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Written by:	WADA Laboratory Expert Group	Approved by:	WADA Executive Committee
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MINIMUM REQUIRED PERFORMANCE LEVELS FOR DETECTION AND IDENTIFICATION OF NON-THRESHOLD SUBSTANCES

In order to ensure that all WADA-accredited Laboratories can report the presence of *Prohibited Substances*, their *Metabolite(s)* or their *Marker(s)* in a uniform way, a minimum routine detection and identification capability for testing methods has been established. It is recognized that some <u>Laboratories</u> will be able to identify a wider range or lower concentrations of *Prohibited Substances* than other <u>Laboratories</u>. While such individual capabilities are encouraged in order to improve the overall system, it is also recognized that there are <u>Minimum Required Performance Levels</u> (MRPL) at which all Laboratories shall operate.

1.0 Minimum Required Performance Levels (MRPL)

The <u>MRPL</u> is an analytical parameter of technical performance with which the <u>Laboratories</u> shall comply when testing for the presence of a particular *Prohibited Substance*, its *Metabolite(s)* or *Marker(s)*. The <u>MRPL</u> is the concentration of a *Prohibited Substance* or *Metabolite* of a *Prohibited Substance* or *Method* that <u>Laboratories</u> shall be able to reliably detect and identify in routine daily operations.

- The <u>MRPL</u> is not a threshold (T) nor is it a Limit of Detection (LOD). Adverse
 Analytical Findings may result from concentrations below the established <u>MRPL</u>
 values.
- MRPL values are relevant for the detection and identification of <u>Non-Threshold Substances</u>; they do not apply to <u>Threshold Substances</u>, which are covered in other Technical Documents (e.g. TDDL¹, TD19NA²).
- MRPL values are established taking into account the metabolism, stability, pharmacokinetics and pharmacodynamics of the *Prohibited Substance*. Thus, substances with a long-term doping effect (e.g. anabolic steroids) will have lower MRPL values than substances which are taken for an immediate ergogenic effect (e.g. stimulants).
- The <u>MRPL</u> is established for the *Prohibited Substance* itself and/or its *Metabolite(s)* or *Marker (s)* or degradation product(s) depending on the extent of their metabolism and/or stability in the *Sample* matrix.

¹ WADA Technical Document TDDL: Decision Limits for the Confirmatory Quantification of <u>Threshold Substances</u>.

² WADA Technical Document TD19NA: Harmonization of Analysis and Reporting of 19-Norsteroids Related to Nandrolone.

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Table 1. MRPLs for detection of Non-Threshold Prohibited Substances in human urine

Prohibited Class	Specific Examples / Exceptions	MRPL ^(a)
S1.1a Exogenous Anabolic Androgenic Steroids (AAS)		5 ng/mL
	Dehydrochlormethyltestosterone	2 ng/mL
	Metandienone	2 ng/mL
	Methyltestosterone	2 ng/mL
	Stanozolol	2 ng/mL
S1.2 Other Anabolic Agents	Clenbuterol	0.2 ng/mL
S2.5 Growth Hormone (GH) Releasing Factors: • GH-Releasing Hormone (GHRH) and its analogues	Sermorelin, Tesamorelin, CJC-1295	2 na/ml
GH-Secretagogues (GHS)	Ipamorelin	2 ng/mL
GH-Releasing Peptides (GHRPs)	Alexamorelin, GHRP-1, -2, -4, -5 and -6; Hexarelin	
S3. Beta-2 Agonists ^(b)		20 ng/mL
S4. Hormone and Metabolic Modulators	Aromatase inhibitors, SERMs and other anti-estrogenic substances	20 ng/mL
Piodulators	Formestane ^(c)	50 ng/mL
S5. Diuretics and Masking		200 ng/mL
Agents	Desmopressin and analogs	2 ng/mL
S6. Stimulants		100 ng/mL
	Octopamine	1000 ng/mL
S7. Narcotics		50 ng/mL
	Buprenorphine	5 ng/mL
	Fentanyl (and derivatives)	2 ng/mL
S8. Cannabimimetics		1 ng/mL
S9. Glucocorticoids		30 ng/mL
	Budesonide (6β-hydroxy-budesonide) ^(d)	30 ng/mL
P2. Beta-Blockers		100 ng/mL

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⁽a) In each case, the <u>MRPL</u> applies to the parent compound or appropriate *Metabolite(s)* or *Marker(s)* depending on each substance's biotransformation pathways, excretion profile and/or stability in the *Sample* matrix.

