

**IN THE MATTER OF PROCEEDINGS BROUGHT UNDER THE ANTI-DOPING RULES OF
WORLD ATHLETICS**

Before:

Janie Soublière (Chair)
Daniel Ratushny
Dennis Koolgaard

BETWEEN:

World Athletics

Anti-Doping Organisation

and

Hassan Chani

Respondent

DECISION OF THE DISCIPLINARY TRIBUNAL

INTRODUCTION

1. The Athletics Integrity Unit ('AIU') acting on behalf of World Athletics ('WA') has charged Mr. Hassan Chani ('the Athlete') with an Anti-Doping Rule Violation ('ADRV') for the "*Use or Attempted Use*" of a Prohibited Substance or a Prohibited Method, pursuant to Article 2.2 of the WA Anti-Doping Rules ('ADR') in connection with abnormalities in the haematological module of his Athlete Biological Passport ('ABP') that are alleged to indicate blood doping or manipulation.

THE INDEPENDENT EXPERTS

2. The AIU submits that conclusions drawn from the Athlete's ABP, which the AIU submits is a "*reliable mean*" pursuant to Article 3.2 ADR, are evidentiary elements on which the AIU may successfully establish the commission of an ADRV for Use to the requisite standard of proof.
3. The Athlete denies the charge of using Prohibited Substances or Prohibited Methods.

APPLICABLE LAW AND JURISDICTION

4. The AIU was established by WA to protect the integrity of athletics. WA delegates to the AIU the implementation of its ADR and its Anti-Doping Regulations ('WA Regs').
5. The Parties agree that:
 - (i) the 2017 IAAF Anti-Doping Rules and 2019 WA Anti-Doping Rules (referred to generally as the 'ADR' as there are no substantive distinctions between the two) are applicable to the Athlete because in 2017 and 2019, he was a member of the Bahrain Athletics Association ('BAA') and competed in a competition organised, convened, authorised and recognised by the then IAAF as well as the Asian Athletics Association;
 - (ii) the 2019 WA Anti-Doping Regulations (referred to herein as the 'WA Regs') apply to this matter, notably to the AIU's results management for the ABP charge;
 - (iii) pursuant to Article 1.8 b) and c) ADR, the Athlete is an international level athlete;
 - (iv) pursuant to Article 7 ADR, the AIU has jurisdiction for result management of the Athlete's Samples; and
 - (v) pursuant to Article 8 ADR, the Panel's composition has not been challenged and the Tribunal has jurisdiction to hear this dispute and render a decision as to whether or not the Athlete has committed an ADRV and if so, what are the appropriate consequences.

LEGAL FRAMEWORK

6. Article 2.2 ADR reads:

"The following constitute ADRVs:

(...)

2.2 Use or Attempted Use by an Athlete of a Prohibited Substance or a Prohibited Method

2.2.1 It is each Athlete's personal duty to ensure that no Prohibited Substance enters his or her body and that no Prohibited Method is Used. Accordingly, it is not necessary that intent, Fault, negligence or knowing Use on the Athlete's part be demonstrated in order to establish an Anti-Doping Rule Violation for Use of a Prohibited Substance or a Prohibited Method.

The success or failure of the Use or Attempted Use of a Prohibited Substance or Prohibited Method is not material. It is sufficient that the Prohibited Substance or Prohibited Method was Used or Attempted to be Used for an Anti-Doping Rule Violation to be committed."

7. Article 10.2 ADR reads:

"10.2 Ineligibility for Presence Use or Attempted Use, or Possession of a Prohibited Substance or Prohibited Method

The period of Ineligibility imposed for an Anti-Doping Rule Violation under Article 2.1, 2.2 or 2.6 that is the Athlete or other Person's anti-doping offence shall be as follows, subject to potential reduction or suspension pursuant to Article 10.4, 10.5 or 10.6:

10.2.1 The period of Ineligibility shall be four years where:

(a) The Anti-Doping Rule Violation does not involve a Specified Substance, unless the Athlete or other Person establishes that the Anti-Doping Rule Violation was not intentional.

8. Pursuant to Article 3.2 ADR, an ADRV for Use may be established by "any reliable mean", which according to the comment to Article 3.2 of the World Anti-Doping Code ('WADC') includes "conclusions drawn from the profile or a series of the Athlete's blood or urine Sample, such as data from the Athlete Biological Passport".

BLOOD DOPING AND THE ATHLETE BIOLOGICAL PASSPORT (ABP)

9. There are three widely known substances or methods used for blood doping, namely: (i) administering recombinant human erythropoietin ("rEPO") (administered by injection to trigger erythropoiesis, the stimulation of red blood cells); (ii) synthetic oxygen carriers (i.e., infusing blood substitutes such as a haemoglobin-based oxygen carrier ("HBOC") or perfluorocarbons ("PFC") to increase HGB well above normal levels; and (iii) blood transfusions (i.e., infusing a matching donor's or the athlete's own (previously extracted) red blood cells to increase the haemoglobin well above normal).

10. rEPO is a Prohibited Substance and included in class “*S2. Hormones and related substances*” on the WADA Prohibited List. Synthetic oxygen carriers and blood transfusions are Prohibited Methods under class “*M1. Enhancement of oxygen transfer*” on the WADA Prohibited List.
11. WADA developed and refined the concept of the ABP, which WA formally introduced to its blood testing programme in 2009.
12. The ABP consists of an electronic record that compiles and collates a specific athlete’s test results and other data over time. Each individual athlete has a unique ABP.
13. The haematological module of the ABP records the values in an athlete’s blood samples of haematological parameters that are known to be sensitive to changes in red blood cell production. The values collected and recorded include haemoglobin concentration (‘HGB’) and percentage of immature red blood cells viz. reticulocytes (‘RET%’).
14. The ratio of the HGB and the RET% values is also used to calculate a further value, known as the OFF-score, which is sensitive to changes in erythropoiesis. The combination of a high HGB and low RET% or of a low HCG and high RET% causes a high OFF-score.
15. The marker values from the blood samples collected in the ABP programme are fed into a statistical model, known as the ‘Adaptive Model’. The Adaptive Model uses an algorithm that takes into account both (i) variability of such values within the population generally (i.e., blood values reported in a large population of non-doped athletes) and (ii) factors affecting the variability of each particular athlete’s individual values (including, gender, ethnic origin, age, altitude, type of sport, and instrument related technology).
16. The selected biological markers are monitored over a period of time and a longitudinal profile that establishes an athlete’s upper and lower limits within which the athlete’s values would be expected to fall, assuming normal physiological conditions (i.e., the athlete is healthy and has not been doping) is created.
17. The Adaptive Model calculates the probability of abnormality of the sequence of values in the ABP profile. At the outset, when the first samples are collected from a particular athlete, the upper and lower limits are based on population norms at the level of specificity of 99%, but over time, as samples are collected from the same athlete, the limits become individualised based on the athlete’s individual values. An athlete therefore becomes his/her own point of reference and each time a blood sample is recorded.

