligibility is imposed pursuant to article 13.5.036 of these Regulations.

13.5.036. Any decision to disqualify results and/or impose a period of ineligibility pursuant to article 13.5.035 of these Regulations may be appealed by the athlete in question in accordance with § 7.

§ 6 Disciplinary proceedings

13.5.037. Without prejudice to the powers given to UCI in these Regulations, where:

1. a Transgender athlete competes in an International Event in a category of competition for which they have not satisfied the eligibility conditions set out in these Transgender Regulations; or

2. a coach, trainer, agent or other person or entity has been complicit in a breach of or non-compliance with these Regulations by an athlete;

3. there has been any other breach of or non-compliance by a coach, trainer, agent or other person or entity with these Regulations;

UCI may take disciplinary action against such person/entity in accordance with its specific regulations (Part XII: Discipline and Procedures).

13.5.038. In such disciplinary proceedings, an athlete may not challenge the validity of these Regulations on Eligibility of Transgender Athletes or of any decision made under these

Regulations. Instead, such challenge may only be brought by way of challenge or appeal in accordance with §7 of these Regulations.

13.5.039. In such disciplinary proceedings, the sanctions that may be imposed in case of proven breach may include (depending on all of the circumstances of the case):

1. a caution, reprimand and/or warning as to future conduct;
2. the disqualification of individual results obtained by the athlete at International Events, with all resulting consequences, including forfeiture of any medals, ranking points, prize money, or other items awarded to the athlete based on those results;
3. the disqualification of a world record;
4. a specified period of ineligibility to participate in International Events;
5. a fine; and/or
6. if the breach involves more than two members of a team, or if there are multiple breaches involving such a team, appropriate sanctions on the team (e.g., disqualification of team results; imposition of a period of future ineligibility to participate in International Events; a fine).

§ 7 Dispute Resolution

13.5.040. Excluding the disciplinary matters referenced in §6 of these Regulations (which will be addressed as set out in that regulation), any dispute arising between UCI and an athlete (and/or their team or National Federation) in connection with these Regulations will be subject to the exclusive jurisdiction of the CAS. In particular, the validity, legality, and/or proper interpretation and application of these Regulations may only be challenged (a) by way of ordinary proceedings filed before the CAS; and/or (b) as part of an appeal to the CAS made pursuant to article 13.5.041 of these Regulations.

13.5.041. The following decisions (and only the following decisions) made under these Regulations may be appealed by the athlete who is subject of the decision to the CAS in accordance with § 7 of these Regulations, by filing a Statement of Appeal with the CAS and with UCI (as the respondent to the appeal) within thirty days of the date of receipt of the written reasons for the decision:

1. a decision that the athlete does not comply with the requirements of these Regulations and therefore is not eligible to compete in International Events in the classification that is consistent with their gender identity;
2. a decision pursuant to article 13.5.030 of these Regulations to suspend an athlete provisionally from competition; and
3. a decision pursuant to article 13.5.035 of these Regulations to disqualify results and/or to impose a period of ineligibility.

13.5.042. Any such challenge or appeal will be governed by UCI Constitution, these Regulations on the Eligibility of Transgender Athletes and the other applicable rules and regulations of UCI, with the laws of Switzerland applying subsidiarily. The CAS will hear and determine the challenge or appeal definitively in accordance with the CAS Code of Sports-Related Arbitration provided that (1) in the event of any conflict between the aforementioned governing instruments and laws on the one hand and the CAS Code of Sports-Related Arbitration on the other hand, the governing instruments and laws will take precedence; and (2) in any appeal the athlete will have fifteen days from the filing of the Statement of Appeal to file their Appeal Brief, and UCI will have thirty days from its receipt of the Appeal Brief to file its Answer. Pending determination of the challenge or appeal, these Regulations and the decision under appeal will remain in full force and effect, unless the CAS orders otherwise.

13.5.043. The decision of the CAS on the merits of the challenge or appeal will be final and binding on all parties, and no right of appeal or other challenge will lie from that decision on any ground, except as set out in Chapter 12 of the Swiss Federal Code on Private International Law.

