AMERICAN NATURAL BODYBUILDING FEDERATION

ANBF DRUG TESTING POLICY AND BANNED SUBSTANCE LIST

Version 2.3 | Effective May 1, 2026

Athlete-facing policy resource

This document is designed for athlete review, ANBF administrative use, and future placement in the Jericho athlete portal under Drug Testing > Policy + Resources.

Policy note

This rebuilt version keeps the clean 2026 policy format while restoring rule-specific items from the prior ANBF banned substance policy, including documentation rules, prescription review timing, hormone-related medical exceptions, expanded testosterone/anabolic-agent language, special abstinence windows, T/E ratio review, and athlete responsibility language.

Document Control

Field	Value
Title	ANBF Drug Testing Policy and Banned Substance List
Version	2.3
Effective Date	May 1, 2026
Status	Final for ANBF publication and portal preparation
Portal Placement	Jericho Athlete Portal > Drug Testing > Policy + Resources
Source Basis	2026 ANBF policy document + 2025 ANBF banned substance rules + ANBF T/E ratio protocol + WADA 2026 reference list

Table of Contents

1. Before You Compete: Important Athlete Warnings

Warning	Meaning
Legal does not mean allowed.	A substance may be legal to buy or use and still be prohibited under ANBF rules.
Prescribed does not automatically mean allowed.	A physician prescription does not automatically make a substance acceptable for ANBF competition.
Over-the-counter does not automatically mean allowed.	Many supplement-store products, prohormones, hormonal derivatives, fat burners, stimulants, and products marketed as natural may affect eligibility.
Bioidentical, natural, wellness, or hormone optimization language does not override policy.	Exogenous testosterone is prohibited even if prescribed, advertised as bioidentical, described as natural, or used as TRT, hormone replacement, hormone optimization, wellness, or anti-aging treatment.
Documentation does not automatically equal approval.	Medical documentation allows ANBF to review the issue. It does not guarantee eligibility.
Supplements are taken at the athlete's risk.	Labels may be incomplete, misleading, contaminated, or changed without notice. Athletes are responsible for everything they use.
When unsure, ask before competing.	Do not wait until screening, check-in, or show day to disclose a questionable substance, medication, supplement, or product.

Bottom line

Do not assume a product is allowed because it is legal, prescribed, over-the-counter, sold as natural, or recommended by a medical provider. Ask before competing.

2. Authority, Scope, and WADA Reference Relationship

ANBF uses the World Anti-Doping Agency (WADA) Prohibited List as a guiding reference for prohibited substances, testing categories, and anti-doping standards.

ANBF also maintains its own natural bodybuilding eligibility standards, review procedures, abstinence expectations, documentation requirements, and substance interpretations. WADA is a reference source; it does not replace ANBF policy.

When ANBF policy is stricter, more specific, or better aligned with natural bodybuilding eligibility, the ANBF rule controls for ANBF competition.

ANBF authority statement

WADA is a guiding reference. ANBF remains the eligibility authority for ANBF natural bodybuilding competition and may apply stricter or more specific rules.

Medical/legal disclaimer

This document is intended to help athletes understand the ANBF standard. It is not medical advice, legal advice, or a substitute for professional medical care.

3. Screening and Testing Language

ANBF uses screening and testing procedures to support fair competition and athlete accountability. Athlete-facing documents should use the term screening rather than polygraph, because the ANBF process is not limited to a traditional polygraph model.

Screening may include athlete questionnaires, interview-style review, event-based screening, urine testing, supplement or medication disclosure review, special circumstance review, and other procedures approved by ANBF.

Athletes must answer all screening questions truthfully. False statements, non-disclosure, refusal to participate, failed testing, or attempts to manipulate screening or testing may result in disciplinary review.

Event screening reference

All ANBF athletes must complete required drug screening. Amateur screening results are generally valid for 4 weeks. Pro athletes must be screened at each pro event unless otherwise specified by ANBF leadership.

4. Core Eligibility Rules and Abstinence Windows

ANBF should not treat every issue exactly the same. The category, timing, disclosure, intent, documentation, and testing outcome all matter. The windows below preserve ANBF's prior policy structure while allowing documented review where ANBF policy permits review.