18. As samples are collected, the Adaptive Model calculates where the reported HGB, RET% and OFF-score values fall within the athlete's expected distribution. After each new test, a new range of expected results for the athlete is determined.

19. Because ABP cases are not typical 'Presence' violations where an A and B samples are relied upon and sufficient to establish the commission of an ADRV, WA implements its ABP program by way of a well-defined 4-step procedure designed to safeguard an athlete's right to due process.

The Athlete's ABP Profile

20. The Athlete's ABP profile which the AIU relies upon here comprises 6 valid Samples.

21. Each of these Samples has been analysed by a WADA accredited laboratory and logged in ADAMS using the Adaptive Model.

22. For ease of reference, a summary table for these Samples is as follows:

No.	Date of Sample	HGB (g/dL)	RET%	OFF-score
1.	11 August 2016	14.9	1.01	88.7
2.	3 August 2017	17.1	0.52	128
3.	7 August 2017	15.8	0.37	122
4.	20 April 2019	16.9	0.53	125.32
6.	25 August 2019	15.3	1.27	85.4
7.	4 October 2019	15.4	1.05	92.52

23. The Athlete's blood Samples most relevant to this dispute as identified in the table above are Samples 2 and 3, collected 3 August 2017 and 7 August 2017 respectively, and Sample 4, collected 20 April 2019 (Sample 5 is purposely excluded by the Expert Panel (as defined below) and thus irrelevant to the Panel's decision).

AIU Procedure

24. Further to being analysed and flagged as abnormal by the Adaptive Model, the Athlete's ABP is submitted to a panel of experts for review on an anonymous basis. In this case, the Expert Panel is comprised of three experts with knowledge in the field of clinical haematology, laboratory medicine sports medicine and exercise physiology: Dr. Jakob Sehested Morkeberg, Dr. Paulo Paixao and Prof. Michel Audran (together the 'Expert Panel').

25. Upon receipt, the Expert Panel examines the Athlete's ABP (which is anonymised and identified by the code "BP28GLD6") and produces a joint expert report (the 'First Expert Panel Opinion') dated 4 January 2020 which concludes that:

"Based of these facts and the information available to date, it is our unanimous opinion that in the absence of an appropriate physiological explanation it is likely that a Prohibited Substance or Prohibited Method had been used, and highly unlikely that the biological profile is the result of any other cause".

26. On 13 February 2020, the AIU writes to the Athlete on behalf of WA notifying him of the abnormalities detected in his ABP profile and that the AIU is considering bringing charges against him. The Athlete is invited to provide explanations for the abnormalities by 24 February 2020 and is informed that any explanations would be sent to the Expert Panel for review before any formal charges are brought against him.

27. On 23 February 2020, the Athlete sends the AIU his explanation, which focuses on Sample 5.

28. On 2 March, 2020, the Expert Panel issues a second and final joint report (the 'Second Expert Panel Opinion') that considers and dismisses the purported explanation set out in the Athlete Explanation, confirming that the main abnormalities in the Athlete's ABP are in Sample 2 and Sample 3, and to a lesser extent in Sample 4, thereby dismissing the Athlete's explanations in relation to Sample 5. The conclusion set out in the Second Expert Panel Opinion reads as follows:

“We confirm our previous opinion that the abnormalities in the blood profile is likely caused by the administration of a prohibited substance of (sic) method and that it is unlikely that the abnormalities are the result of any other cause.”

29. On 16 March 2020, the AIU issues the Athlete a Notice of Charge which informs the Athlete that the Expert Panel:

“has maintained its unanimous opinion that it is highly likely that a prohibited substance or (sic) prohibited method has been used and highly (sic) unlikely that the abnormal variations in the Athlete’s ABP are the result of any other cause”.

30. The Notice of Charge confirms that a Provisional Suspension is imposed on the Athlete pending the determination of the charge for an alleged violation of the ADR and notifies the Athlete of his right to admit the charge and/or to request a hearing before the Disciplinary Tribunal within 10 days.

31. On the same day, the Athlete responds to the Notice of Charge stating that he is innocent and requesting a hearing before the Disciplinary Tribunal to determine if an ADRV has occurred and, if so, what consequences should be imposed.

32. On 26 March 2020, I, Janie Soublière, am appointed as Sole Arbitrator and Chair of the Disciplinary Tribunal Panel to hear and decide on this matter. On 30 July 2020, two additional Disciplinary Tribunal members, namely Daniel Ratushny and Dennis Koolaard, are added to the Panel (the ‘Panel’).

PROCEDURE BEFORE THE WA DISCIPLINARY TRIBUNAL

33. Further to a slight delay in the proceedings as a result of difficulties in obtaining pro-bono counsel for the Athlete, a Preliminary Meeting is held on 30 April 2020. In accordance with the Chair’s Directions, the AIU files its Brief on time on 21 May 2020. Further to three requests for extension, all agreed upon by the AIU and granted by the Chair, the Athlete files their Brief on 6 July 2020. The AIU declines to file a Rejoinder.

34. On 10 July 2020, the Athlete files an application pursuant to Article 8.6.(i) of the DT Rules asking the Chair to compel the Bahrain Athletics Association (‘BAA’) to corroborate the evidence he submits regarding *inter alia* the circumstances of his being named to compete at the 2017 World Championships. The Chair declines to do so because *“it is not empowered under the DT Rules or the WA ADR to compel the BAA to answer any questions or provide any evidence because the BAA is not a party to these proceedings”*. In any event, on 15 July 2020, the AIU confirms

that it *“does not intend to challenge the evidence that has been adduced by the Athlete in this respect, i.e., in relation to the circumstances of his selection for the 2017 World Championships or an injury at around the time of the 2019 World Championships, at the hearing of this matter.”*

35. Further to the two additional Members being named to the Panel, the Hearing is adjourned to 13 August 2020.

36. The Video Conference Hearing takes place on 13 August 2020. In attendance for WA are Tony Jackson and Laura Gallo from the AIU and AIU Counsel Ross Wenzel. The Athlete attends with his counsel, Ross Brown. An interpreter, Mr. Mourad Hajib is present throughout. The hearing was further attended by the Panel and Mr Joshua Ingham-Headland from Sport Resolutions.