§ 8 Confidentiality

13.5.044. All cases arising under these Regulations, and in particular all information relating to an athlete that is provided to UCI under these Regulations, and all results of examinations and assessments conducted under these Regulations, must be maintained in strict confidence at all times. All medical information and data relating to an athlete will be treated as sensitive personal information and the Medical Manager must ensure that it is processed as such in accordance with applicable data protection and privacy laws. Such information and data may not be used for any purpose that is not contemplated in these Regulations and may not be disclosed to any third party save (a) as is strictly necessary for the effective application and enforcement of these Regulations; or (b) as is required by law.

13.5.045. UCI will not comment publicly on the specific facts of a case arising under these Regulations (as opposed to general descriptions of the process and science involved) except in response to public comments made by the athlete or the athlete's representatives.

13.5.046. Each member of the Expert Panel must sign an appropriate conflict of interest declaration and confidentiality undertaking in relation to their work as a member of the panel.

§ 9 Costs

13.5.047. The costs of any medical assessment, examination, treatment, monitoring, reporting, and any other costs involved in complying with these Regulations will be borne by the relevant athlete. The standing costs of the Expert Panel will be borne by UCI.

§ 10 Mutual recognition

13.5.048. Where a Transgender athlete from another sport wishes to participate in the sport of cycling, UCI may recognise and give effect to the eligibility decision of the international federation of the other sport in relation to that athlete, provided that the eligibility decision and the regulations of that other sport relating to that eligibility decision are consistent with these Regulations. Any eligibility so afforded shall be subject to ongoing compliance by the athlete with the requirements of these Regulations.

§ 11 Limitation of liability

13.5.049.

1. In no circumstances will UCI, any member of the Expert Panel, or any of UCI's employees, officers, agents, representatives and other persons involved in the application and/or enforcement of these Regulations be liable in any way to any person in relation to acts done or omitted to be done in good faith in connection with these Regulations.

2. Each case will be addressed as quickly as is reasonably practicable in all of the circumstances. However, in no circumstance will UCI or the Medical Manager or any member of the Expert Panel be liable for any detriment allegedly suffered by the athlete in question or anyone else as a result of the length of time taken to complete the investigations/assessment of their case.

§ 12 Transitional measures

13.5.050 The present Chapter to the UCI Medical Rules was adopted by the UCI Management Committee on 10 July 2023 and enters into force on 17 July 2023 and shall apply to all Transgender athletes.

APPENDIX: MEDICAL GUIDELINES

Contents

The application of the Transgender Regulations will necessarily be highly individualized and specific to the circumstances of the particular case. These medical guidelines are only intended to provide some general guidance on certain medical aspects of the Transgender Regulations, to assist with their application in practice. All information detailed in this Appendix 1 is based on existing literature applicable to such cases, and neither UCI nor any of its employees, officers, agents, representatives, or other persons involved in the administration of these Transgender Regulations shall be held liable in any way for any results obtained by the procedure adopted.

1. General Background Medical Information

1.1 Gender identity refers to an individual's self-perceived gender. This may be different to the individual's sexual anatomy, chromosomal, gonadal or hormonal sex, gender role or sex recorded at birth.

1.2 Because some children who present as transgender will not in fact do so as adults, early medical treatment carries significant risk. The issue is problematic because individuals who wish to avail themselves of transgender treatments will find it easier at a younger age, prior to the need to reverse opposite sex characteristics developed in puberty. A paradigm to address the tension is to use GnRH analogs (or progestins) that delay puberty in a reversible fashion until a longer-term plan is in place. GnRH analogs would be started at the first visible signs of puberty or approximately Tanner 2. Note that pre-pubertal children do not require any medical intervention.

Diagnosis

1.3 Diagnosis of transgender identity is usually straightforward among adults. Whether or not a given individual with a transgender identity wants to address the incongruence is a very personal decision and may be influenced by a variety of factors.