2.0 Limit of Detection (LOD) of the Initial Testing Procedure

The <u>Laboratory's</u> method validation of the <u>Initial Testing Procedure</u> shall include the estimation of the LOD for each <u>Non-Threshold Substance</u> or its representative <u>Metabolite(s)</u> or <u>Marker(s)</u> using the relevant reference material, when available. It is not necessary to estimate the LOD for all potential <u>Metabolites</u> of a given <u>Non-Threshold Substance</u>. The estimated LOD shall be not higher than 50% of the <u>MRPL</u>. In the absence of a suitable reference material for a specific <u>Non-Threshold Substance</u> or its representative <u>Metabolite(s)</u> or <u>Marker(s)</u>, the LOD will be assumed to be similar to that of a related <u>Prohibited Substance</u> of the same class.

When detecting <u>Non-Threshold Substances</u> using chromatography and mass spectrometry methods, the LOD is expressed as the minimum concentration of the analyte that can be detected with reasonable certainty in urine. The estimation of the LOD is based on the Signal-to-Noise (S/N) ratio, which may be obtained by comparing measured signals from samples with known low concentrations of analyte with those of blank samples. A S/N ratio of 3 is generally considered acceptable. However, other widely recognised procedures may be applied.

3.0 Confirmation Procedure

The <u>Laboratory</u> shall document that the <u>Confirmation Procedures</u> for <u>Non-Threshold Substances</u> allow the identification of every <u>Non-Threshold Substance</u> or its representative <u>Metabolite(s)</u> or <u>Marker(s)</u> (in compliance with the Technical Document on Minimum Criteria for Chromatographic-Mass Spectrometric Confirmation of the Identity of Analytes, TD IDCR⁴) at the <u>MRPL</u>.

⁽b) Salbutamol and Formoterol are considered <u>Threshold Substances</u>; therefore their determination and reporting is covered in the Technical Document on <u>Decision Limits</u> (TDDL)¹.

 $^{^{(}c)}$ GC-C-IRMS analysis shall be conducted before reporting an *Adverse Analytical Finding* for *Samples* containing formestane between 50 ng/mL and 150 ng/mL (after adjustment for the specific gravity of the *Sample* when SG > 1.020). Refer to the Technical Document on GC-C-IRMS 3 .

^(d) For detection of budesonide administration *via* systemic routes, <u>Laboratories</u> shall target the detection of the 6β -hydroxy-budesonide *Metabolite*.

³ WADA Technical Document TDIRMS: Detection of synthetic forms of Endogenous Anabolic Androgenic Steroids by GC-C-IRMS.

⁴ WADA Technical Document TDIDCR: Minimum Criteria for Chromatographic-Mass Spectrometric Confirmation of the Identity of Analytes for Doping Control Purposes.

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4.0 Reporting of Non-Threshold Substances

A confirmed identification of a <u>Non-Threshold Substance</u> at any concentration shall be reported as an *Adverse Analytical Finding*, with the following exceptions:

- <u>Non-Threshold Substances</u> in classes S6, S7, S8, and P2, which are prohibited *In-Competition* only, should not be reported below 50% of the <u>MRPL</u>.
- Salmeterol should not be reported at levels below 10 ng/mL (i.e. 50% of the MRPL).
- Octopamine should not be reported at levels below the MRPL of 1000 ng/mL.
- Glucocorticoids should not be reported at levels below the MRPL of 30 ng/mL.
- The detection of hydromorphone in urine constitutes an *Adverse Analytical Finding* unless it is determined to be the result of the administration of a permitted substance such as hydrocodone.
 - Also, <u>Laboratories</u> should not report hydromorphone at levels below the <u>MRPL</u> when the finding could be the result of a minor biotransformation of morphine, which is also detected at much higher concentrations in the *Sample*.