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Date:	21 December 2020	Effective Date:	1 April 2021

DECISION LIMITS FOR THE CONFIRMATORY QUANTIFICATION OF EXOGENOUS THRESHOLD SUBSTANCES BY CHROMATOGRAPHY-BASED ANALYTICAL METHODS

1.0 Introduction

The objective of this *Technical Document (TD)* is to harmonize the reporting of results for exogenous <u>Threshold Substances</u> (as listed in Table 1) when analyzed in urine *Samples* using chromatography-based quantitative <u>Confirmation Procedures (CP)</u>, with particular regard to the *Decision Limits (DL)* that shall be applied to determine whether the analytical result indicates an *Adverse Analytical Finding (AAF)*. It also describes the situations where the *DL* shall be corrected by the specific gravity (SG) of the urine *Sample*, as well as the use of <u>Measurement Uncertainty</u> (<u>MU</u>) information in the establishment of such *DL*.

[Comment: Decision Limits for endogenous <u>Threshold Substances</u> (e.g. human Chorionic Gonadotropin – hCG; human Growth Hormone - hGH) are defined in specific TD ^[1, 2] or <u>Laboratory Guidelines</u> ^[3].]

This document provides requirements on the following:

- Target Analytes;
- Threshold (T) and DL;
- Maximum values of <u>MU</u>;
- Adjustment of the DL for the SG;
- Reporting of quantitative results.

Further guidance is provided in Annex A, including:

- Estimating MU;
- Verification of MU by a Laboratory.



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Table 1

Substance Class	<u>Threshold</u> <u>Substance</u>	Threshold (T)	Maximum Relative Combined Standard Uncertainty at <u>T</u> $u_{c_Max}(\%)$	Decision Limit (DL) ^a
S3. Beta-2 Agonists	Salbutamol	1.00 µg/mL	10	1.20 µg/mL
33. Beta-2 Agoriists	Formoterol	40.0 ng/mL	15	50.0 ng/mL
	Cathine	5.00 μg/mL	10	6.00 µg/mL
S6. Stimulants	Ephedrine	10.0 µg/mL	5.0	11.0 µg/mL
oo. otimulants	Methylephedrine	10.0 μg/mL	5.0	11.0 µg/mL
	Pseudoephedrine	150 µg/mL	5.0	170 µg/mL
S7. Narcotics	Morphine	1.00 µg/mL	15	1.30 µg/mL
S8. Cannabinoids	Carboxy-THC	150 ng/mL	· 10	180 ng/mL

a. The DL, expressed to three (3) significant figures, is obtained after adding a guard band g to the \underline{T} , which accounts for the corresponding u_{c_Max} and ensures that any value above the DL obtained with the quantitative Analytical Method is higher than (>) the \underline{T} with a statistical confidence of at least 95% (see Article 3.0).

2.0 Target Analytes

· Quantitative result

The *International Standard* for Laboratories (ISL) ^[4] requires that results from quantitative <u>CP</u> applied to <u>Threshold Substances</u> shall be based on the mean of three (3) independent determinations. The resulting relative standard deviation (RSD, %) shall be consistent with the quantitative <u>CP</u> method validation data.

The <u>Laboratory</u> shall demonstrate the <u>Fitness-for-Purpose</u> of the quantitative <u>CP</u> through method validation, including the estimation of the <u>MU</u>. Compliance with the criteria presented in Table 1 for u_{c_Max} (%) ensures a harmonized reporting of *AAF*s at concentration levels exceeding the applicable *DL*.



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Qualitative result

In one of the three (3) independent determinations, the target <u>Analyte(s)</u> shall be identified in compliance with the prevailing TD IDCR ^[5].

2.1 Beta-2 Agonists - Formoterol and Salbutamol

The concentration level is based on content of formoterol or salbutamol, defined as the combination of free substance and its glucuronide conjugated forms, expressed as substance equivalent.

If one of these exogenous <u>Threshold Substances</u> is detected in a *Sample* in conjunction with a prohibited diuretic or other masking agent (as specified in the *Prohibited List* ^[6]), which is identified in compliance with the TD MRPL^[7] and the TD IDCR ^[5], the confirmation of the <u>Threshold Substance</u> requires only the identification of the compound, not its quantification. In such cases, the <u>Laboratory</u> shall:

- Perform the <u>CP</u> for the diuretic/masking agent and report the results as an *AAF* in compliance with the TD MRPL ^[7] and the TD IDCR ^[5]:
- Perform the (qualitative) <u>CP</u> for the beta-2 agonist and report the results as an *AAF* if identified at any concentration level in compliance with the TD IDCR ^[5].