37. The AIU calls as its sole expert witness Dr. Morkeberg, a member of the Expert Panel assigned to evaluate the Athlete’s ABP profile. No witnesses or experts are called on behalf of the Athlete. But the Athlete testifies, is cross-examined by the AIU and is given the opportunity to cross-examine Dr. Morkeberg.

38. At the end of the hearing all parties expressly state and confirm they were satisfied with the procedures and had been given the opportunity for a full and fair hearing.

39. On 21 August 2020, the Parties are informed as follows:

“Further to the oral submissions made at the hearing related to Article 8.47 of the 2019 WA Regs, the Panel invites the Parties to submit a short Post Hearing Brief addressing the impact and implications of Article 8.48 2019 WA Regs on these disciplinary proceedings.

Post Hearings Briefs are to be submitted by 5:00pm BST Friday, August 28, 2020.”

40. The AIU files its Post Hearing Brief in a timely manner on 28 August 2020, to which the Athlete responds as follows:

“I have reviewed (AIU’s) submissions. Mr Chani does not dispute any of the content and makes no submission that the contents of Article 8.48 of the 2019 World Athletics Regulations or the apparent error of the Joint Experts, but since clarified, should have any impact upon these proceedings.”

41. The Panel deliberates thereafter and now renders the following decision.

ARGUMENT

42. Both the Athlete's and the AIU's written and oral submissions have been carefully considered. For the sake of succinctness, only the most relevant arguments are recounted below with other relevant facts or submissions referred to where relevant in our reasons.

WA

43. The AIU (on behalf of WA) submits that following the Panel's request for clarification of the Expert Panel's conclusion in the Second Expert Panel Opinion at the hearing, Dr. Morkeberg confirms that the Second Expert Panel Opinion confirms the conclusion set out in the First Expert Panel Opinion and that the omission of the word "highly" in relation to the unlikelihood of the abnormalities being caused by anything other than doping was "*definitely an oversight*" by the Expert Panel. Dr. Morkeberg also confirms that there was nothing in the Athlete's explanation that altered the original conclusion expressed in the First Expert Panel Opinion.

44. As to the Panel's request for post-hearing submissions on the impact of Article 8.48 of the 2019 WA Regs on these proceedings, and in view of the foregoing, the AIU submits that:

- The First Expert Panel Opinion dated 4 January 2020 was concluded using the correct language as set out in the WA Regs;
- The Athlete's explanation was totally irrelevant to the Expert Panel's conclusions set out in that report;
- The Second Expert Panel Opinion states that the Expert Panel "*confirm our [their] previous opinion*" i.e., that opinion set out in the First Expert Panel Opinion dated 4 January 2020 in accordance with the WA Regs. Moreover, Dr. Morkeberg also confirms that none of the Athlete's explanations alters that conclusion; and
- Per Article 8.47 of the WA Regs, the Expert Panel can only either reassert or reassess the case based on the Athlete's explanation and is restricted to making one of two conclusions as set out therein.

45. Relying on CAS 2014/A/3639, the AIU submits that it is plainly apparent from the wording of the conclusion of the Second Expert Panel Opinion that notwithstanding the typographic error, the Expert Panel was reasserting the conclusion made in the First Expert Panel Opinion and nothing indicates that the Expert Panel was expressing the only other possible conclusion available to them, i.e., that they were no longer able to reach the required unanimous opinion. In view of the

foregoing, it was entirely proper for the AIU to proceed to results management for the purposes of Article 8.48 of the 2019 WA Regs; indeed, the AIU was bound to do so pursuant to the terms of that provision.

46. With regards to the ADRV, the AIU relies on Article 2.2.1 ADR which provides that

“It is each athlete’s personal duty to ensure that no prohibited substance or prohibited method is used and that athletes are strictly responsible for any prohibited substance or method used and it is not necessary that intent, Fault, negligence or knowing Use on the Athlete’s part be demonstrated to establish an anti-doping rule violation”.

47. The AIU’s position, as supported by the testimony of Dr. Morkeberg, is that the Athlete’s highly abnormal ABP profile constitutes clear evidence that the Athlete has committed an ADRV in breach of Article 2.2 ADR. In particular:

(i) The high HGB coupled with low RET% and the consequent high Off-score values in the profile, in particular in Samples 2 and 3 (collected around the 2017 World Championships) and in Sample 4 (collected prior to the 2019 Asian Championships) are characteristic of a supraphysiological increased circulating red-cell mass;

(ii) The pattern observed in Samples 2, 3 and 4 *“is pathognomonic for the use and subsequent discontinuation of an erythropoietic stimulant or the recent application of a blood transfusion”*. Furthermore, *“[g]iven the magnitude of the observed changes, it is therefore unlikely that the stay at this relatively low altitude reported by the athlete is the only cause of the abnormalities in the profile”*; and

(iii) None of the Athlete’s arguments can explain the abnormalities in his ABP.

48. Relying on CAS case law, the AIU submits that it is now well settled that the ABP model is a reliable mean of establishing blood doping, i.e., the Use of a Prohibited Substance or Prohibited Method.

49. In view of the foregoing and, in particular, on the basis of the First Expert Panel Opinion and the Second Expert Panel Opinion, the AIU submits that the Athlete’s ABP profile constitutes reliable evidence of blood doping and that it satisfies the burden of establishing the ADRV pursuant to Article 3.1 ADR.

50. Supported by Dr. Morkeberg’s evidence, the AIU submits that the Athlete fails to meet his burden to establish that his ADRV was not intentional and rejects all the explanations he has

provided. With regards to the Athlete's explanation regarding Sample 5, the Expert Panel excluded Sample 5 from its evaluation, rendering it immaterial and totally irrelevant to this dispute. The same applies to the private blood sample results the Athlete submits *inter alia* because the Expert Panel finds that "*none of the submitted samples has been obtained under the WADA Guidelines, and information about pre-analytical and analytical quality of their results, including quality control and instrument performance, is not available.*"

51. Finally, relying upon the contents of the Athlete's own witness statement and oral testimony the AIU submits that the Athlete does in fact have the sophistication to blood dope because he has testified to regularly infusing and injecting himself with other substances up to the permissible threshold.
52. To the AIU, the Athlete has no credible or relevant explanation and has merely brought forth unsubstantiated allegations, articles unsupported by scientific evidence and protestations of innocence for his abnormal passport. This is utterly insufficient. As a result, he fails to satisfy his burden under Article 3.2 ADR.
53. The AIU thus submits that that Athlete has committed an ADRV, pursuant to Article 10.2.1 ADR, the applicable period of Ineligibility is of four (4) years. Pursuant to Article 10.8 ADR, the AIU recommends a disqualification of all the Athlete's results from 3 August 2017, the collection date for ABP Sample 2.