1.4 In order to avoid a psychiatric condition confounding the situation to such a degree that gender identity is not clear, a mental health provider is normally included on the medical management team to confirm the absence of such a confounder and to assist with transition-related stress (which can be significant).

Medical treatment

1.5 For transgender individuals who seek medical intervention, the most effective treatment strategy is generally to change the individual's appearance to align with their gender identity.

1.6 The mainstay of medical treatment is hormone therapy. Many transgender individuals will also seek gender-affirming surgical interventions, with choices influenced by (among other things) access to care, technical aspects of the specific surgeries, and personal elements that must be customized to the specific patient.

1.7 Hormone treatment of transgender individuals follows conventional hormone paradigms, with the same concerns and effects as are seen when using the same hormones for other purposes.

1.8 It is also important for transgender athletes to consider whether any medical treatment sought requires them to obtain a Therapeutic Use Exemption for the use of a substance on the WADA Prohibited List (such as testosterone, spironolactone or GnRH agonists). Further information can be found in the WADA Transgender ***Athletes TUE Physician Guidelines, available at www.wada-ama.org***

Transgender male treatment strategy and typical regimens

1.9 Typically, hormone treatment for transgender men consists of administration of testosterone to bring the serum testosterone level up from the female range (0.06 to 1.68 nmol/L (95% two-sided confidence limit) to the male range (7.7 to 29.4 nmol/L (95% two-sided confidence limit)). The does required are similar to those used for treatment of hypogonadal males. Testosterone is administered parentally (either intramuscularly or subcutaneously) or transdermally (via gel, solution or patch).

1.10 A typical testosterone regimen is as follows:

Parenteral

- Testosterone esters (enanthate, cypionate, mixed): 50-250mg IM or SC every 1-3 weeks

- Testosterone undecanoate: 750 or 1000 mg every 8-12 or 12-14 weeks

Transdermal

- Testosterone gel, cream or solution: 50-100mg/day
- Testosterone transdermal patch: 2.5 – 7.5mg/day

1.11 Most transgender men who seek medical intervention will also want chest reconstruction surgery (mastectomy). However, most transgender men will not seek genital reconstruction surgeries (phalloplasty or metoidioplasty) because of the high rate of complications, the cost (in countries where it is not part of general healthcare), and the potential for multiple surgeries (Kailas et al, Endocr Pract. 2017; 23).

1.12 Transgender treatment guidelines have expressed concern of possible malignancy risk in female reproductive tissues exposed to androgens for long periods. This is one reason why transgender men have commonly elected to have hysterectomy and oophorectomy early in treatment. However, because there are no data demonstrating the cancer risk, there has been a downward trend in the frequency of such surgeries.

Transgender female treatment strategy and typical regimens

1.13 For transgender women, the strategy is to decrease serum testosterone levels from the male range to the female range. Although more invasive than medicine alone, the easiest way to achieve the goal is with a gonad-removing surgery (orchidectomy, which may or may not part of a genital reconstruction surgery, i.e vaginoplasty), followed by age-appropriate estrogen replacement therapy to feminize and to protect bone health over time.

1.14 For transgender women treated medically, the typical hormone treatment consists of estrogen supplementation and an androgen-lowering or – blocking agent.

1.15 Multiple estrogen option exist. The most popular are 17 beta estradiol and conjugated estrogens (although these are not used in Europe). Depending on the individual, doses may be double to quadruple those typically given to post-menopausal women. The doses sometimes need to be higher still for individuals with testes present in order to reduce serum testosterone levels to the female range.

1.16 There are reports that the thrombogenicity of estrogens can be mitigated if oral administration is avoided. Although the date are not conclusive, transdermal and injectable estrogens are recommended in some countries. While transdermal estradiol is easy to monitor, injectable estradiol is more difficult to monitor than oral estrogens. The strongest data regarding estrogens relate to increased thrombogenicity with oral ethinyl estradiol specifically. Therefore, current guidelines discourage its use in favor of the other agents available.