Category	Minimum rule / review window	General handling
Major PED / natural-status violations	7 years minimum	Anabolic steroids, exogenous testosterone, pharmaceutical hormones, SARMs, HGH, major peptides/growth factors, deliberate PED cycles, and similar violations may trigger the longest ineligibility category.
Over-the-counter hormones / prohormones / chemical counterparts	2 years minimum unless otherwise specified	General prohormone or hormonal precursor use requires the longer OTC hormone/prohormone window unless a specific ANBF transition rule applies.
DHEA / 7-Keto DHEA new-athlete transition	90 days / 3 months if ANBF grants transition review	Only for good-faith new or transitioning athletes who disclose before competing, stop immediately, provide requested information, and agree not to resume.
Ephedrine / ephedra	6 months minimum	Applies before joining or competing for the first time unless ANBF later publishes a different rule.
DMAA and related compounds	30-day first-event amnesty / transition handling	Applies only if ANBF accepts the issue as a first-event transition matter. Not a general allowance.
Unauthorized diuretics / masking agents	6 months minimum unless documentation allows review	Medical use may require prescription documentation. Contest-prep water manipulation or testing deception is not acceptable.
Permitted healing/recovery peptide review	9 months minimum after permitted documented use	Only for serious injury or surgical recovery with proper medical documentation and ANBF review.
Marijuana / THC / mind-altering substances before screening	12 hours before screening through completion of the screening process	Athlete must be sober and suitable for screening. THC contamination remains the athlete's responsibility.

No loophole statement

A shorter prescription-documentation review period does not shorten, override, or replace ANBF's longer natural-status rules for banned PEDs, anabolic agents, exogenous testosterone, pharmaceutical hormones, prohormones, DHEA / 7-Keto DHEA, SARMs, HGH, peptides, or other prohibited performance-enhancing substances.

5. Disclosure, Prescription Medication Review, and Documentation Standards

Prescription medications are not automatically approved and are not automatically banned. Some medications require documentation before ANBF can review the athlete's eligibility.

12-month routine prescription medication review

For routine prescription medication review, athletes should disclose prescription medications used within the previous 12 months. This 12-month medication review window applies to routine medical prescriptions and documentation review only. It does not reduce or override ANBF's longer abstinence requirements for banned substances, PEDs, anabolic agents, exogenous testosterone, pharmaceutical hormones, prohormones, SARMs, HGH, peptides, DHEA / 7-Keto DHEA, or other natural-status violations.

Documentation ANBF may require

- Clinical note from the visit documenting the diagnosis, condition, injury, pregnancy/fertility status, or medical reason.
- Specific treatment plan showing the physician intended to prescribe the substance or medication.
- Prescription record, electronic or hardcopy, tied to the same medical issue.
- Pharmacy fill record showing the prescription was filled as written.
- Medication name, dosage, route, frequency, start date, and current or stop date if applicable.
- Statement or review information confirming the substance was not used for bodybuilding, fat loss, physique enhancement, hormone manipulation for performance, or contest-prep purposes.

Prescription standard

A simple physician note may not be enough. ANBF may require clinical notes, diagnosis/reason, prescription record, pharmacy fill record, dosage, date range, and review of intended use.

6. Special Circumstance and Medical Review Categories

DHEA / 7-Keto DHEA Transition Review

Primary rule: DHEA, 7-Keto DHEA, and related metabolites/derivatives are prohibited going into competition. ANBF may review prior use only through a controlled, documented, one-time transition pathway.

Abstinence / review window: 90 days / 3 months for eligible new-athlete transition cases if ANBF grants review.

Examples: DHEA, 7-Keto DHEA, 7-oxo-DHEA, 7-alpha-hydroxy-DHEA, 7-beta-hydroxy-DHEA.

Notes:

- The athlete must disclose before competing, stop immediately, provide last date of use, provide dosage/product information if requested, answer screening questions truthfully, and agree not to resume use.
- This pathway is not automatic approval and is not a general allowance.
- If transition review is granted, the athlete record should retain a permanent marker that the pathway was used.
- Future resumed use, non-disclosure, false last-use information, or hidden product details may be treated as a failure or ban-level issue.

Estrogen and Progesterone for Female Athletes

Primary rule: Estrogen and progesterone are not automatically banned for female athletes when used for legitimate medical reasons, but documentation is required.

Abstinence / review window: Medical review with documentation; no automatic approval without review when disclosure is required.

Examples: Estradiol, prescribed estrogen therapy, progesterone, prescribed progesterone therapy.

Notes:

- Required documentation may include doctor note or prescription, diagnosis/reason for use, medication name, dosage, route, start date, and whether use is current or discontinued.
- Misuse, excessive dosing, non-medical use, or use intended to manipulate physique, performance, or contest outcome may trigger ANBF review.
- This allowance does not apply to exogenous testosterone or banned hormone-manipulation agents.

