

Paris, September the 21st of 2015

Comparative study about testing service provision

Executive summary



This study that deals with testing service provision falls within a two-sided context. Firstly, it aims at placing the AFLD's position in relation with the other NADOs in a global European anti-doping environment. Secondly, this study was specifically useful to give an overview of the French organization's situation in the scope of The Court's audit (*Cour des Comptes*). Our goal was to evaluate our testing activity in comparison to other anti-doping organizations, in terms of methods, know-how, invoicing, agreement document presentation and accessibility. To this end, we favored a collaborative approach, which also presented the advantage to sustain or take up our relationship with the others NADOs.

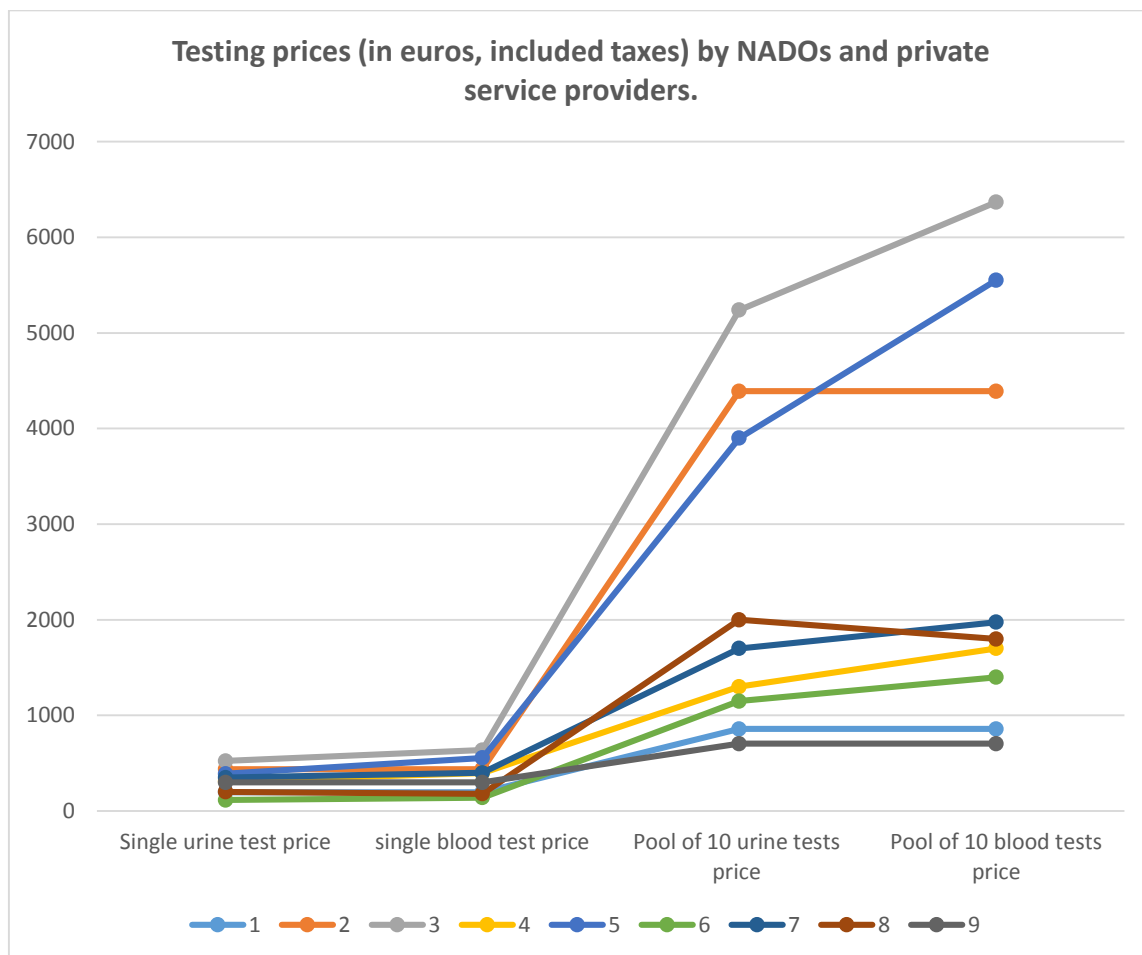
Participating NADO were selected according to diverse criteria. On the one hand, we found interesting the idea of comparing ourselves to NADOs with integrated laboratories as long as we are a few in this situation (ADoP – Portugal and RANAD – Romania). On the other hand, we appealed to NADOs who appear to us as regular partners, such as UKAD (United-Kingdom), Anti-doping Switzerland and NADA (Germany).

We are very thankful to NADOs who participated in this study, mostly thanks to their very collaborative attitude (in order to keep confidential NADO's data, we have favored a neutral presentation).

I. Invoicing heterogeneity between testing service providers

The chart below highlights the invoicing gap for testing services provided by both NADOs and private service providers.

For a urine test, price range from €112.90 (incl. tax) to €439.00 (incl. tax). In terms of blood tests, prices range from €115.00 (incl. tax) to €439.00 (incl. tax). Prices variation are more significant when they are pooled by 10 inasmuch as some service providers plan decreasing rate of charge depending on the testing volume needed. As a matter of fact, the lowest price for 10 tests is €858.00 (incl. tax) while the highest reaches €5 240.00 (incl. tax). For 10 blood tests, the cheapest pool rate is also €858.00 (incl. tax) while the more expensive one is €6 368.00 (incl. tax).



Studied institutions have built differently their price lists taking into account diverse parameters. For instance, it is interesting to notice that some NADOs do not distinguish urine from blood tests services provision and apply the same price for both. However, additional fees might be applied for blood samples transportation (as a consequence of the temperature restrictions). At the opposite, some service providers invoice differently urine

and blood tests, or even combined. It might be explained by the fact that blood kits are more expensive than urine ones. Besides, some NADOs are willing to negotiate their prices while other do not demonstrate this possibility. In some countries, prices are curb by national enforcement which does not allow invoicing flexibility.

Furthermore, price construction is always based on a set of same parameters such as: testing coordination; testing kits; sample transportation. Some differences may be noticed in terms of invoicing: DCO's remuneration in addition of testing; DCOs transportation depending of the mileage (on a flat-rate basis); DCOs training; or geographic zones.

As a final statement, there is not any relation between the price and the global volume of services provided. The most productive service providers are not the cheapest on the market and the reverse is also true.

II. A variety of volumes and profiles of DCO

Just like invoicing, there are important differences in terms of volume of DCOs. While some NADOs have at its disposal 31 DCOs, some other has 347 of them. There are even some NADOs that do not have any DCOs but turn to private service providers to contract them when they need it.

To realize testing mission, DCOs are selected according to different criteria. Nearness is often the most important criterion that determines the selection but other can be taken into account in response of a particular demand. For instance in Multilanguage countries or in the case of international events, DCOs might be selected according to their spoken language. Moreover, when blood tests are planned, the testing authority requires BCOs.

The matter of efficiency in relation with the number of available DCOs might be raised. As a matter of fact, NADOs with numerous DCOs are not always the most productive ones.

It is also interesting to notice that the territory coverage by DCOs might be significant to optimize the global cost of testing service provision thanks to transportation savings.

A NADOs that has hire full time DCOs has also aroused our interest as long as it might question our current approach in terms of costs and benefits.