

**IN THE MATTER OF PROCEEDINGS BROUGHT UNDER THE ANTI-DOPING RULES OF
BRITISH CYCLING**

Before:

Mark Hovell (Chair)
Dr Terry Crystal
Dr Paul Jackson

BETWEEN:

UK ANTI-DOPING

Anti-Doping Organisation

and

DAPHNE SCHRAGER

Respondent

DECISION OF THE NATIONAL ANTI-DOPING PANEL

INTRODUCTION

1. This is the final decision of the Tribunal of the National Anti-Doping Panel (the “Tribunal”) appointed pursuant to Article 5.1 of the 2021 Rules of the National Anti-Doping Panel (the “Rules”). The purpose of this decision is to determine the charge brought against Ms Schrager (the “Respondent”) on 6 August 2025.

2. The Applicant, UK Anti-Doping (“UKAD”) is the National Anti-Doping Organisation in the United Kingdom and has jurisdiction to prosecute this case.
3. The Respondent is a British Para-cyclist registered with British Cycling (the national governing body for the sport of cycling and para-cycling in Great Britain). The Respondent has participated in competitions and other activities organised, convened, authorised, or recognised by British Cycling since 2021.
4. As a registered Athlete with British Cycling and by virtue of her World Class Programme funding, the Respondent is bound by the UK Anti-Doping Rules (“ADR”) as adopted by British Cycling. These are implemented and enforced by UKAD.
5. The Respondent was charged (pursuant to UKAD’s charge letter dated 6 August 2025 (the “Charge Letter”)) with the commission of:
 - a. an Anti-Doping Rule Violation (“ADRV”) pursuant to ADR Article 2.1, in that a Metabolite of a Prohibited Substance, namely (4R,5R)-4-[[4-Cyano-3-(trifluoromethyl)-phenyl]amino]-6,6,6-trifluoro-5-hydroxyhexanoic acid (also referred to as Bishydroxylated LGD-4033), a Metabolite of LGD-4033 (“Ligandrol”), was present in the urine Sample(s), provided by her on 16 April 2025, numbered A8145811 and/or B8145811.
 - b. an ADRV pursuant to ADR Article 2.2, in that she Used a Prohibited Substance, on or before 16 April 2025, namely, Ligandrol.
6. On 9 October 2025, Mark Hovell was appointed as the Chair of the Tribunal by Kate Gallafent KC, the President of the National Anti-Doping Panel (“NADP”). Dr Terry Crystal and Dr Paul Jackson were appointed as Tribunal members on 2 April 2026.
7. In accordance with Article 7.9 of the Rules, the Chair of the Tribunal agreed initial directions with the parties on 29 October 2025.



8. Having granted the Respondent a short extension to file her Defence, on 26 January 2026, the Chair of the Tribunal agreed the remaining directions with the parties.
9. This matter was determined following a hearing that took place on 16 and 17 April 2026 at the IDRC in London (the “Hearing”). The Respondent attended the Hearing in person and was represented by Sam Comb, Tom Seamer, and Mike Morgan, from Morgan Sports Law. UKAD were represented by Alasdair Muller and Rebecca Hamilton from Bird & Bird. They were accompanied by Niru Uddin, Head of Case Management at UKAD, Nisha Dutt, Director of Legal and Regulatory affairs at UKAD, and Joanne Rea, Compliance Manager at British Cycling (observer). The following experts and witnesses were heard. It had been previously agreed that a number of the witnesses would be permitted to provide evidence remotely via video call:

a. For UKAD:

Attendee	In-person / Zoom
<i>UKAD</i>	
Nisha Dutt - Director of Legal and Regulatory Affairs	In-person
Niru Uddin - Head of Case Management	In-person
<i>Bird & Bird – Counsel</i>	
Alasdair Muller - Legal Director	In-person
Rebecca Hamilton - Trainee Solicitor	In-person
<i>British Cycling (observer)</i>	



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Joanne Rea - Compliance Manager	In-person
<i>Witness</i>	
Professor David Cowan - Expert	Zoom

b. For the Respondent:

