Summary of AIU Review in Jianan Wang Case

1. The first instance decision in the case of Chinese athlete, Jianan Wang (Athlete), was notified to the AIU by CHINADA on 20 March 2025.

2. The decision found that the Athlete had committed an anti-doping rule violation for the presence of a beta-2 agonist, Terbutaline, but that he bore No Fault or Negligence for the violation and therefore no period of ineligibility was imposed. The decision was based on the findings of an investigation at national level that the Athlete's adverse analytical finding, resulting from an out-of-competition test conducted by CHINADA on 1 November 2024, was caused by passive inhalation of Terbutaline drug particles diffused into the air whilst the Athlete accompanied a family member undergoing a nebulisation treatment at a local hospital on 31 October and 1 November 2024.

3. Terbutaline is primarily used as a bronchodilator to treat and prevent breathing problems in patients with asthma. A nebulisation treatment involves a small device that turns liquid medicine into a mist which is then inhaled by the patient through a mouthpiece or mask. Under the World Anti-Doping Code, an athlete can apply for a Therapeutic Use Exemption to use Terbutaline in recommended therapeutic doses if they have been diagnosed with asthma and the diagnosis is verified by standardised respiratory function tests.

4. On 3 April 2025, the AIU asked CHINADA to provide a copy of the underlying case file for its review.

5. On 11 April 2025, CHINADA provided the requested case file, and the AIU initiated an immediate review of the matter.

6. On 1 May 2025, the AIU filed a protective Statement of Appeal to the Court of Arbitration for Sport to preserve its right of appeal against the first instance decision whilst the AIU review of the case file was ongoing.

7. The same day, on 1 May 2025, the AIU wrote to CHINADA seeking clarification and further documents/information that it considered to be missing from the case file received on 11 April, including a request for the original outpatient records from the hospital concerned and any available CCTV footage from the athlete's visit to the hospital on the two days in question (namely, 31 October 2024 and 1 November 2024).

8. On 9 May 2025, CHINADA provided the AIU with the requested original outpatient records and the hospital's CCTV footage for the evenings of 31 October 2024 and 1 November 2024 respectively. The CCTV footage for 31 October 2024 showed the Athlete arriving in a waiting/triage area of a medical facility with two other individuals (family members) at around 19:20. The footage for 1 November 2024 showed the Athlete arriving in the same waiting/triage area with the same two persons at 09:50 and treatment being given to one of those individuals from around 09:55 for around 10 minutes.

9. On 6 June 2025, the AIU asked CHINADA for any additional CCTV footage showing the Athlete's exit from the hospital on 31 October 2024 and 1 November 2024 and/or for CCTV footage from other camera locations in the vicinity showing the route taken by the Athlete to the hospital on those two dates.

10. On 10 June 2025, CHINADA confirmed that footage of the Athlete's exit from the hospital on 1 November was already included within the CCTV footage that had been provided (and confirmed the associated timestamp for the AIU's verification). In addition, further to the AIU's request, CHINADA provided the AIU with additional CCTV footage for the evening of 31 October 2024, showing the Athlete and his family members leaving the hospital at around 19:45.

11. On 12 August 2025, the AIU asked CHINADA for any CCTV footage that showed the Athlete's visit to the hospital with his family member on the afternoon of 31 October 2024 (when, according to the Athlete's explanation, he had made a further visit to the hospital with his family member for additional tests to be conducted).

12. On 13 August 2025, CHINADA confirmed that CCTV footage had not been requested for the afternoon of 31 October 2024 as part of the original investigation and that footage for that day no longer existed because recordings are only retained for a limited period of 90 days; however, the hospital outpatient records recorded the Athlete and family member's visit to the hospital that afternoon (notably, in the form of test results for the family member time-stamped at 13:53).

13. Based on the case file provided by CHINADA and the further documents/information requested by the AIU, the AIU was able to establish what it considered to be a complete timeline of the events forming the Athlete's explanation for the adverse finding.

14. The AIU investigations team conducted a comprehensive review of the documents and the CCTV video files provided by CHINADA (the latter, both in terms of their file structure and content) and concluded that there was nothing suspicious about them.

15. In parallel to the AIU's investigation of the case file, the AIU sought an expert opinion from an independent scientific expert (Professor Martial Saugy) as to whether the concentration of Terbutaline in the Athlete's sample on 1 November 2024 was consistent with the explanation of passive inhalation during a nebulisation treatment.

16. The scientific expert opinion concluded, based on (i) the scientific literature on the excretion properties of Terbutaline, (ii) the nature of the treatment in question i.e., a nebulisation, and (iii) the proximity of the Athlete to the family member for the duration of the treatment (as verified by the CCTV footage), that a passive transfer of the substance to the Athlete could not be excluded.

17. The AIU investigations team was satisfied that there were no other investigative steps to be taken in the matter.

18. Having concluded its review, on 11 November 2025, the AIU withdrew its protective Statement of Appeal with the CAS having first obtained CHINADA's written confirmation that they would publicly disclose the decision in the athlete's case in accordance with the requirements of the Code.

19. CHINADA publicly disclosed the outcome of the case on 24 November 2025.