THE ATHLETE

54. The Athlete does not raise any concerns regarding the AIU's application of its disciplinary procedures.
55. The Athlete denies the ADRV. He submits that he is an innocent athlete who has never been involved in any kind of blood doping.
56. The Athlete submits that the burden of proof lies with the AIU to convince this Panel, to its comfortable satisfaction – that is that it is 66% likely that the Athlete committed the alleged ADRV.
57. The Athlete relies on the factual background behind the build up to the 2017 World Championships in London and the 2019 Asian Championships in Doha, the limitation of ABPs and various issues with the samples upon which the Expert Panel reached its conclusions in

submitting that the Panel cannot reasonably conclude that the AIU establishes to the necessary level of comfortable satisfaction that the Athlete has committed the ADRV with which he has been charged.

58. The Athlete also submits that:

- an athlete wishing to undertake blood doping or blood transfusions would do so in a carefully planned manner 6-8 weeks in advance of the event in which the athlete wants to compete with the artificial enhancement in performance that the relevant form of blood doping is meant to provide. However, Samples 2 and 3, collected in competition at the 2017 World Championships, should be viewed as inconclusive because the Athlete was only informed that he had been selected for the 2018 World Championships 10 days prior to having to travel for the event.
- he did not have the luxury of detailed planning, the means, equipment, assistance, motivation nor money to blood dope. He did not do so and submits that there must be another, and currently unknown, physiological or medical reason to explain the blood values from Samples 2 and 3 which concern the Expert Panel e.g. time spent at altitude, dehydration from training repeatedly in the heat of Morocco or other.

59. The Athlete concedes that ABPs have been found to be reliable by CAS as a valid way by which to monitor the blood profile of athletes and reach conclusions that the profile may be indicative of blood doping. Notwithstanding that, the Athlete contends that ABPs, and the fight against doping more generally, continue to be plagued with allegations of inaccuracy and ineffectiveness. The haematological module of the ABP, under which the Athlete's alleged ADRV derives, has been in position for over ten years with limited, if any, update.

60. Finally, the Athlete submits that the number of samples upon which the allegations against him are founded are neither sufficient to draw a clear enough picture of his blood records nor to reach conclusions from them – and certainly not to a comfortable satisfaction.

- the times in which Samples 1 to 4 and 6 to 7 were taken were irregular and inconsistent. Samples 4, 6 and 7, and the withdrawn Sample 5, were taken in 2019.
- no samples were taken in 2018.
- none of his Samples were taken at altitude notwithstanding that the Athlete spent significant time there. All of the Samples bar one were taken at major championships. Out-of-Competition testing was extremely limited.

- no evidential weight should be given to Sample 3 or, in the alternative, significantly reduced weight because it was taken from the Athlete less than 24 hours after he had run a marathon from which he had not yet fully recovered.

61. Relying on Article 10.8 ADR which grants the Panel discretion to take a different approach to automatic disqualification if it “*determines that fairness requires otherwise*”, the Athlete notes that WA seeks the disqualification of all of his results from August 2017 to March 2020 and submits that as there is no allegation around the events the Athlete competed in during 2018, such an approach would be unfair. The Athlete submits that no results should be disqualified outside of the 2017 World Championships and the 2019 Asian Championships.

ISSUES

1. The AIU Disciplinary Process
2. Does the AIU meet its burden of proof to establish an ADRV?
3. If so, what are the appropriate consequences?

DELIBERATIONS

1. The AIU Disciplinary Process

The ATPF

62. As explained at Art. 8.14 of the WA Regs, for the Haematological Module, an ATPF is generated when the haemoglobin concentration (HGB) and/or stimulation index OFF-score (OFFS) value of the last test falls outside the expected intra-individual ranges. Furthermore, the longitudinal profile composed of (up to) the last 20 valid HGB and/or OFFS values is also considered as an ATPF when deviating from the expected ranges, as determined by the Adaptive Model (sequence ATPF). An ATPF is only generated by the Adaptive Model based on values of the primary Markers, HGB and OFFS or the sequence thereof.

63. Critical elements in a disciplinary panel’s evaluation of the evidence are Articles 8.26, 8.36 and 8.47 or the WA Regs which establish regulatory requirements and attribute different levels of “likelihood” and “unlikelihood” to the relevant expert panel’s conclusions depending whether or not an ATPF is generated.

64. Upon initial reading and review of the case file, as it did not appear to refer to a generated ATPF, the Panel's assumption was that the APMU proceeded to submit the ABP to the Expert Panel further to an ATPF being generated in ADAMS – because in Sample 3, the Athlete's high HGB and stimulation index OFF-score value fell outside the expected intra-individual ranges established by the adaptive model.

65. Although not referred to in its written submissions, at the hearing, the AIU confirms that an ATPF was in fact generated by ADAMS and that screen shots of the same were submitted in the Documentation Package. Consequently, the Panel proceeds with its assessment of the evidence pursuant to the provisions in the WA Regs that apply to ATPFs.

Articles 8.47 (a) and 8.48 of the WA Regs

66. Article 8.47 WA Regs, reads as follows:

Review of Explanation from the Athlete

8.47 Upon receipt of any explanation and supporting information from the Athlete which should be received within the specified deadline, the APMU shall forward it to the Expert Panel for review with any additional information that the Expert Panel considers necessary to render its opinion in coordination with both the ADO and the APMU. At this stage, the review is no longer anonymous. The Expert Panel shall reassess or reassert the case and reach one of the following conclusions:

*(a) unanimous opinion of the Experts that based on the information in the Passport, it is likely that the Athlete used a Prohibited Substance or Prohibited Method, and that it is **highly** unlikely to find the Passport abnormal assuming any other cause.*

(...)