1.17 One anti-androgen is spironolactone, used because of its long-term safety profile arising from its 50-year history as a potassium-sparing diuretic to treat hypertension. Higher doses are used than are required for blood pressure control, with doses of approximately 200mg/day not unusual and does as high as 400mg/day sometimes observed (in divided doses if needed for the patient to tolerate).

1.18 Another commonly used anti-androgen is cyproterone acetate. Cyproterone acetate is more expensive in some countries than spironolactone, and it is not available at all in some countries. Recently, cyproterone acetate has been associated with slight elevations in prolactin levels not observed with other androgen-lowering agents.

1.19 A third anti-androgen is depot GnRH agonist therapy, used fro transgender children following the regimens typical for precocious puberty. However, GnRH agonist therapy can be very effective in lowering serum testosterone levels for adult transgender women as well. There are no long-term safety data for GnRH therapy in such patients. Its use is further limited by being substantially more expensive than either spironolactone or cyproterone acetate, as well as being administered parenterally, whereas the other two are administered orally.

1.20 Some transgender women may also use the androgen-blocking drug finasteride, a 5α-reductase inhibitor that (among other things) is intended to mitigate male-pattern baldness.

1.21 A typical regimen for transgender women is as follows:

Estrogen

Transdermal

- Estradiol transdermal patch: 0.025 – 0.2mg/day (new patch placed 1-2 times per week)
- Estradiol gel: 1-2mg/day

Parenteral

- Estradiol valerate or cypionate: 2-30 IM every 1-2 weeks
- Polyestradiol phosphate: 80mg every 3-4 weeks

Oral

- Estradiol: 2.0 – 8.0mg/day
- Conjugated estrogens: 2.5 – 10.0mg/day

Testosterone lowering or blocking agents

- Spironolactone: 100-400mg/day
- Cyproterone acetate: 25-50mg/day
- GnRH agonist: 3.75-11.25mg SC monthly (longer interval regimens are common too)
- Finasteride:1-5mg/day

1.22 Many transgender women will supplement medical treatment with gender-affirming surgeries such as (1) facial feminization surgeries (especially sought by transgender women transitioning later in life after having been exposed to male androgen levels for a longer time period); (2) breast augmentation surgery; and (3) genital reconstruction surgery. Although has tended to focus on genital surgery as the defining gender-affirming surgery, transgender individuals demonstrate great heterogeneity in surgical choices. Notably, less surgery may be sought than previously expected, and a higher priority than commonly appreciated may be placed on visible surgeries like facial feminisation procedures and breast augmentation rather than on genital surgeries (Kailas et al, Endocr Pract. 2017; 23)

Monitoring of medical treatment

Transgender male monitoring

1.23 One concern about testosterone therapy is an increase in haematocrit (with a possible increased thrombosis risk). This risk is greatest with excessive testosterone dosage. Patients may also be advised to be aware of mood changes.

1.24 The typical monitoring regime includes indicated clinical examination, including blood pressure and laboratory testing, every 3 months when making changes to the regimen and then every 6-12 months thereafter. Usual monitoring includes measurement of serum testosterone (to determine success of therapy), haematocrit, and lipid profile.

1.25 Malignancy screening must include all body parts present regardless of whether or not the are associated with one sex or another (for example, Pap smears and mammograms for transgender men who still have cervix and breasts, respectively).

Transgender female monitoring

1.26 The biggest concern for estrogen therapy is an increased thrombosis risk, which can lead to deep venous thrombose, pulmonary embolism, or stroke. There are no data for other estrogen-dependent health concerns, although many practitioners monitor classic estrogen-sensitive laboratory values including prolactin.

1.27 Anti-androgen therapy of any sort may result in decrease libido. Spironolactone is a potassium-sparing diuretic, which means that sensitive individuals may have unacceptable rises in their potassium levels.

1.28 Usual monitoring of transgender female hormone regimens includes measurement of serum testosterone (to determine success of therapy), estrogen level (estradiol), prolactin, potassium (if spironolactone is used). The typical monitoring regime includes indicated clinical examination and laboratory testing every 3 months when making changes to the regimen, and then every 6-12 months thereafter.