HCG / Pregnancy or Fertility-Related Medical Use for Female Athletes

Primary rule: CG / HCG / LH-type substances remain prohibited in performance-enhancing contexts. Female athletes prescribed HCG for pregnancy or fertility-related medical purposes may be reviewed with proper documentation.

Abstinence / review window: Medical review with documentation. Not a general allowance for hormone manipulation or performance enhancement.

Examples: Human chorionic gonadotropin / HCG, chorionic gonadotropin / CG, LH-type pregnancy or fertility-related prescriptions.

Notes:

- Documentation may include doctor note or prescription, pregnancy/fertility-related medical reason, date range of use, dosage if requested, and confirmation the use was not for bodybuilding, fat loss, performance enhancement, or physique manipulation.
- Use of HCG or related substances by men to increase testosterone production is a serious review issue and may affect eligibility.

Thyroid Medication

Primary rule: Thyroid medication may be permitted when prescribed for a legitimate medical reason and documented. Use for bodybuilding, fat loss, contest prep, metabolic enhancement, or physique manipulation is prohibited.

Abstinence / review window: Prescription documentation required when disclosed or requested.

Examples: T3, T4, Cytomel, Synthroid, levothyroxine, liothyronine.

Notes:

- Athletes prescribed thyroid medication should provide doctor note or prescription documentation when required by ANBF.
- Abuse or non-medical use may be treated as a substance violation.

Spironolactone and Finasteride

Primary rule: Spironolactone and finasteride may be allowed only when prescribed by a licensed medical provider for legitimate medical reasons.

Abstinence / review window: Prescription documentation required; unauthorized use may require a 6-month abstinence period before competing.

Examples: Spironolactone, finasteride.

Notes:

- Acceptable reasons may include acne, hypertension, heart failure, hair loss, or another documented medical need.
- Use without valid prescription or medical documentation may affect eligibility.

Healing / Recovery Peptide Review

Primary rule: Healing and recovery peptides may only be reviewed when used for serious injury, surgical recovery, or significant medical need, with proper documentation and ANBF approval.

Abstinence / review window: 9-month abstinence period before competing if ANBF permits the medical-review pathway.

Examples: BPC-157, TB-500, and similar healing or recovery peptides.

Notes:

- Required support may include medical records and a prescription from a licensed doctor or health professional.
- Illegal, non-prescribed, bodybuilding, recovery-enhancement, fat-loss, or performance use is prohibited and may result in suspension or ineligibility.

Special circumstance records

Special circumstance reviews should be formally documented in the athlete/admin portal where available. Records should capture disclosure, last date of use, product/dosage information, stop-use agreement, review decision, reviewer, timestamps, and follow-up requirements.

7. Banned Substance Categories and Examples

The examples below are not exhaustive. Related compounds, analogs, metabolites, derivatives, isomers, masking agents, and substances with similar physiological or performance-enhancing effects may also be prohibited.

Anabolic Androgenic Agents and Related Compounds

Primary rule: Anabolic steroids, synthetic anabolic agents, prescription anabolic agents, designer steroids, metabolites, derivatives, and related compounds are prohibited. This includes substances that promote muscle growth or enhance performance through anabolic or androgenic pathways.

Abstinence / review window: 7 years minimum unless otherwise specified.

Examples: Testosterone and related esters/compounds, nandrolone, boldenone, stanozolol, oxandrolone, methandienone / Dianabol, drostanolone / Masteron, trenbolone, methyltestosterone, clostebol, mesterolone, methenolone, fluoxymesterone, designer/pro-steroids, and related analogs.

Notes:

- Muscle implants of any kind are strictly prohibited.
- Listed examples are not exhaustive. Related compounds, metabolites, derivatives, isomers, and substances with similar anabolic or androgenic effect may also be prohibited.

Exogenous Testosterone - Core Rule

Primary rule: Exogenous testosterone is prohibited in any form and for any reason in ANBF competition unless ANBF later publishes a specific approved exception. Current policy direction: no exception for TRT, hormone optimization, wellness, anti-aging, hormone replacement, or bioidentical marketing.

Abstinence / review window: 7 years minimum unless ANBF publishes a specific approved exception.

Examples: Testosterone base/suspension, testosterone cypionate, testosterone enanthate, testosterone propionate, testosterone undecanoate, testosterone blends, injections, creams, gels, patches, pellets, oral/buccal products, compounded testosterone products, and bioidentical testosterone products.