(emphasis is ours)

67. Then, Article 8.48 WA Regs reads:

*8.48 **If the Expert Panel expresses the opinion set forth in Clause 8.47(a)**, then World Athletics shall be informed by the APMU and proceed to results management.*

(emphasis is ours)

68. As a result of the Athlete's abnormal ABP findings deriving from a generated ATPF, and further to its review of the Athlete's explanation, the Second Expert Panel Opinion concludes as follows:

*" we confirm our previous opinion that the abnormalities in the blood profile is likely caused by the administration of a prohibited substance of method and that it is **unlikely** that the abnormalities are the result of any other cause."*

(emphasis is ours)

69. Pursuant to Article 8.47 (a) WA Regs (which both Parties agree apply to this matter), the conclusion set out in the Second Expert Panel Opinion should have read:

"it is likely that the Athlete used a Prohibited Substance or Prohibited Method, and that it is highly unlikely to find the Passport abnormal assuming any other cause."

70. The WA Regs, in effect as of November 1, 2019, are distinctly different from their 2017 version. In particular, Article 8.47 (a) adds an additional layer of certainty to the relevant expert panel's conclusions further to its review of an athlete's explanation and provides the requirement of "highly" as a qualifier to the "unlikeliness".

71. The modification brought to the WA Regs in 2019 is not immaterial. As stated in *IAAF v. Kiptum*, SR/Adhocsport/95/2019 at paragraph 84 the vocabulary of "highly likely" which the experts usually deploy in such cases is taken from the ABP Guidelines and is "*synonymous with "comfortable satisfaction" on its face because of its use of the adverb "highly" it posited a higher standard that one of mere probability i.e.: likelihood*".

72. To ensure that the ATPF and abnormalities flagged therein are not caused by other physiological sources, Articles 8.47 (a) and 8.48 WA Regs impose, as a regulatory requirement, that a higher level of certainty be reached before the AIU can proceed with disciplinary procedures and in this regard, the requisite express use of the word "*highly*" in the Second Expert Panel Opinion is not a mere technicality, it is *de rigueur*. Pursuant to Article 8.48 WA Regs, and further to its assessment of an Athlete's explanations, before the AIU can charge an Athlete with an ADRV for use, the relevant expert panel must unanimously conclude that it is highly unlikely that the abnormalities in the ABP are the result of another cause.

73. The AIU argues, and Dr. Morkeberg submits, that in respect of the conclusion set out in the Second Expert Panel Opinion, "*to leave out the word highly from its expert opinion was definitely*

an oversight. There was nothing from the athlete's explanation that made us less likely to think it was blood manipulation. Definitely an oversight and an error made by us that we haven't picked up".

74. The Panel notes as a matter of formality that the Expert Panel's conclusion in the Second Expert Panel Opinion cannot be remedied by this Panel because the other two Expert Panel members were not present at the hearing to unanimously confirm that their intention was to use the language set out in Article 8.47(a) WA Regs. However, the Athlete does not challenge Dr. Morkeberg's explanation on this point. And, on the evidence, the Panel also accepts that the Expert Panel's Opinion had not changed in respect of the First Expert Panel Opinion and the Second Expert Panel Opinion and specifically, in respect of the ultimate conclusions therein.

75. While the Parties agree that the conclusion articulated in the Second Expert Panel Opinion is not at issue, the AIU's application of Article 8.48 WA Regs could have been. Accordingly, the Panel requested Post-Hearing Briefs from the Parties on the possible impact and implication of Article 8.48 WA Regs on these proceedings.

76. The AIU's submission *inter alia* is that it was entirely proper for the AIU to proceed to results management for the purposes of Article 8.48 WA Regs; indeed, the AIU was bound to do so pursuant to the terms of that provision. The Athlete concurs and does not raise any issue with the AIU's application of Article 8.48 WA Regs stating that "*since clarified (this) should (not) have any impact upon these proceedings*".

77. The Panel thus proceeds accordingly.

2. Does the AIU meet its burden of proof to establish an ADRV?

78. Doping is defined in Article 1 ADR as the occurrence of one or more of the ADRVs set forth in Article 2.1 to 2.10 ADR. Pursuant to Article 2.2 ADR, the Use or Attempted Use of a Prohibited Substance or Prohibited Method constitutes an ADRV. For the reasons set out above, WA's position is that the Athlete's ABP profile constitutes reliable evidence that the Athlete has committed an ADRV.

79. Pursuant to Article 3.2 of the WADC, an ADRV may be established by "*any reliable mean*". The Comment to WADC Article 3.2 reads that a "*reliable mean*" includes "*conclusions drawn from the profile of a series of the Athlete's blood or urine Samples, such as data from the Athlete Biological Passport*".

80. It is now well-settled in CAS cases that the ABP model is a reliable mean of establishing blood doping, i.e. the use of a Prohibited Substance or Prohibited Method. As the Panel states in CAS 2012/A/2773 *“Systems which make use of these longitudinal profiles have evolved to become widespread and highly effective means of detecting EPO doping”*.

81. Also, in CAS 2014/A/3614 & 3561, the Panel states that it was *“convinced that the ABP Model is a reliable and a valid mean of establishing an ADRV”* and added that *“numerous peer-reviewed publications have confirmed the ABP’s reliability”* (see paras. 278 and 279). The same was confirmed by CAS 2016/O/4464, CAS 2016/O/4463, CAS 2016/O/4469 & CAS 2016/O/4481, as well as in numerous recent WA Tribunal awards.

82. Notably, in CAS 2018/O/5822 the Panel finds *“that the ABP is a reliable and accepted means of evidence to assist in establishing an anti-doping rule violation and feels comforted in this conclusion by CAS jurisprudence”*.

83. Relying on the above case law and the conclusive evidence before it, this Panel accepts the judgment of its predecessors and finds that the Athlete did not bring any convincing arguments or evidence to the contrary.

The quantitative assessment

84. The evidence provided by the Athlete’s ABP and ensuing Expert Panel’s evaluation of Blood Profile BP28GLD6 is that his HGB and OFF-Score were high. Specifically:

“In the automated analysis by the adaptive model, which determines whether fluctuations in the biomarkers of the Athlete Biological Passport are within the expected individual reference ranges for an athlete or not, the profile was flagged with abnormalities at 99.0% twice for sample 2 (high hemoglobin and high OFF-score values). The probability of sequence abnormality is >99% for hemoglobin and reticulocytes profiles and > 99.9% for OFF-score.”

85. The Expert Panel’s evaluation confirms that:

“All samples were scrutinized for the analytical details in the documentation package and the certificate of analysis... There is no indication that any analytical or pre-analytical issues might have influenced the results in a way that would explain the abnormalities in the profile or influence the analytical result to the disadvantage of the athlete. The observation and haematological assessment of instrument report and quality control data confirms absence of pre-analytical interferences, good analytical performance and interlaboratory comparability results”.