Attendee	In-person / Zoom
<i>Athlete and family</i>	
Daphne Schragger	In-person
Charles Schragger von Altishofen	In-person
Kyle Murrie	In-person
<i>Morgan Sports Law – Counsel</i>	
Tom Seamer	In-person
Sam Comb	In-person
Mike Morgan	Zoom
<i>Witnesses</i>	
Dr Daren Austin - Expert	Zoom



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Professor Pascal Kintz - Expert	Zoom
Dr Diederik Smit - Expert	Zoom
Declan Flood	Zoom
Catherine Dell	Zoom
██████████	Zoom
Dr Luke Turnock	Zoom

c. NADP Secretariat:

Attendee	In-person / Zoom
<i>NADP Secretariat</i>	
Eisha Wallsten – Case Manager	In-person

JURISDICTION

10. The Respondent has been registered as an athlete with British Cycling at all material times. The British Cycling ADR states that all athletes under British Cycling's jurisdiction are bound by both the British Cycling ADR and the ADR.
11. The Respondent has not challenged the jurisdiction of UKAD or the applicability of the ADR.



12. For these reasons, it follows that the Tribunal has jurisdiction to determine this matter.

BACKGROUND

13. On 16 April 2025, under Mission Order TO-3491224407, a UKAD Doping Control officer (the “DCO”) collected an Out-of-Competition urine Sample from the Respondent, at her home in [REDACTED]. The urine Sample was split into two separate bottles which were given the reference numbers A8145811 (the “A Sample”) and B8145811 (the “B Sample”).
14. Both samples were transported to the World Anti-Doping Agency (“WADA”) accredited laboratory, at King’s College London (the “Laboratory”). The Laboratory analysed the A Sample in accordance with the procedures set out in WADA’s International Standard for Laboratories (the “ISL”). Analysis of the A Sample returned an Adverse Analytical Finding (“AAF”) for a Metabolite of Ligandrol.
15. Ligandrol is prohibited under Section S1.2. of the WADA 2025 Prohibited List as an Other Anabolic Agent, namely, selective androgen receptor modulators (“SARMs”). Ligandrol is a non-Specified Substance that is prohibited at all times.
16. The Respondent did not hold a Therapeutic Use Exemption (“TUE”) for Ligandrol.
17. On 2 June 2025, UKAD sent a letter to the Respondent (the “Notice Letter”) formally notifying her in accordance with ADR Article 7.8.1, that she may have committed:
- a. an ADRV pursuant to ADR Article 2.1, in that a Metabolite of a Prohibited Substance, namely Ligandrol, was present in her urine Sample numbered A8145811; and
 - b. an ADRV pursuant to ADR Article 2.2, in that she used a Prohibited Substance, on or before 16 April 2025, namely, Ligandrol.



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18. The Notice Letter imposed a Provisional Suspension on the Respondent with immediate effect (i.e. from 2 June 2025) in accordance with ADR Article 7.10.1. The Notice Letter also informed her that she must provide her explanation for the AAF by 12 June 2025.
19. On 10 June 2025, the Respondent's lawyers requested analysis of the B Sample and requested that the deadline for the response to the Notice Letter be extended to three (3) weeks after the date on which they received the results of the analysis of the B Sample.
20. On 13 June 2025, UKAD agreed to extend the deadline for the response to the Notice Letter to ten (10) days after receipt of the results from the analysis of the B Sample.
21. On 26 June 2025, the B Sample analysis took place.
22. On 4 July 2025, UKAD informed the Respondent that analysis of the B Sample had confirmed the AAF reported in respect of the A Sample. The response to the Notice Letter was due by 14 July 2025.
23. On 14 July 2025, the Respondent's lawyers wrote to UKAD seeking a further one-month extension (i.e. to 14 August 2025). They indicated that she never knowingly or intentionally Used Ligandrol and were investigating the cause of the AAF.
24. On 16 July 2025, UKAD granted a final extension of two (2) weeks to provide the response to the Notice Letter (i.e. until 28 July 2025).
25. On 28 July 2025, the Respondent's lawyers wrote to UKAD and again sought that the deadline for the response be extended by a further two (2) weeks (i.e. until 14 August 2025). UKAD refused to extend the deadline again and informed the Respondent that it would, in accordance with ADR Article 7.11.2, proceed to consider whether she had committed one or more ADRVs as required.
26. As set out above, UKAD issued the Respondent with the Charge Letter on 6 August 2025.