In cases where a diuretic or masking agent is detected in the *Sample*, the co-presence of any of these beta-2 agonists shall be considered as an *AAF* unless there is an approved *TUE* for the beta-2 agonist itself (see ISL 2021, Article 5.3.6.2.2).

2.2 Stimulants - Cathine, Ephedrine, Methylephedrine and Pseudoephedrine

The concentration level is based on the parent compound of each target <u>Threshold Substance</u> in the free fraction.

If one of these exogenous <u>Threshold Substances</u> is detected in a *Sample* in conjunction with a prohibited diuretic or other masking agent ^[6], which is identified in compliance with the TD MRPL^[7] and the TD IDCR ^[5], the confirmation of the stimulant requires only the identification of the compound, not its quantification. In such cases, the <u>Laboratory</u> shall:

- Perform the <u>CP</u> for the diuretic/masking agent and report the results as an *AAF* in compliance with the TD MRPL ^[7] and the TD IDCR ^[5];
- Perform the (qualitative) <u>CP</u> for the stimulant and report the results as an *AAF* if identified, in compliance with the TD IDCR ^[5], at an estimated concentration level greater than (>) the applicable *Minimum Reporting Level (MRL)* for stimulants, as defined in the TD MRPL ^[7].



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In cases where a diuretic or masking agent is detected in the *Sample*, the co-presence of any of these stimulants shall be considered as an *AAF* unless there is an approved *TUE* for the stimulant itself (see ISL 2021, Article 5.3.6.2.2).

The <u>Laboratory</u> shall report cathine as an *AAF* when found at a urinary concentration level greater than (>) the *DL*. However, if pseudoephedrine is also detected in the *Sample* at concentration levels below (<) the *DL*, the concentration level of pseudoephedrine shall also be reported, and a comment shall be made in the Test Report that the cathine finding may have resulted from the administration of pseudoephedrine.

The Laboratories shall refer to <u>TL</u>05 (Oxilofrine) [8] or any other relevant <u>Technical Letter</u> providing guidance on findings related to <u>Threshold Substances</u> classified as stimulants in the *Prohibited List* [6].

2.3 Morphine

The concentration level is based on content of morphine, which is defined as the combination of free substance (free morphine) and its glucuronide conjugated forms (morphine-3-glucuronide and morphine-6-glucuronide), expressed as morphine equivalent.

Occasionally, a morphine finding may result from the administration of a permitted substance such as codeine or ethylmorphine:

- The <u>Laboratories</u> shall refer to the <u>Technical Letter TL</u>22 (Ethylmorphine) ^[9], which provides details on morphine findings that may be related to the administration of ethylmorphine;
- When codeine is detected in a Sample, <u>Laboratories</u> shall report an AAF for morphine in cases when both of the following conditions are met:
 - The morphine concentration level in urine is higher than (>) the DL or the adjusted DL (if SG > 1.018), and
 - The ratio M/C of morphine (M) to codeine (C, defined as the combination of free codeine + codeine-6-glucuronide, expressed as codeine equivalent) is equal to or higher than (≥) 2.00 (expressed truncated to three (3) significant figures), except when C > 5.00 µg/mL, which is indicative of only codeine intake (in this case, the quantification of morphine is not necessary, and the finding shall be reported as a Negative Finding).

[Comment: The concentration level of C is expressed truncated to three (3) significant figures.]

2.4 Carboxy-THC (11-nor-Δ9-tetrahydrocannabinol-9-carboxylic acid)

The concentration level is based on the content of carboxy-THC, which is defined as the combination of free substance and its glucuronide conjugated forms, expressed as substance equivalent.



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3.0 Threshold (T) and Decision Limit (DL)

Where a \underline{T} has been established for a *Prohibited Substance*, the *DL* represents the value for that *Prohibited Substance* above which it can be decided that the result in a given *Sample*, obtained using a validated measurement procedure, has exceeded the \underline{T} with a statistical confidence of at least 95%, and hence that an *AAF* is justified. This is illustrated in Figure 1.