86. The Athlete maintains that false positives sometimes happen and that it cannot be ruled out that this may have happened in the Athlete's case.
87. The Panel considers it very unlikely that the values recorded in the Athlete's ABP are incorrect. The Athlete has not raised any issues with the integrity or identity of the Samples in his ABP. If only for this reason, the Athlete's argument must be dismissed. However, even in the unlikely event that one of the Samples in the Athlete's ABP would have been a false positive, this would leave unexplained why Samples 2, 3 and 4 all show abnormal values and stand in stark contrast with the values in Samples 1, 6 and 7. The occurrence of multiple false positives is considered to be extremely unlikely.
88. Based on the above, the Panel finds that the AIU establishes the quantitative component of its case, i.e. it has been established to the Panel's comfortable satisfaction that the HGB and OFF-Score values in the Athlete's ABP are abnormal.

The qualitative assessment

89. These abnormal scores are, however, no conclusive evidence of the Use of a Prohibited Substance or Prohibited Method, because the abnormalities may also be caused by, for example, physiological or pathological conditions, i.e. by non-doping related explanations.
90. There is no presumption of guilt or a strict liability principle based on the abnormalities in the Athlete's ABP. Accordingly, there is no shift in the burden of proof to the Athlete to prove that the abnormalities are caused by a non-doping related explanation.
91. It is up to the AIU to discharge its burden of proof that the abnormalities are caused by the Use of a Prohibited Substance or Prohibited Method, rather than by non-doping related explanations. This is the qualitative aspect of the Expert Panel's analysis.
92. In this respect, the following warning has been expressed in legal doctrine, which has also been considered in CAS jurisprudence:

"The Sole Arbitrator is however mindful of the warnings expressed in legal literature that a pitfall to be avoided is the fallacy that if the probability of observing values that assume a normal or pathological condition is low, then the probability of doping is automatically high (VIRET M., Evidence in Anti-Doping at the Intersection of Science and Law, 2016, p. 763, with further references to Dr. Schumacher and Prof. d'Onofrio 2012, p. 981; Sottas 2010, p. 121) and that it has been submitted in this context that "if the ADO is not able to produce a "doping scenario" with a minimum degree of credibility ("density"), the abnormality is simply unexplained, the burden of proof enters into play and the ADO's case must be

dismissed since there is no evidence pleading in favour of the hypothesis of “doping” any more than for another cause” (VIRET M., Evidence in Anti-Doping at the Intersection of Science and Law, 2016, p. 774).” (CAS 2016/A/4463, para. 93)

93. The Athlete denies the charges brought against him. He contests the Expert Panel’s conclusions and the WA findings.
94. The Athlete argues that WA is trying to prove an alleged ADRV with the minimum of evidence and that such evidence does not satisfy the required evidentiary burden. He submits that any such allegation, where the consequences are so severe for the Athlete, should be based upon a detailed evidentiary position and argues that is simply not the case here.
95. Below the Panel will in turn address the arguments advanced by the Athlete to explain the abnormalities in his ABP.

Altitude

96. First, as was the case in his explanation submitted to the Expert Panel, the Athlete submits that the modifications in his blood passport may have been caused by altitude.
97. The Expert Panel dismisses both the sojourns at 1600m declared by the Athlete prior to the collection of Sample 2, Sample 3 and Sample 4 as *“unlikely to be the only cause of the abnormalities in the Athlete’s profile ...given the magnitude of the observed changes”* as well as the effect of altitude on the Athlete’s blood parameters.
98. Accordingly, the AIU position that the Athlete’s stay at altitude cannot explain the abnormalities in his ABP. The First Expert Panel Opinion explains that a mild increase in the OFF-score is visible within 7 to 10 days upon return to sea level. Sample 7 collected 11 days after an 87 day sojourn at the same altitude, shows much lower HGB and OFF-score values, comparable to Sample 1 where altitude is not reported.
99. The AIU’s evidence is that altitude does not provide a compelling justification for the changes in the Athlete’s HGB, RET% and Off-Score. This is because, in addition to the Adaptive Model’s calculation of the probability of abnormality of the sequence of values in the Athlete’s passport profile, further to considering the Athlete’s explanations of the specific circumstances at the time of each sample collection vis a vis the detected abnormalities, the Expert Panel’s assessment of his ABP is not altered.

100. The Panel considers the First Expert Panel Opinion and the Second Expert Panel Opinion compelling and, relying also on Dr. Morkeberg's evidence as provided during the hearing, the Panel finds that altitude is highly unlikely to be a cause of the abnormalities in the Athlete's blood profile.

Training regimen

101. Pointing to the timing of the Samples collected, the Athlete submits that doping would have made little sense and would have been unlikely to support a beneficial blood doping regimen.

102. During the hearing, Dr. Morkeberg points out that the Athlete's IRF (the youngest red blood cells, i.e. a sub-category of RET%) is entirely suppressed. This means that at the time Samples 2, 3, and 4 were collected, the Athlete was not producing any new red blood cells - an occurrence that is even atypical in a population of doped athletes.

103. Considering the doping scenario, the Expert Panel concludes that the pattern observed in Samples 2 and 4, collected prior to major competitions, and Sample 3, collected shortly after a major competition *"is pathognomonic for the use and subsequent discontinuation of an erythropoietic stimulant or the recent application of a blood transfusion"*.

104. The Panel accepts this evidence and the Expert Panel's confirmations in this regard.

Number of samples

105. The Athlete questions the number of samples relied upon by the Adaptive Model and the Expert Panel. In his case there are 6 samples included in his ABP, collected over a 38-month period (between August 2016 and October 2019) at a rate of 0.16 samples per month. He says this is an insufficient number on which to base a conclusive opinion of likely doping.

106. In reply, relying on the applicable Guidelines as well as his own experience, Dr. Morkeberg confirms that an abnormal ABP finding can be arrived at with merely one sample.

107. Therefore, 6 samples is certainly not an abnormally low number of samples from which the Adaptive Model and an Expert Panel may form a conclusive opinion.

108. The Panel agrees with the analysis of Dr. Morkeberg and notes that, as mentioned by Counsel for the AIU during the hearing, there have been decisions in ABP cases based on less samples (CAS 2016/O/4463, based on 5 samples; TAS/A/4996, based on 4 samples), the Panel therefore does not consider this to be a reason to discredit the evidence provided by the AIU.