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27. On 26 August 2025, the Respondent responded to the Charge Letter. She acknowledged that the Metabolite had been reported as present in her Sample, and therefore admitted that she had committed ADRVs under ADR Articles 2.1 and 2.2; she repeated her previous assertions that she had never knowingly or intentionally Used Ligandrol, and therefore disputed the Consequences proposed in the Charge Letter; and requested that the matter be referred to the NADP to determine the Consequences to be imposed on her.
28. After providing the Respondent with a period of time to investigate her AAF, on 2 October 2025, UKAD filed a Request for Arbitration with the NADP Secretariat.
29. The issues of her Defence and all other directions were determined by the Chair, with the Defence ultimately being required by 2 January 2026.
30. On 2 January 2026, the Respondent's lawyers filed her Defence, with accompanying documents.
31. In accordance with the further directions, on 6 March 2026, UKAD filed its Reply and supporting documents.
32. On 31 March 2026, the Respondent's lawyers filed her Response, with accompanying documents.

UKAD'S SUBMISSIONS

33. Ligandrol is a synthetic anabolic agent that is not approved for medical or any other Use anywhere in the world. Because it is a commonly abused doping agent, Ligandrol is a Prohibited Substance prohibited at all times and listed in Section S1.2 ('Other Anabolic Agents') of the 2025 WADA Prohibited List. It is a non-Specified Substance, meaning that where it is found to be present in an athlete's Sample, a presumption arises that the athlete Used it intentionally, within the meaning of ADR Article 10.2.3.



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A. Nature and Scope of UKAD's Case

34. UKAD submitted that this is a Consequences-only hearing, as the Respondent admits ADRVs under ADR Articles 2.1 (presence) and 2.2 (Use) arising from the detection of a Metabolite of Ligandrol in her urine Sample. These are strict liability offences.
35. UKAD advanced the position that:
- a. the Respondent has not proven the source of the Prohibited Substance;
 - b. she has not rebutted the presumption of intentional Use;
 - c. the default sanction of a four-year period of Ineligibility for intentional Use of a non-Specified Substance therefore applies, pursuant to ADR Article 10.2.1(a);
 - d. even if the Tribunal is not with UKAD and contamination and source were accepted, the Respondent's explanations do not meet the threshold for No Fault or Negligence (or No Significant Fault or Negligence);
 - e. there is no basis to backdate the start of any period of Ineligibility; and
 - f. the Respondent's competitive results after 16 April 2025 should be disqualified.
36. UKAD emphasised that contamination defences must be strictly scrutinised to preserve the integrity and harmonisation of the anti-doping system.

B. Applicable Law and Methodological Approach

37. UKAD accepted the applicability of the ADR (the 2021 UK Anti-Doping Rules) and the 2025 WADA Prohibited List. It stresses that Ligandrol is a non-Specified Substance, and consequently a four-year period of Ineligibility applies unless the athlete rebuts the presumption of intention. UKAD noted that rebuttal requires proof on the balance of probabilities, not merely plausibility.



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38. UKAD argued that recent Court of Arbitration for Sport (“CAS”) jurisprudence demonstrates a stringent and structured approach to source and intent, and rejects what it characterises as an attempt by the Respondent to dilute those requirements. A finding that she has not rebutted the assumption of intent, does not mean a finding that she has cheated.
39. UKAD placed particular reliance on *WADA v UKAD & Banks*¹ and related authorities to contend that proof of source is a foundational requirement, speculative or inferential contamination narratives are insufficient and that the Tribunal must resist substituting credibility or moral sympathy for evidential proof.
40. It is irrelevant that UKAD supported the position of *Banks* at CAS. It supports the harmonisation of such decision, respects the decision and now applies it.
41. UKAD additionally relied upon a series of other cases² which dealt with contamination issues. In each one, there was an individual who was using a Prohibited Substance that contaminated the athlete.