1.29 Malignancy screening must include all body parts present regardless of whether or not they are associated with one sex or another (including prostate cancer surveillance even for transgender women who have had genital reconstruction surgery).

References

1.30 The following (non-exhaustive) references may be of interest:

- Fung et al, Differential Effects of Cyproterone Acetate vs Spironolactone on Serum High-Density Lipoprotein and Prolactin Concentrations in the Hormonal Treatment of Transgender Women, J Sex Med 2016; 13: 1765e1772
- Hembree et al, Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, J Clin Endocrinol Metab, November 2017, 102 (11):1-35
- Irwig, Testosterone therapy for transgender men, Lancet Diabetes Endocrinol. 2017; Apr;5(4):301-311
- Kailas et al, Prevalence And Types Of Gender-Affirming Surgery Among A Sample Of Transgender Endocrinology Patients Prior To State Expansion Of Insurance Coverage, Endocr Pract. 2017; 23
- Mamoojee, Yaasir et al, Transgender hormone therapy: understanding international variation in practice, The Lancet Diabetes & Endocrinology, Volume 5, Issue 4, p243-246, April 2017.
- Saraswat et al, Evidence Supporting the Biologic Nature of Gender Identity, Endocr Pract. 2015; 21: 199-204

- World Professional Association for Transgender Health, Standards of Care, available at www.wpath.org

- www.uptodate.com/contents/transgender-men-evaluation-and-management

- www.uptodate.com/contents/transgender-women-evaluation-and-management

2. Guidance on monitoring serum testosterone levels in transgender female athletes for eligibility purposes

2.1 As discussed above, for transgender women there are several different treatment strategies to decrease serum testosterone from the male range to the female range (the most definitive being gonad-removing surgery). The typical clinical monitoring regime is detailed above.

2.2 For eligibility purposes, the Transgender Regulations authorize UCI to monitor an athlete's compliance with the Transgender Female Eligibility Conditions at any time, with or without notice, whether by random or targeted testing of the athlete's serum testosterone levels, or by any other appropriate means.

2.3 Monitoring programmes will necessarily be highly individualised and specific to the circumstances of the particular case and should be established with the support of an endocrinolgist/gynaecologist or a hormone-prescribing physician experienced in the field. Particular factors to consider might include:

- Whether the athlete is pre- or post-puberty.

- Whether the athlete has undergone orchidectomy.

- The type of medical treatment used by the athete. For example, an orchidectomised athlete may require only a limited amount of monitoring. Athletes using daily estrogen medications (oral, transdermal) that have short-term testosterone suppressive effects may require unannounced testing from time to time, whereas depot estradiol implants require less surveillance due to their longer duration of action. Similarly, athletes using daily oral spironolactone or cyproterone acetate in the form of oral daily capsules will likely need to be monitored more closely than athletes using depot gonadotropin-releasing hormone (GnRH) agonists administered every 1-3 months

- The physiological demands of the sport and the likely performance-enhancing effect of testosterone.

- Other information collected during the course of establishing and maintaining eligibility (for example, any evidence of medication non-compliance, previous loss of eligibility, or other risk factors.

2.4 In some cases, the laboratory data obtained from an athlete's routine clinical follow-up might provide an acceptable or sufficient level of monitoring. In other cases, additional monitoring may be required.

3. Guidance on the method for measuring serum testosterone levels for eligibility purposes.

3.1 For purposes of the Transgender Regulations, all measurements of serum testosterone levels must be conducted by means of liquid chromatography coupled with mass spectrometry (e.g. LC-MS/MS or LC-HRMS), which provides much better specificity than traditional immunoassay methods.

3.2 The method used must be validated by the laboratory carrying out the test and must also be accredited to the ISO/IEC-17025 or 15189 international standards by a recognised accreditation body that is a full member of the International Laboratory Accreditation Cooperation (ILAC). These requirements may be met by clinical laboratories as well as by WADA-accredited laboratories.