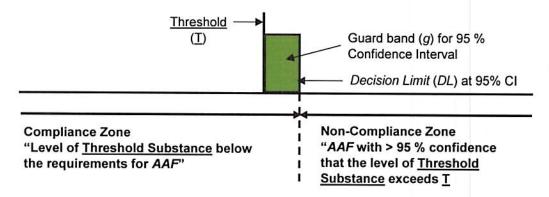


Figure 1: Use of a guard band (g) to establish a DL relative to a \underline{T} and to differentiate between compliance and non-compliance zones.

The DL value shall be calculated as the sum of the \underline{T} value and the guard band (g), where g is calculated based on the relevant WADA maximum acceptable value (unit/mL) of the combined standard uncertainty (u_{c_Max}) given in Table 1, using a coverage factor k of 1.645 (95% coverage range, one-tailed normal distribution). The resulting value of the DL is then rounded up to the second significant figure.

(Eq. 1)
$$DL = T + g$$

(Eq. 2)
$$g = k \cdot u_{c Max}$$
, with $k = 1.645$

(Eq. 3)
$$u_{c_{-Max}} = T \cdot u_{c_{Max}}(\%)$$

(Eq. 4)
$$AAF > DL$$

When a value found in a <u>Sample</u> exceeds the \underline{T} value, but is less than or equal to (\leq) the <u>DL</u>, the <u>Laboratory</u> shall report this result as a <u>Negative Finding</u> and include a recommendation (e.g. in the opinion section of the Test Report) for the <u>Results Management Authority</u> to consider this result within its future "target and intelligence" test planning. This result shall not constitute an <u>AAF</u> regardless of the value of <u>MU</u> the <u>Laboratory</u> reports for the result.



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4.0 Maximum Levels of Measurement Uncertainty

The maximum acceptable relative combined standard uncertainty (u_{c_Max} , %) represents the minimum requirement to be met by a <u>Laboratory</u> for the uncertainty of the measurement, estimated at levels close to the <u>T</u> value, when reporting a result for the determination of a <u>Threshold Substance</u>. The u_{c_Max} (%) values are set such that a <u>Laboratory</u> can reasonably expect to work within them when applying quantitative <u>CP</u>s for the determination of <u>Threshold Substances</u>.

In most cases, the u_{c_Max} (%) is assigned using robust estimates of method Reproducibility (S_R) obtained from the combined participant Laboratory results from relevant rounds of the External Quality Assessment Scheme (EQAS). In cases where a new Threshold Substance is introduced into this TD before EQAS performance data are available, alternative approaches will be used to assign the relevant u_{c_Max} (%). In this case the assignment of u_{c_Max} (%) must be reviewed and approved by the WADA Laboratory Expert Group (LabEG). When data obtained from subsequent EQAS rounds becomes available, the u_{c_Max} (%) may be revised to reflect the actual analytical performance of the Laboratories.

The results obtained from the WADA <u>EQAS</u> indicate that these minimum requirements are conservative. When setting the target values, the degrees of freedom associated with the <u>MU</u> data are assumed to be large.

- <u>Laboratories</u> shall estimate the relative combined standard uncertainty (u_c , %) for a result at levels close to the \underline{T} value for each quantitative \underline{CP} for \underline{T} threshold Substances;
- The estimated u_c (%) shall be not greater than (\leq) the u_{c_Max} (%) value given in Table 1.

[Comment: As mentioned above, these u_{c_Max} (%) values are considered to be conservative; therefore, smaller u_c (%) values may be reported by Laboratories.]

Various approaches to obtain <u>Fit-for-Purpose</u> estimates of u_c (%) associated with the results from a given measurement procedure are given in Annex A.

5.0 Adjustment of the *DL* for the Urine Specific Gravity (SG)

• For any of the <u>Threshold Substances</u> treated in this document, when the SG of the urine <u>Sample</u> (SG_{Sample}) is greater than (>) 1.018, an adjusted <u>DL</u> for an individual test result (DL_{adj}) shall be calculated as per Eq. 5 below;

[Comment: The SG_{Sample} cut-off value for adjustment of the DL has been set at 1.018 to account for the lower limit of the 95% coverage interval, based on a two-tailed normal distribution, of a reference value of SG at 1.020 for normally hydrated individuals (calculated as $1.020 - U_{Max,SG}$)].