C. Source of Ligandrol

Overview

42. UKAD’s primary submission is that the Respondent has failed to establish how Ligandrol entered her system, whether at the gym, at home, or elsewhere. In UKAD’s submission:
- a. no single source has been established;
 - b. no route of administration has been identified with sufficient specificity; and

¹ *WADA v UKAD & Banks*, CAS 2024/A/10647.

² *ITF v Tacchi* dated 9 December 2019; *X v The Football Association* [CONFIDENTIAL] dated 6 December 2019; *Santos v FINA*, CAS 2019/A/6482; *World Athletics v A* [CONFIDENTIAL] dated 2 July 2021.



c. her Defence relies on conjecture layered upon possibility.

43. UKAD submitted that without proven source, the Tribunal cannot lawfully reach Fault or sanction reduction stages. UKAD, in any event, provided submissions on the case advanced by the Respondent:

Alleged environmental contamination at the Gym

Absence of proof of Ligandrol Use

44. UKAD did not dispute that anabolic agents may be Used by some individuals associated with [REDACTED] (the “Gym”). However, UKAD stressed the critical distinction between general anabolic or even SARMs Use, and Ligandrol Use, at the relevant time and location.
45. UKAD submitted that the Respondent has provided no evidence that any specific individual at the Gym was using Ligandrol, that Ligandrol was present on any surface, or that any Ligandrol was handled, spilled, or transferred within the Gym.
46. Neither the Respondent nor her investigators could provide any specific, objective evidence that any staff or any Gym members were using Ligandrol; the swabbing exercise did not detect Ligandrol at the Gym either. The evidence of Professor Kintz and Dr Austin was that it was possible that the Respondent might have been contaminated by touching a surface or person that had Ligandrol on it or was using it and it could get into her system, but there was no evidence of it being on any surface or any person.
47. Accordingly, UKAD argued that this aspect of her Defence fails at the threshold level.



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Social media and contextual material

48. UKAD criticised reliance on social media content and investigative impressions as anecdotal, non-specific to Ligandrol, non-contemporaneous in material respects, and incapable of demonstrating actual contamination.
49. UKAD submitted that accepting such evidence would reduce the source requirement to “speculation”.

Objection to inferential “Gym culture” arguments

50. UKAD rejected the proposition that a gym’s reputation, clientele, or perceived culture can substitute for proof of source. It argued that contamination is not established by proximity to wrongdoing or guilt, and that contamination cannot be inferred from association and to do so would unjustly shift the evidential burden from the athlete to the anti-doping organisation.
51. Further, if the Gym was such a hot-bed for steroid and SARM users, why was the Respondent not contaminated on her other visits (as she attended the Gym six to eight other times, yet had three clean tests in that period; why did she not test positive for other substances, such as Ostarine or Clenbuterol)?

Route of administration

52. UKAD placed significant weight on the absence of any identified route by which Ligandrol entered the Respondent’s system. It noted that she cannot identify a specific ingestion event, point to a contaminated surface and cannot recall any activity consistent with exposure.
53. While UKAD’s expert accepted that very low-level contamination is theoretically possible, UKAD stressed that possibility is not probability, and expert opinion on what “could” occur cannot establish what “did” occur.



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54. UKAD submitted that pharmacokinetic consistency alone is insufficient to establish source.

Home contamination

55. UKAD characterised the Respondent's alternative case of home contamination as even weaker. It argued that no housemate has admitted Ligandrol Use, [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].
56. UKAD submitted that suspicion is not proof and that this alternative theory is unparticularised and legally insufficient.

Delays and third parties

57. UKAD submitted that the bar for proving source should not be lowered due to any alleged delays or the non-cooperation of third parties.
58. It submitted that the ISL timelines are aspirational rather than mandatory (Article 5.3.8.4 of the ISL indicates that the laboratory "should" provide test results within 20 days, whereas it took 36 days) and it acted reasonably in awaiting laboratory documentation before sending this out with the Notice Letter. In *Banks* the delay was 79 days and the CAS Panel found it had no bearing on proving source.
59. None of [REDACTED], [REDACTED] or [REDACTED] were under any obligation to assist her in the case at hand. However, her investigator spoke to [REDACTED] and [REDACTED] provided some assistance.