Time between sample collection

109. The Athlete then turns to his whereabouts information and ABP data which confirm that there are a full 20 months (August 2017 to April 2019) during which no sample was collected from the Athlete.
110. Dr. Morkeberg confirmed that the length of time between sample collection has no incidence on the Adaptive Model or the ABP Findings because each individual's RET% and HGB levels are normally stable.
111. The Panel accepts Dr. Morkeberg's evidence in this regard. The 20-month period between samples 3 and 4 is very unlikely to have caused the Adaptive Model's automated analysis to incorrectly determine that the fluctuations in the Athlete's biological passport biomarkers were not within the expected individual reference ranges.

In-Competition vs Out-of-Competition Testing

112. The Athlete argues that various factors he submits should raise a significant doubt as to whether his ABP effectively presents a fair picture of his blood profile. He submits his ABP concentrates heavily on In-Competition testing rather than a broader approach that includes Out-of-Competition testing which results in *"any analysis of the Athlete's blood profile being hampered"*. He suggests that it is unfair to draw such serious conclusions against him when the AIU's approach to assembling his profile has been incomplete.
113. The Expert Panel's qualitative assessment of the Athlete's ABP profile in its First Expert Panel Opinion notes that the main abnormal feature was the high OFF-score values in Samples 2 and 3 (both collected around a major competition) and explains the following:

"A high OFF-score value is typically observed when the red cell mass of the organism has been supraphysiologically increased (high hemoglobin) and the body tries to rebalance the red blood cell mass to a physiological level by reducing its own red cell production and, in consequence, reticulocytes are therefore lowered."

114. The Expert Panel also notes in the Second Expert Panel Opinion that *"[s]uch abnormal feature, high hemoglobin, low reticulocytes and in consequence high OFF-score value, is also observed in sample 4 (April 2019) collected one day before a competition in Doha"*.
115. Thus refuting the Athlete's argument, Dr. Morkeberg explains that the fact that all of the Athlete's abnormal Samples, specifically Samples 2, 3 and 4, were collected around the same

In-Competition periods actually paints a more precise picture of the Athlete's blood profile and supports the notion that athletes blood dope as close as possible to competitions in order to gain the best benefits In-Competition.

116. The Panel therefore finds that neither the timing of sample collection nor the fact that only one Out-of-Competition sample (Sample 6) was collected assists the Athlete.

Negative Test history

117. The Athlete submits that he has never tested positive for the Presence of a Prohibited Substance and thus than the ADRV for use is unfounded.

118. The Athlete's negative testing history is irrelevant because the negative urine tests do not preclude the administration of a Prohibited Substance such as an ESA or EPO. The very purpose of the ABP and of "Use" charges are to add to expand the reliable means available to establish the commission of ADRVs.

Illogic and impracticality to dope

119. With regards to the assessment of Samples 2 and 3, the Athlete brings forth evidence, uncorroborated from the BAA but which the AIU does not challenge, that he was only informed of his selection roughly 10 days prior to his departure for the 2017 World Championships and thus that it would have been illogical for him to be doping if he had no knowledge that he would be selected to compete. He says that it is well established that for blood doping or rEPO use to be effective, it needs to be used continuously and for a longer term than 10 days.

120. Dr. Morkeberg categorically refutes this assertion. He submits that while EPO use is typically done more continuously and for longer terms to be beneficial, doping patterns may vary from athlete to athlete and blood doping is in fact quite prevalent in days prior to a competition. If an athlete has transfused his blood and frozen it, all such an athlete would need to do is defreeze and re-transfuse the blood it order to benefit.

121. The Athlete's argument that he did not have the luxury of the time required to successfully carry out a doping scheme in the 10 days before the world championships in 2017, or prior to the 2019 Asian Championships further to recovering from injury, is also not convincing. And, as forwarded by Dr. Morkeberg and the AIU, given his last-minute selection, the Athlete might have blood doped to assist his last-minute training for either of these events. Blood doping in the days leading up to an event, notably when one has not been training as hard as usual and been injured, would indeed be a more than plausible way to seek to enhance one's performance.

122. Indeed, the literature cited by the Athlete, describes the technique of blood transfusion as follows:

*“In autologous transfusion, 1 to 4 units (450–1800 ml) of blood are withdrawn then centrifuged. The plasma components are immediately reinfused while the packed RBCs are placed in cold storage. This involves removing blood 8–12 weeks before the event, as it takes this long for the body to re-establish RBC mass to the levels that existed before withdrawal. **The withdrawn blood is then stored for reinfusion one to four days before competition.**”* (Leigh-Smith, Blood Boosting, <https://bjsm.bmj.com/content/38/1/99>)

(emphasis is ours)

123. On this basis, the Panel does not consider it unlikely at all that the Athlete applied a blood transfusion during the 10-day period between notification of participation in the 2017 World Championships and the race itself.

124. The Athlete submits that both rEPO and blood transfusions require several things to be of any impact including planning, training, equipment, assistance, motivation and money, all of which the Athlete does not have, and that *“there are various difficulties that he would have had to overcome to address the practicalities of resolving to dope little more than two weeks before a major event”* through rEPO or a blood transfusion. Throughout, he emphasizes that he does not hold the required sophistication or equipment to successfully blood dope.

125. While purely speculative, these could be perceived as compelling submissions when considered alongside supporting evidence in the case file. However, the AIU’s evidence negates all of the Athlete’s arguments. In fact, based on the Athlete’s own testimony and evidence, the Panel accepts the AIU submission that the Athlete, who admittedly uses transfusions and injections up to thresholds permitted by Anti-Doping Regulations, is not an unsophisticated neophyte when it comes to such matters. If he has the equipment and knows how to transfuse himself with post natal formulas, he has the equipment and know how to transfuse himself with his own blood, or rEPO. The Athlete also testifies and provides evidence that he had conducted private doping tests and had access to two experts in this regard, which is all but unsophisticated.

Race results

126. The Panel finally also rejects the Athlete’s argument that his results on the races, when he should have benefited from the EPO use or transfused blood, were worse than his usual results.

Such an argument is never compelling in doping cases and does not disprove the prior use of performance enhancing substances or methods.

Sample 3

127. The Athlete submits that Sample 3 should not be taken into account in the analysis because it was taken from him less than 24 hours after a marathon and that the Expert Panel wrongly assumed that Sample 3 was collected before the race.

128. The Panel notes that the marathon took place on 6 August 2017 and that Sample 3 was collected from the Athlete on 7 August 2017.