• The SG value (SG_{Sample_Max} is that measured in the <u>Laboratory</u>.



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[Comment: The <u>Laboratory</u> shall measure the SG_{Sample} in a single <u>Aliquot</u> during the <u>Initial Testing</u> <u>Procedure</u> (<u>ITP</u>) and the <u>CP</u>, using a method that is included within the <u>Laboratory</u>'s ISO/IEC 17025 scope of accreditation, as follows:

- ITP: In all Samples, using either a digital refractometer or a densitometer,
- <u>CP</u>: A digital refractometer shall be used in all "A" and "B" Samples. The adjustment of the DL for the SG is not needed for:
 - (i) "A" and "B" Sample confirmations for those exogenous <u>Threshold Substances</u> that shall not be quantified if detected in the presence of a prohibited diuretic or other masking agent, and
 - (ii) "B" Sample confirmations of exogenous <u>Threshold Substances</u>, since in those cases, in accordance with the ISL ^[4], "B" Sample results shall only confirm the "A" Sample identification (in compliance with the TD IDCR ^[5]) for the AAF to be valid.

If the SG_{Sample} , as measured by the instrument, reads to \geq 4 decimal places, the SG_{Sample} is the value obtained after rounding the instrumental value and expressing it to three (3) decimal places (e.g. 1.0223 should be expressed as 1.022; 1.0227 as 1.023. When the measured value finishes in 5, it should be expressed to the nearest higher 3-decimal place value, e.g. 1.0225 should be expressed as 1.023).]

The SG-adjustment to the DL shall be made using the following formula:

(Eq. 5)
$$DL_{\text{adj}} = \frac{(SG_{\text{Sample Max}}-1)}{(1.020-1)} . DL$$

Where SG_{Sample Max} is calculated as:

(Eq. 6)
$$SG_{Sample_Max} = SG_{Sample} + U_{Max_SG} = SG_{Sample} + 0.002$$

 $U_{\rm Max~SG}$ = 0.002 is the maximum allowed expanded uncertainty ($U_{95\%}$, k = 2) for SG.

• The determined DL_{adj} shall be expressed truncated to three (3) significant figures (trailing zeros (0) shall be considered as significant figures, *e.g.* 1.50; 100) (see Annex B).

6.0 Reporting

The minimum requirements for reporting an AAF for a Threshold Substance are:

- The quantitative result (reported as the mean value from triplicate determinations, truncated to three (3) significant figures; trailing zeros (0) shall be considered as significant figures, e.g. 13.0; 190);
- A statement that the quantitative result exceeds (>) the relevant DL (or DL_{adj}, if SG > 1.018); and
- The u_c (%) associated with a result at levels close to the \underline{T} value, as determined during the quantitative \underline{CP} method validation (which shall not be higher than (\leq) the corresponding u_{c_Max} (%) specified in Table 1).

Reporting Example for the Test Report:

The concentration level of 'Prohibited Substance A' in the Sample is X.XX (units). This exceeds the DL (after adjustment for the SG, if applicable) for A of Y (units). The relative combined standard uncertainty (u_c %) estimated by the <u>Laboratory</u> for a result at the <u>Threshold</u> Z is 'b' (%). This result constitutes an Adverse Analytical Finding for the presence of A in the Sample.

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7.0 Interpretation Examples

7.1 Ephedrine is detected in a Sample with an SG of 1.018 at a concentration level of 11.208 μ g/mL using a quantitative <u>Analytical Method</u> where the u_c (%) is 3.6% for a result at the \underline{T} of 10.0 μ g/mL.

In accordance with the reporting rules established in this TD (see Article 6.0), this result constitutes an AAF since the concentration level of ephedrine in the Sample, truncated to three (3) significant figures, is 11.2 µg/mL and exceeds the DL for ephedrine of 11.0 µg/mL. The u_c (%) of 3.6 % is lower than the corresponding u_c $_{Max}$ (%) of 5.0. Such a finding shall be reported as follows:

Test Report: The concentration level of ephedrine in the Sample is 11.2 μ g/mL. This exceeds the DL for ephedrine of 11.0 μ g/mL. The relative combined standard uncertainty (u_c %) estimated by the Laboratory for a result at the Threshold (10.0 μ g/mL) is 3.6%. This constitutes an AAF for the presence of ephedrine in the Sample.