60. UKAD distinguished the current facts from those in the *Crews*³, *Palmer*⁴ and *Volandri*⁵ cases that the Respondent relied upon.

D. Intent

Presumption of intentional Use

61. UKAD stressed that Ligandrol is a potent non-Specified Substance and that intentional Use is presumed unless rebutted. UKAD submits that the Respondent has not rebutted this presumption.
62. The Respondent must show that she did not know her conduct would cause an ADRV, or that there was a significant risk that it might, and that she was not reckless (i.e. did not know there was a significant risk, which she manifestly disregarded).
63. In all but the rarest of cases would she also need to show source. These tended to be cases where a recent negative test is just before the positive one. The Respondent's previous test was nine months before the positive one in April 2025.

Rejection of character-based rebuttal

64. UKAD argued that denial of Use is common and unremarkable in doping cases, good character and clean Testing history are legally irrelevant to intent on a specific occasion and that CAS jurisprudence consistently rejects reliance on moral character to displace evidential burdens.
65. UKAD pointed to irregularities regarding her Doping Control Form (the "DCF") and to her Testing of supplements. Additionally, she had chosen to attend the Gym six to eight times,

³ *Crews v AIBA*, CAS 2009/A/1985 dated 10 June 2010.

⁴ *FINA v Palmer* dated 14 September 2015.

⁵ *Volandri v ITF*, CAS 2009/A/1782 dated 12 May 2009.



which on her own case was a place frequented by users of performance enhancing substances.

66. UKAD emphasised that intent is an objective legal construct, not a moral assessment.

Hair and nail testing

67. UKAD contended that negative hair and nail tests do not exclude intentional Use, are incapable of ruling out one-off or short-term doping so therefore shed limited light on intent. Professor Kintz only rules out regular and sustained use.
68. UKAD cautioned the Tribunal against elevating such evidence beyond its scientifically accepted limits.

“Dopey doping” argument

69. UKAD rejected the Respondent’s “dopey doping” theory as legally and factually misconceived. It submitted that athletes dope irrationally, experimentally, or sub-optimally and the ADR does not require doping to be rational or effective. The Tribunal must not exclude intentional Use merely because it appears illogical.
70. UKAD stressed that absence of proven motive does not negate intent.

E. Fault

Conditional nature of Fault assessment

71. UKAD submitted that questions of Fault or Negligence arise only if source is established. As UKAD maintained that source has not been proven, it submitted that Fault mitigation is unavailable as a matter of law.



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Significant Fault even if contamination accepted

72. In the alternative, UKAD argued that even if environmental contamination and source were accepted the Respondent would bear at least Significant Fault or Negligence. UKAD disagreed with the Respondent's submissions that if contamination is proven, then No Fault or Negligence always follows. UKAD referred to the *Sinner*⁶ case resolution agreement.
73. UKAD submitted that:
- a. athletes are under a duty to manage their environments;
 - b. attending unfamiliar gyms with known bodybuilding activity entails foreseeable risk; and
 - c. the Respondent could have taken additional precautions.
74. UKAD rejected the argument that lack of education about environmental contamination eliminates Fault.

F. Sanction Length

75. UKAD submitted that the default four-year sanction applies, as no reduction is justified absent proof of non-Intentional Use, and accepting a lesser sanction would undermine deterrence and harmonisation.
76. In the alternative, if the Tribunal finds non-intentional Use, UKAD submitted that there is no basis for a finding of No Fault or Negligence, or No Significant Fault or Negligence, and therefore no basis for eliminating or materially reducing the sanction.

⁶ The agreement between WADA and the athlete dated 15 February 2025 agreeing a three-month period of Ineligibility.

G. Commencement of Any Period of Ineligibility

77. As detailed above, UKAD disputed that any “substantial delay” has occurred and stated that any delays caused no concrete prejudice.
78. UKAD further argued that backdating is exceptional, the Respondent has not demonstrated grounds for it and any sanction should commence from the date of the decision (as per ADR Article 10.13), subject only to credit for her Provisional Suspension, which began on 2 June 2025.