129. Dr. Morkeberg explained that physical exercise can have an impact on blood values. Plasma decreases immediately after the race but increases one day after the race. The HGB values recorded in Sample 3 would therefore probably have been higher if the Athlete had not engaged in physical exercise. He also indicated that the mere fact that Sample 3 was taken after the race, instead of before, did not have any impact on the Expert Panel's ultimate conclusions.

130. The Panel considers Dr. Morkeberg's explanations credible. If the HGB value of Sample 3 had been higher, the sample would only have been more abnormal and would also have resulted in a higher OFF-score.

131. The Panel is furthermore comforted by the reliability of Sample 3 because Sample 2 (taken 4 days before Sample 3) shows similar values. Accordingly, even if the values of Sample 3 would have been impacted by his physical exercise, this would leave unexplained why the values in Sample 2 were abnormal.

Unidentified physiological or medical reasons

132. The Athlete maintains that there may be other, currently unknown, physiological or medical reasons to explain the blood values, but that he does not have the resources to find out.

133. The Panel dismisses this argument, as it transpired during the Athlete's testimony that he had access to two experts who conducted private blood tests on him.

134. In any event, the Panel cannot base its decision on speculations from the Athlete alone. Rather, the Panel is not only comfortably satisfied that the arguments advanced by the Athlete do not explain the abnormalities in the Athlete's ABP, but that the doping-scenario put forward by the AIU is indeed a credible and likely explanation.

Conclusion

135. In summary, the AIU's evidence, which the Panel accepts, is that the Adaptive Model's level of certainty vis-à-vis the abnormality of the Athlete's OFF-score in Sample 2 is of 99.9%. The Athlete's Biological Passport is thus "highly" abnormal and none of the explanations or allegations the Athlete brings forth dispel this conclusion.

136. Thus, the Panel is both comfortably satisfied that the doping scenario presented by the AIU and the Expert Panel caused the abnormalities in the Athlete's ABP and that the Athlete violated Article 2.2 ADR.

3. What are the appropriate consequences?

Period of Ineligibility

137. Article 10.2 ADR provides as follows:

"The period of Ineligibility to be imposed for an Anti-Doping Rule Violation under Article 2.1, 2.2 or 2.6 that is the Athlete or other Person's first anti-doping rule violation shall be as follows, subject to potential reduction or suspension pursuant to Article 10.4, 10.5 or 10.6:

10.2.1 The period of Ineligibility shall be four years where:

(a) The Anti-Doping Rule Violation does not involve a Specified Substance, unless the Athlete or other Person can establish that the Anti-Doping Rule Violation was not intentional."

138. The Athlete submits that it is unclear how the ADR envisage him being able to argue for a lower sanction on the basis of lack of intention. He argues this unfairness is particularly stark as it restricts or even prevents him from raising mitigating factors in his defence. Because he asserts that he is innocent, he necessarily submits that his offence was not intentional – i.e. that Prohibited Substances were Administered, or Prohibited Methods Used, without his knowledge. The Athlete concedes this would require relatively specific circumstances but nonetheless says that it is conceivable, i.e. that Prohibited Substances were Administered, or Prohibited Methods Used, without his knowledge. Yet, he fails to bring forth any evidence in support. This is not sufficient to satisfy his burden of proof under the ADR.

139. The Panel thus agrees with the AIU that engaging in blood doping is necessarily intentional and that the Athlete fails to establish to the requisite standard that his ADRV was not intentional.

The Use of injections or blood transfusions, the offence the Panel considers established, cannot occur unintentionally.

140. Accordingly, a four-year period of Ineligibility is to be imposed on the Athlete.

Disqualification of results

141. Relying on Article 10.8 ADR, the Athlete has argued that his results should not be disqualified outside of the 2017 World Championships and 2019 Asian Championships because fairness requires otherwise.

142. However, because Sample 2, collected on August 3, 2017 is the first of the highly abnormal samples that are the basis for his ADRV, the Panel finds that all the Athlete's results since August 3, 2017 must be disqualified.

143. Since Sample 4, collected on 20 April 2019, is also considered to be indicative of Use of a Prohibited Substance or Prohibited Method, and because results management started within a reasonable period after Sample 7 was collected, the Panel finds that all the Athlete's results in the interim must also be disqualified.

Costs

144. Each party shall bear its respective costs.

CONCLUSIONS

145. The AIU has proven the charge to the comfortable satisfaction of the Panel pursuant to Article 3 ADR.

146. The evidentiary burden then falls upon the Athlete to convince the Panel that the applicable period of Ineligibility of four years should be reduced or eliminated based on his lack of intent or fault; which he fails to do.

147. Under the circumstances, the Panel cannot reduce the mandatory period of Ineligibility applicable pursuant to Article 10.2.1 ADR.

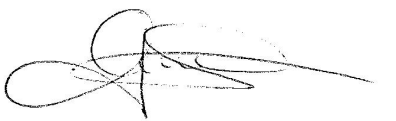
ORDER

148. The Panel finds that the Athlete has committed an ADRV pursuant to Article 2.2 ADR.

149. Pursuant to Article 10.2.1 ADR, a period of Ineligibility of four (4) years from participating in any competition/event, in all sports applies.
150. Pursuant to Article 10.10.2 ADR the period of Ineligibility will begin on the date of this Award. However, pursuant to Article 10.11.3 ADR, the time from 16 March 2020, being the date of his Provisional Suspension, to this day, shall be credited against the total period of Ineligibility to be served by the Athlete.
151. Pursuant to Article 10.8 ADR any competitive results obtained by the Athlete between 3 August 2017 and the date of his provisional suspension on 16 March 2020 shall be disqualified with all resulting consequences, including the forfeiture of any medals, titles, ranking points and prize and appearance money.
152. Each Party shall bear its own costs.
153. This decision may be appealed exclusively to the Court of Arbitration for Sport pursuant to Article 13 ADR and its subsections.

PUBLICATION

154. The AIU shall Publicly Disclose this Award pursuant to Article 14.3.2 ADR. At a minimum, this means that the particulars of this matter shall be placed on the AIU website (or published through other means) for the duration of the Athlete's period of Ineligibility.



Janie Soublière
Chair of the Panel
On behalf of the Panel
Montreal, Canada
10 September 2020

1 Salisbury Square London EC4Y 8AE resolve@sportresolutions.co.uk 020 7036 1966

Company no: 03351039 Limited by guarantee in England and Wales
Sport Resolutions is the trading name of Sports Dispute Resolution Panel Limited

www.sportresolutions.co.uk



ENABLING FAIR PLAY