7.2 Carboxy-THC is detected in a Sample with a SG of 1.022 at a concentration level of 216.7 ng/mL using a quantitative Analytical Method where the u_c is 9.0 % for a result at the Threshold of 150 ng/mL. The $DL_{\rm adj}$ calculated according to Eq. 5 and expressed to three (3) significant figures is 216 ng/mL (see Annex B).

In accordance with the reporting rules established in this TD (see Article 6.0), this result does not constitute an AAF, since the concentration level of carboxy-THC in the Sample, truncated to three (3) significant figures, is 216 ng/mL and does not exceed the DL_{adj} for carboxy-THC of 216 ng/mL.

Since the concentration level of carboxy-THC does not exceed the adjusted *DL*, the <u>Laboratory</u> shall report this result as a <u>Negative Finding</u> and include a recommendation (e.g. in the opinion section of the Test Report) for the <u>Results Management Authority</u> to consider this result within its <u>Test Distribution Plan</u>.

[Comment: When the result for a <u>Threshold Substance</u> in a Sample scantily exceeds the DL, the confidence interval [mean \pm expanded uncertainty $U_{95\%}$ (k = 2)] for the <u>Laboratory</u> result may extend below the DL. It is important to note that this shall not invalidate an AAF. For appropriate statistical comparison, the u_c with a single-tailed distribution coverage factor (k = 1.645) is taken into consideration when the <u>Laboratory</u> result is compared to the <u>T</u> to demonstrate that the result obtained for the <u>Threshold Substance</u> exceeds the <u>T</u> at greater than (>) 95% confidence.]



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ANNEX A

1. Estimating Measurement Uncertainty (MU)

The International Vocabulary of Metrology (ISO/IEC Guide 99:2007) [10] formally defines <u>MU</u> as a parameter characterizing the dispersion of quantity values attributed to a measurand.

More simply stated, the combined standard $\underline{\text{MU}}$ of a result $[u_c(y)]$ is equivalent to an estimate of the standard deviation (SD) associated with the result (y) that would have been obtained for the sample under analysis if repeated several times. Multiplication of $u_c(y)$ by a coverage factor (k) gives the expanded $\underline{\text{MU}}$ (U) associated with result (y). For a given sample, the combination of the result (y) and its associated U specifies a range describing the dispersion of the values that can reasonably be attributed to the measurand at a stated level of statistical confidence. For *Doping Control* purposes, a value of U corresponding to a 95% coverage range is applied.

Accreditation to ISO/IEC 17025 [11], as well as compliance with the ISL [4], requires that <u>Laboratories</u> evaluate the <u>MU</u> associated with their results at levels close to the <u>Threshold</u>, and report the uncertainty where applicable. The ISO/IEC Guide to the Expression of Uncertainty in Measurement (GUM) establishes general rules for evaluating and expressing uncertainty in measurement that are applicable to ISO/IEC 17025 accredited laboratories [12].

The examples cited in the GUM concentrate on one method, referred to elsewhere as the "analytical", "modelling" or "bottom-up" approach, for uncertainty evaluation. The basic GUM principles also allow for more global approaches for estimating the sources of MU, generally referred to as "top-down" or "empirical" approaches, using data derived from intra- or inter-laboratory method validation studies, internal quality control procedures or the results of EQAS. These approaches are all potentially compliant with the GUM principles provided the MU estimate obtained is suitable for the intended purpose of the measurement. Various references are available which give worked examples of both the "bottom-up" and "top-down" approaches to MU estimation [13, 14, 15, 16, 17].

Different approaches may be applied for the estimation of the combined standard measurement uncertainty $u_c(y)$ associated with an individual result (y). They use:

- A. A modelling approach based on the principles described in the GUM;
- B. Intra-laboratory approach: "In-house" method validation data combined with quality control data;
- C. Inter-laboratory approach: Data derived from inter-laboratory collaborative trials or from EQAS.

The strategy used for uncertainty estimation does not have to follow one exclusive model and in practice the combination of data obtained from two or more different approaches can be employed.

All of these approaches are considered acceptable. Any of these approaches may be employed by a <u>Laboratory</u> to estimate the <u>MU</u> associated with their measurement results, provided the <u>Laboratory</u>



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estimate does not exceed the maximum acceptable (target) \underline{MU} associated with the determination of specific $\underline{Threshold\ Substances}$ that have been established by WADA. These maximum acceptable \underline{MU} are conservative estimates derived from \underline{EQAS} performance data.