3.3 The method used must comply with assay performance criteria, including a measurement uncertainty (estimated during method validation at testosterone concentration levels close to the threshold of 2.5 nmol/L) of not more than 20%.

3.4 The performance of the method must be monitored through participation of the performing laboratory in appropriate proficiency testing (PT) and/or external quality assessment scheme (EQAS) round(s).

3.5 Serum samples should be collected using standardised sample collection procedures (for example, those used for anti-doping purposes). Such procedures might include the following:

- It is recommended that samples are collected in the morning (as testosterone concentration in serum decrease during the day).

- Venous blood should be collected, with the athlete remaining in a normal seated position with feet on the floor for at least ten minutes prior to providing the sample. Samples should not be collected within two hours of any physical exertion.

- A collection tube containing a clotting agent and a gel separator should be used e.g. BD Vacutainer SST-II Advance (a single sample only will be sufficient, but UCI may decide to collect a reserve sample as well, at its discretion).

- The sample should be transported to the laboratory in a refrigerated state. The sample should not be allowed to freeze, and temperature should preferably be maintained in the range 2-12°C (ideally 4°C). A temperature data logger should be used to record the temperature of the sample during transport.

- The sample should arrive at the laboratory within 48 hours of sample collection. The sample should be centrifuged as soon as possible on arrival and stored frozen if it cannot be analysed immediately.

Appendix 1

Decision by the UCI Management Committee at its Lausanne meeting on 18-19 June 2009 defining the terms of reference of the UCI Medical Commission

1. Mandate

- Act as an advisor to the UCI Management Committee on all medical aspects related to cycling and provide recommendations
- Co-operate with the other UCI Commissions in all matters of medical nature
- Formulate and publish guidelines for medical services at cycling events
- Monitor the implementation of the UCI Regulations on sporting safety and conditions
- Monitor medical services at World Championships
- Assist in the medical education of coaches and doctors
- Assist athletes, coaches, team managers and teams doctors in the prevention of doping especially in relation to the health consequences

Within the framework of its mandate and its budget, the Commission can:

- Co-operate with other sporting federations and medical governing bodies in all aspects that are related to health issues in cycling
- Assist the interchange of information of medical nature that relates to cycling
- Investigate and promote the prevention of sports injuries and diseases
- Study, monitor and publicize biological aspects of training
- Sponsor, endorse or organize medical meetings that are of a beneficial nature to the safety of cycling
- Provide information by way of published material
- Document literature related to exercise physiology, sports medicine and biomechanics

2. Supporting regulation

- Art. 69 of the UCI Constitution
- Part 13 of the Cycling Regulations

Appendix 2

Minimum required medical equipment (cf. art. 13.4.019)

The equipment shall include at the minimum the following:

1. Central medical post

- Stretchers for transport with spinal stabilisator option, (scoop stretcher, vacuum mattress),
- Portable oxygenator,
- Ventilation equipment,
- Aspiration equipment
- Intubation equipment,
- ECG monitor and defibrillator,
- Pulse oxymeter,
- Neck collars (braces),
- Blood-pressure apparatus and stethoscope,
- Resuscitation medicines and analgesics/IV drip liquids,
- First aid equipment and medicines.

2. First responder units (including motor cycle where appropriate):

- ALS case containing intubation equipment, infusion solutions, administration materials,
- Oxygen mechanical ventilators and pulse oximetry,
- Blood Pressure equipment,
- Glucose meter,
- Intravenous medication,
- Defibrillator,
- ATLS suitcase containing sutures, bandages.

3. Ambulances

- Stretchers for transport with spinal stabilisator option (scoop stretcher, vacuum mattress),
- Portable oxygenators,
- Ventilation equipment,
- Intubation equipment,
- Aspiration equipment,
- ECG monitor and defibrillator,
- Pulse oxymeter,
- Intravenous drip apparatus,
- Blood pressure apparatus and stethoscope,
- Splints and immobilisation equipment for limbs and spine (including neck collars and braces),
- Tracheotomy equipment,
- First aid equipment and medicines.

4. Medical helicopter: Equipped according to the local national standards.