Notes:

- A prescription does not automatically make testosterone allowed.
- Bioidentical, natural, wellness, hormone replacement, anti-aging, or TRT language does not override ANBF policy.
- Changing the delivery method does not change the rule. Injection, cream, gel, patch, pellet, oral, compounded, or topical use remains exogenous testosterone use.

Testosterone and Testosterone-Related Anabolic Agents

Primary rule: Testosterone-related anabolic agents, testosterone derivatives, androgenic compounds, metabolites, isomers, esters, and related compounds are prohibited when they fall under anabolic/androgenic or performance-enhancing use. This section is intentionally explicit so testosterone language is not lost inside a broader anabolic category.

Abstinence / review window: 7 years minimum unless otherwise specified by ANBF policy.

Examples: Testosterone, 1-Testosterone, 4-Hydroxytestosterone, methyltestosterone, methyl-1-testosterone, dehydrochlormethyltestosterone, desoxymethyltestosterone, methylnortestosterone, tetrahydrogestrinone, trenbolone, trestolone / MENT, nandrolone, boldenone, stanozolol, oxandrolone, methandienone / Dianabol, drostanolone / Masteron, clostebol, mesterolone, metenolone, fluoxymesterone, and related analogs.

Notes:

- This list is not exhaustive. Related compounds, metabolites, derivatives, isomers, esters, analogs, designer/pro-steroids, and substances with similar anabolic or androgenic effect may also be prohibited.
- Athletes are responsible for disclosing testosterone-related medication, hormone therapy, hormone optimization, anti-aging therapy, wellness-clinic treatment, compounded hormones, and similar products before competing.
- Use of agents intended to increase, restore, stimulate, mask, or manipulate testosterone may also trigger ANBF review even when the athlete claims the substance was medically supervised.

SARMs, SERMs, Anti-Estrogens, and Hormone Modulators

Primary rule: Selective androgen receptor modulators, selective estrogen receptor modulators, aromatase inhibitors, and other hormone-modulating compounds may affect eligibility and are prohibited or reviewable depending on category, use, and ANBF decision.

Abstinence / review window: Serious review category; longer natural-status consequences may apply depending on the substance and use.

Examples: Ostarine / MK-2866, ligandrol / LGD-4033, RAD-140 / Testolone, andarine / S-4, cardarine / GW-501516, tamoxifen / Nolvadex, clomiphene / Clomid, anastrozole / Arimidex, letrozole, exemestane, formestane, 6-OXO.

Notes:

- For men, use of SERMs, HCG, LH, aromatase inhibitors, or similar agents to increase testosterone production or support testosterone-related outcomes is a serious review issue even if physician monitored.
- Female estrogen/progesterone medical review is handled separately and does not create a general allowance for hormone manipulation agents.

Growth Hormone, Peptides, and Growth Factors

Primary rule: HGH, growth hormone secretagogues, growth factors, synthetic peptides, and related compounds used for muscle growth, recovery, repair, fat loss, or performance enhancement are prohibited unless ANBF specifically permits a documented medical review exception.

Abstinence / review window: 7 years minimum for major PED/growth-factor use unless ANBF permits a specific documented medical exception. Certain serious injury/surgical-recovery peptides may require 9 months after permitted use.

Examples: HGH / somatropin, IGF-1, IGF-1 LR3, MK-677 / Ibutamoren, CJC-1295, GHRP-2, GHRP-6, ipamorelin, sermorelin, hexarelin, BPC-157, TB-500, HGH fragment 176-191.

Notes:

- Medical use of certain peptides for documented injury, surgery recovery, or significant medical need requires strict documentation and ANBF review before competition.
- Non-prescribed, illegal, bodybuilding, fat-loss, or performance-enhancement use is prohibited.

DHEA, 7-Keto DHEA, Prohormones, and OTC Hormonal Precursors

Primary rule: DHEA, 7-Keto DHEA, prohormones, hormonal fat burners, precursor products, and related metabolites/derivatives are prohibited going into ANBF competition. ANBF may review certain new-athlete transition cases under a one-time disclosure pathway.

Abstinence / review window: 2 years minimum for general prohormone use; 90 days / 3 months for approved DHEA / 7-Keto DHEA new-athlete transition cases.

Examples: DHEA, 7-Keto DHEA, 7-oxo-DHEA, 7-alpha-hydroxy-DHEA, 7-beta-hydroxy-DHEA, androstenedione, androstenediol, 1-Andro, 4-Andro, 6-OXO, arimistane, pro-hormonal fat burners.