A. Modeling Approach

In this case, the <u>Laboratory</u> develops a measurement equation or model in which result (y) is a function of independent input parameters $x_1, x_2, x_3....x_n$ that all influence the measurement result.

If the mathematical model is a combination of addition/subtraction and multiplication/addition operations, then an appropriate quadratic combination is used to calculate the $u_c(y)$. This approach is also referred to as the "bottom-up" or "GUM" approach.

The GUM approach is based on the propagation of uncertainties where the estimated standard deviation associated with the measurement result (y) is named $u_c(y)$ and is determined from the estimated standard deviations associated with each input estimate (x_i) . These uncertainty components from the input quantities are then combined to give the combined standard uncertainty $u_c(y)$.

When the input quantities are independent, the $u_c(y)$ is given as:

(Eq. 7)
$$u_c(y) = \sqrt{\sum_{i=1}^{N} (\frac{\partial f}{\partial x_i})^2 u^2(x_i)}$$

Where *f* is the function that defines the measurand.

More details on the application of this method and the implications in cases where two or more of the input quantities are correlated can be found in the GUM and elsewhere in the literature [12, 15].

[Comment: The uncertainty budget derived using this approach indicates the relative magnitude of the various sources of uncertainty but carries the risk of missing a contributing factor which may significantly affect the overall estimate of <u>MU</u>. Nonetheless, it is a valuable means of establishing where the major sources of uncertainty are found in a quantitative <u>CP</u> and for identifying where efforts should be focused if a reduction is desired in the overall <u>MU</u> of results obtained through use of the quantitative <u>CP</u>.]

B. Intra-Laboratory Data Approach

This approach assumes that the quantitative <u>CP</u> has undergone intra-<u>Laboratory</u> validation including an estimation of the <u>Intermediate Precision</u> (also referred to as the within-<u>Laboratory</u> reproducibility or imprecision). It is based on a three-component measurement model:

(Eq. 8)
$$y = m + B + e$$

The result (y) is the sum under <u>Intermediate Precision</u> conditions of the measurement method mean (m), an estimate of method <u>bias</u> (B) and a random error contribution (e) and the $u_c(y)$ associated with the result is given by:



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(Eq. 9)
$$u_c(y) = \sqrt{u(m)^2 + u(B)^2 + u(e)^2}$$

The estimate of within-<u>Laboratory</u> <u>Intermediate Precision</u> of results, usually obtained from intra-<u>Laboratory</u> QC and method validation data, can be expressed as a standard deviation (s_w) . It provides a <u>Fit-for-Purpose</u> estimate of the uncertainty contribution from the u(m) and u(e) terms and the "internally visible" <u>bias</u> component (B_{lm}) .

(Eq. 10)
$$S_w \sim \sqrt{u(m)^2 + u(e)^2 + u(B_{Int})^2}$$

If (y) is the result of a single analysis, the equation for calculating the standard uncertainty associated with the result simplifies to:

(Eq. 11)
$$u_c(y) = \sqrt{s_w^2 + u(B_{Ext})^2}$$

When (y) is the average of n replicate analyses:

(Eq. 12)
$$u_c(y) = \sqrt{\frac{s_w^2}{n} + u(B_{Ext})^2}$$

In both cases, B_{Ext} is an estimate for <u>bias</u> not accounted for by intra-<u>Laboratory</u> studies and the uncertainty due to <u>bias</u> [u_{bias} or $u(B_{ext})$] can be estimated by using the following equations ^[13]:

(Eq. 13)
$$u_{bias} = \sqrt{{\Delta_i}^2 + \frac{s^2}{n} + u_{ref}^2}$$

where

 n - number of replicate measurements of the sample used as reference (<u>CRM</u>, QC or <u>EQAS</u> sample) prepared at a specified dilution level;

s - standard deviation (SD) under <u>Repeatability</u> conditions of the results obtained for the replicate measurements of the reference sample at a specified dilution level;

uref - uncertainty of the reference sample, and;

$$\Delta_i = C_{lab,i} - C_{ref,i}$$

Where information is available from n_{bias} separate <u>bias</u> determinations, then the u_{bias} shall be expressed as the root mean square of the <u>bias</u> (RMS_{bias}).

(Eq. 14)
$$u_{bias} = RMS_{bias} = \sqrt{\frac{\Sigma u_{bias,i}^2}{n_{bias}}}$$

where:

n_{bias} - number of independent <u>bias</u> determinations.

[Comment: When appropriately applied, this approach, as with the other empirical approaches, is as valid as the modeling approach, and should provide a conservative but pragmatic estimation of MU.]



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C. Inter-Laboratory Method Performance or EQAS Approach

Where a <u>Laboratory</u> has participated in an inter-<u>Laboratory</u> comparison to evaluate a quantitative <u>CP</u>, or has demonstrated appropriate implementation of a literature method validated using such an approach, the inter-<u>Laboratory</u> Reproducibility of the method (s_R), calculated from the results of the comparison and expressed as SD, can be used as an estimate of the u_c of an individual result obtained using the method:

(Eq. 15)
$$u_c(y) = \frac{s_R}{\sqrt{n}}$$
 (y is the average of n replicate analyses)

This approach is applicable, in practice, only when the validation study includes a multi-centre, inter-<u>Laboratory</u> trial conducted to a pre-defined experimental protocol.

[Comment: The major sources of variability can be assessed by inter-<u>Laboratory</u> studies and provide estimates of <u>Repeatability</u> standard deviation (s_r) , <u>Reproducibility</u> (s_R) and <u>Bias</u> (B) of the method (with respect to a known reference value). The <u>Reproducibility</u> (s_R) can be used as an estimate of the u_c associated with an individual measurement result obtained using this quantitative CP Procedure.]

Data obtained from ongoing participation in an <u>EQAS</u> also allows, in some cases, for the calculation of a performance characteristic of the ensemble of methods used by participants that can serve, in the absence of a properly constituted inter-<u>Laboratory</u> study, as a conservative estimate of the <u>Reproducibility</u> (s_R) of the quantitative <u>CP</u> used by an individual <u>Laboratory</u>. It is mostly in the latter sense that the term s_R is used in the current draft. This estimate is only valid when:

- The values reported by participants in the <u>EQAS</u> round (after exclusion of outliers) fall into a normal Gaussian distribution:
- The intra-<u>Laboratory</u> Repeatability (s_r) for the method is smaller than (<) the variation of the participants' results $(s_r < s_R)$;
- · Uncertainty contributions from instability or heterogeneity of the EQAS sample are negligible;
- The matrices utilized correspond closely to those encountered in routine analytical conditions (*i.e.* "representative" matrices are used to prepare the <u>EQAS</u> materials);
- The target values of the study fall within the range of application of the method;
- The <u>Laboratory</u> obtains satisfactory results in a minimum number of consecutive rounds.

In this case the SD of the participants' results after exclusion of outliers or as calculated from robust statistics can be used as an estimate of the u_c associated with a result obtained by the method. This value can then be applied as described for the s_R estimate above.

[Comment: As noted before, the <u>Reproducibility</u> (s_R) estimate can be used as a conservative estimate of the u_c associated with a result. Moreover, a <u>Laboratory</u> can, by its participation in the WADA <u>EQAS</u>, verify and demonstrate the validity of its chosen approach to estimate the <u>MU.</u>]



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2. Verification of Measurement Uncertainty

Regardless of the approach employed by a <u>Laboratory</u> to estimate the <u>MU</u> for the results it obtains using a particular quantitative <u>CP</u>, it is important that this <u>MU</u> estimate be validated, and its veracity continuously monitored. This can be accomplished by regular comparison with an appropriate QC sample, preferably a <u>Certified Reference Material</u> (<u>CRM</u>), if available, and/or through evaluation of method performance using EQAS data.

The \underline{MU} for a particular quantitative \underline{CP} , estimated by a <u>Laboratory</u> can also be checked by comparison to data generated from an appropriate \underline{EQAS} by employing the E_n number.

(Eq. 16)
$$E_n = \frac{x - x_a}{\sqrt{U(x)^2 + U(x_a)^2}}$$

Where x_a is the assigned value for the <u>EQAS</u> study, x is the <u>Laboratory</u> result, and $U(x_a)$ and U(x) are respectively the expanded uncertainties associated with each result.