Notes:

- These substances are not treated as equivalent to major anabolic steroid, testosterone, SARM, HGH, or peptide use, but they must be disclosed and may affect eligibility.
- DHEA / 7-Keto DHEA transition handling is a one-time good-faith mechanism, not a general allowance.

Diuretics, Masking Agents, and Testing Interference

Primary rule: Diuretics, masking agents, urine-manipulation products, and drugs/chemicals intended to interfere with screening or testing are prohibited. Tampering or attempted deception is treated as a serious disciplinary issue.

Abstinence / review window: 6 months minimum for unauthorized use unless documentation allows review; tampering may trigger escalated discipline.

Examples: Furosemide, hydrochlorothiazide, spironolactone, acetazolamide, bumetanide, chlorthalidone, indapamide, triamterene, probenecid, mannitol, glycerol in prohibited context, masking agents, products used to beat a test.

Notes:

- Medically necessary prescriptions may require disclosure and documentation.
- Use for contest prep, fat loss, water manipulation, or testing deception is not acceptable.

Stimulants and Weight-Loss Medications

Primary rule: Stimulants and medications or supplements used for bodybuilding, fat loss, appetite suppression, or performance enhancement may be prohibited or may require medical review.

Abstinence / review window: 6 months minimum for ephedrine / ephedra. DMAA-related first-event transition may require at least 30 days if ANBF grants that pathway. Prescription stimulant use requires documentation when requested.

Examples: Amphetamine-class medications, lisdexamfetamine / Vyvanse, methylphenidate, phentermine, ephedrine / ephedra, DMAA, DMBA, methylhexanamine, octodrine, hydroxyamphetamine, isometheptene, sibutramine, cocaine, MDMA/ecstasy, other psychomotor stimulants.

Notes:

- ADHD medication or other prescribed stimulant use may require documentation and must never be abused or used for weight loss or physique enhancement.
- Synephrine is not currently banned by WADA and is commonly found in fat burners/pre-workouts, but athletes should use caution with high doses or stimulant stacking.

Cannabis, Intoxicants, and Screening Readiness

Primary rule: Substances that produce intoxicating or mind-altering effects may affect screening reliability and athlete readiness. ANBF may require abstinence before screening and may review cases involving failed screening or intoxication.

Abstinence / review window: 12 hours before screening through completion of the screening process.

Examples: Marijuana / THC, intoxicating cannabis products, substances that impair screening reliability.

Notes:

- CBD products that do not contain THC may be treated differently, but athletes remain responsible for contamination, mislabeling, and product selection.
- Athletes must be suitable for screening. Intoxication, impairment, or screening interference may result in rescheduling, review, or escalation.

Other Prohibited Methods and Conduct

Primary rule: Prohibited methods include attempts to conceal use, manipulate urine, alter testing outcomes, use another person's prescription, or otherwise deceive ANBF screening/testing procedures.

Abstinence / review window: Escalated disciplinary review; may be treated as seriously as substance violations.

Examples: Test substitution, urine manipulation, masking, refusal to test, false disclosures, tampering, using another person's medication or prescription, muscle implants.

Notes:

- Conduct violations may escalate to disqualification, suspension, loss of title/placement, or ban-level action.
- Athletes are responsible for monitoring medication and supplement intake to avoid accidental violations.

Special Mentions: Pregnenolone and Synephrine

Primary rule: Pregnenolone and synephrine are not currently treated as banned substances in this ANBF policy structure, but both should be understood carefully.

Abstinence / review window: Allowed / caution category; disclose if asked or if included in a broader supplement or medication review.

Examples: Pregnenolone, synephrine.

Notes:

- Pregnenolone is allowed for ANBF athletes, but because it is hormone-related, athletes should disclose it when asked and avoid stacking it with prohibited hormone-related products.
- Synephrine is commonly found in dietary supplements, especially fat burners and pre-workouts. High doses or stimulant stacking may create health, screening, or eligibility concerns even when the ingredient itself is not banned.

8. T/E Ratio Findings and Confirmation Review

A Testosterone/Epitestosterone (T/E) ratio finding of 6:1 or greater is considered a positive finding for exogenous testosterone or its precursors unless cleared through approved confirmation review.

Burden of proof

The responsibility lies with the athlete. If an elevated T/E ratio is detected, additional confirmation testing such as IRMS / CIR may be required at the athlete's expense through an approved laboratory.