Monitoring the $|E_n|$ values over time provides the <u>Laboratory</u> an important tool to evaluate the agreement between its <u>MU</u> estimation for a quantitative procedure and the actual performance of that procedure. Provided that the estimated <u>MU</u> is less than or equal to (\leq) the u_{c_Max} required by *WADA*, it is considered that when $|E_n|$ is distributed:

- Around one (1): then the estimated <u>MU</u> is in good agreement with the <u>Laboratory</u>'s <u>EQAS</u> performance;
- Repeatedly at levels considerably smaller than (<<) one (1): then the <u>MU</u> could be overestimated. This shows that the historical <u>Laboratory</u> performance in the <u>EQAS</u> compared to the inter-<u>Laboratory</u> consensus values is better than its estimated <u>MU</u>. The <u>Laboratory</u> should evaluate the need for reassessing the <u>MU</u> for this particular quantitative CP;
- Repeatedly greater than (>) one (1): the \underline{MU} could be underestimated as the $\underline{Laboratory}$'s performance in the \underline{EQAS} is worse than its estimated \underline{MU} . In this case the reason for the high E_n value should be re-assessed. If necessary, steps should be taken to re-evaluate the \underline{MU} .

It is important to highlight that individual $|E_n|$ values greater or lower than one (1) may not necessarily justify actions to be taken by the <u>Laboratory</u>. Rather, the history of values and their trends should be monitored.

Whenever there is a change in the quantitative \underline{CP} (extraction step, derivatization conditions, internal standard, etc.) a re-validation of the procedure and a re-assessment of the \underline{MU} of results obtained using the altered procedure is required. It is necessary to check that the quantitative \underline{CP} is still $\underline{Fit\text{-}for\text{-}Purpose}$ (e.g. the \underline{MU} estimated by the $\underline{Laboratory}$ for a particular quantitative \underline{CP} is below the acceptable u_{c_Max} given in Table 1 above).

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ANNEX B Adjusted Decision Limits

Table 2. Adjusted DLs calculated for SG > 1.018 as per Eq. 5 and expressed truncated to three (3) significant figures

SG SG _{Max}	Salbutamol 1.20	Formoterol 50.0	Cathine 6.00	Ephedrine 11.0	MethylE 11.0	PSE 170	Morphine 1.30	C-THC 180	
									1.019
1.020	1.022	1.32	55.0	6.60	12.1	12.1	187	1.43	198
1.021	1.023	1.38	57.5	6.90	12.6	12.6	195	1.49	207
1.022	1.024	1.44	60.0	7.20	13.2	13.2	204	1.56	216
1.023	1.025	1.50	62.5	7.50	13.7	13.7	212	1.62	225
1.024	1.026	1.56	65.0	7.80	14.3	14.3	221	1.69	234
1.025	1.027	1.62	67.5	8.10	14.8	14.8	229	1.75	243
1.026	1.028	1.68	70.0	8.40	15.4	15.4	238	1.82	252
1.027	1.029	1.74	72.5	8.70	15.9	15.9	246	1.88	261
1.028	1.030	1.80	75.0	9.00	16.5	16.5	255	1.95	270
1.029	1.031	1.86	77.5	9.30	17.0	17.0	263	2.01	279
1.030	1.032	1.92	80.0	9.60	17.6	17.6	272	2.08	288
1.031	1.033	1.98	82.5	9.90	18.1	18.1	280	2.14	297
1.032	1.034	2.04	85.0	10.2	18.7	18.7	289	2.21	306
1.033	1.035	2.10	87.5	10.5	19.2	19.2	297	2.27	315
1.034	1.036	2.16	90.0	10.8	19.8	19.8	306	2.34	324
1.035	1.037	2.22	92.5	11.1	20.3	20.3	314	2.40	333
1.036	1.038	2.28	95.0	11.4	20.9	20.9	323	2.47	342
1.037	1.039	2.34	97.5	11.7	21.4	21.4	331	2.53	351
1.038	1.04	2.40	100	12.0	22.0	22.0	340	2.60	360
1.039	1.041	2.46	102	12.3	22.5	22.5	348	2.66	369
1.040	1.042	2.52	105	12.6	23.1	23.1	357	2.73	378

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[Current versions of WADA ISL, Technical Documents and <u>Laboratory Guidelines</u> may be found at https://www.wada-ama.org/en/what-we-do/science-medical/laboratories]

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