Current ANBF confirmation protocol reference

- The athlete may be required to submit the current protocol payment to ANBF for sample split, shipping, and IRMS confirmation testing. Current internal protocol lists this amount as $625.00, subject to future ANBF update.
- ANBF should coordinate with Redwood Toxicology using the accession number associated with the failed test.
- SMRTL or another approved laboratory may be notified that a sample is being sent for IRMS confirmation.
- The original T/E level concentrations should accompany the sample when required.

Important

A T/E confirmation pathway does not mean testosterone use is allowed. It exists to resolve whether an elevated finding is consistent with exogenous testosterone or its precursors.

9. Medical and Sensitive Document Handling

Jericho and ANBF administrative processes should avoid storing sensitive medical documents longer than necessary unless retention is required for eligibility, dispute, audit, or compliance reasons. The preferred workflow is to review the document, record a structured outcome, and retain only the minimum necessary record unless the case requires retention.

Record area	Examples of data captured
Athlete linkage	Athlete identity ID, user ID, name/email snapshot.
Disclosure details	Substance, product, brand, dosage, frequency, start date, last date of use, reason for use.
Agreements	Stopped use, last-use confirmation, agreement not to resume, truthfulness confirmation.
Review decision	Pending, approved to compete, approved with conditions, waiting period required, more info required, not eligible, escalated.
Reviewer and timing	Reviewer, role, review date, decision note, follow-up requirements.
Retention status	No document uploaded, retained, deleted after review, retained due to active case, retained until dispute period ends.
Audit log	Created, updated, file uploaded, file reviewed, decision changed, agreement captured, escalated, closed.

10. Consequences and Review

Consequences may vary based on substance category, last date of use, disclosure timing, documentation, intent, testing outcome, and whether deception, refusal, or tampering occurred.

Major PED use, undisclosed exogenous testosterone use, anabolic agents, SARMs, HGH, significant peptide/growth-factor agents, failed testing, refusal, tampering, or deliberate deception may trigger long-term ineligibility, suspension, disqualification, title/placing consequences, or ban-level action.

Lower-risk, ambiguous, discontinued, medically documented, or disclosed special circumstance cases may be reviewed case-by-case when ANBF policy allows review.

Case-by-case does not mean automatic approval

ANBF may require additional documentation, waiting periods, screening, testing, or disciplinary escalation. Athlete eligibility remains an ANBF decision.

11. Athlete Acknowledgment Checklist

Before competing, athletes should be able to confirm the following:

- I reviewed the current ANBF Drug Testing Policy and Banned Substance List.
- I understand that legal, prescribed, over-the-counter, natural, or bioidentical does not automatically mean allowed.
- I understand that exogenous testosterone is prohibited even when prescribed or marketed as TRT, hormone replacement, hormone optimization, wellness, anti-aging, bioidentical, or natural.
- I have checked my medications, supplements, fat burners, hormone-related products, and performance products.
- I have disclosed prescription medications used within the required review window and understand that longer banned-substance rules still apply where relevant.
- I have disclosed any estrogen, progesterone, HCG/pregnancy or fertility-related medication, thyroid medication, spironolactone, finasteride, stimulant medication, peptide, DHEA / 7-Keto DHEA, or other special circumstance if applicable.
- I understand that documentation allows ANBF to review an issue but does not guarantee approval.
- I understand that false statements, non-disclosure, refusal to test, failed testing, or attempts to manipulate testing/screening may result in disciplinary review.

Athlete Signature Date

Parent/Guardian Signature if under 18 Date

12. Version History

Version	Date	Summary
2.3	May 2026	Restores and expands the testosterone section so the document clearly covers exogenous testosterone, testosterone delivery forms, testosterone esters/products, testosterone-related anabolic agents, and T/E confirmation review.
2.2	May 2026	Removes unsupported medication-specific examples not established in the ANBF source policy while preserving the v2.1 format and restored prior-rule items.
2.1	May 2026	Preserved the 2026 policy format and restored missing prior-rule items: 12-month prescription review language, estrogen/progesterone documentation, HCG pregnancy/fertility review, thyroid medication rules, spironolactone/finasteride medical review, marijuana/THC 12-hour screening window, T/E ratio rule, pregnenolone/synephrine special mentions, muscle implant prohibition, and prior abstinence windows.
2.0	May 1, 2026	Rebuilt policy structure, WADA reference language, athlete warning page, substance tiers, DHEA/7-Keto transition review, screening terminology, medical-document handling, and portal-ready resource structure.
1.x	2025	Prior ANBF banned substance list/source PDF.