H. Disqualification of Results

79. UKAD submitted that, pursuant to ADR Article 10.10:
- a. the Respondent’s competitive results after 16 April 2025 must be disqualified;
 - b. intent is irrelevant to automatic disqualification; and
 - c. fairness arguments do not override the mandatory rule and in any event, fairness applies to other affected athletes too.
80. UKAD rejects the proposition that institutional delay negates the obligation to disqualify results obtained while a Prohibited Substance was present.

THE RESPONDENT’S SUBMISSIONS

A. Nature and Scope of the Respondent’s Case

81. The Respondent accepted, and has consistently accepted, that the Sample she provided on 16 April 2025 contained a Metabolite of Ligandrol, a non-Specified Prohibited Substance. She therefore accepts that ADRVs under ADR Articles 2.1 (presence) and 2.2 (Use) are established.
82. In summary, the Respondent contended that:



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- a. the presence of Ligandrol was caused by environmental contamination, not intentional Use;
 - b. as a result, the violations were not intentional within the meaning of ADR Article 10.2;
 - c. she bears No Fault or Negligence, or at minimum No Significant Fault or Negligence;
 - d. no period of Ineligibility should be imposed, or alternatively only a significantly reduced period;
 - e. any sanction should be backdated; and
 - f. fairness requires that her competitive results after 16 April 2025 not be disqualified.
83. At the Hearing, Mr Seamer confirmed that the Tribunal could come to a decision that source was not made out, yet the Respondent still satisfied the Tribunal that the violations were not intentional within the meaning of ADR Article 10.2.

B. Applicable Law and Methodological Approach

84. The Respondent accepted the applicability of the ADR (2021 edition) and the 2025 WADA Prohibited List. She accepted that Ligandrol, as a non-Specified Substance, attracts a presumption of intentional Use.
85. However, she contended that the presumption is rebuttable on the balance of probabilities, there is no rigid or universal requirement that an athlete must identify a single, precisely identified ingestion pathway or individual in order to establish source, the Tribunal must assess source holistically, evaluating the totality of direct and circumstantial evidence, informed by common sense and logic. This assessment must be conducted ex post facto, asking what most likely occurred in fact, rather than analysing abstract ex ante probabilities.



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86. In her Response, the Respondent expressly challenged the proposition that recent jurisprudence (in particular *Banks*) imposes a heightened or inflexible evidential threshold across all contamination cases. She argued that the appropriate test remains whether, viewed as a whole, her explanation is more likely than not to be correct.
87. The Respondent challenged *Banks* at the Hearing. It is not an environmental contamination case, the cases cited within that decision were ones where the athletes produced little or no evidence (unlike the case at hand), WADA's expert persuaded the Panel that the hair test could not rule out intentional doping and the positive test being the tail-end, however, in this case Professor Cowan stated he had been "*persuaded*" – he agreed with the Respondent's experts that environmental contamination was "*a very likely explanation.*"
88. The Respondent additionally relied upon cases like *Guerrero*⁷ to demonstrate that the Tribunal need not require the exact source. In *Guerrero* it was enough for the Panel that cocaine is in coca tea in South America. It did not require to know what Mr Guerrero actually drank.
89. It would of course assist the Tribunal if the Respondent could specify the exact route of ingestion, but the test is on the balance of probabilities. The Respondent cited *World Athletics v A*⁸ where an athlete's son was using a medicine with the Prohibited Substance in it in the house, but the athlete could not precisely show when the ingestion took place.

C. Source of Ligandrol

Overview of the source case

90. The Respondent advanced two theories regarding source:

⁷ *Guerrero v FIFA*, CAS 2018/A/5546.

⁸ *World Athletics v A* [CONFIDENTIAL] dated 2 July 2021.



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- a. her primary case is that the Ligandrol entered her system through environmental contamination at the Gym on 14 April 2025, two days before Sample collection.
 - b. her alternative case is that the Ligandrol was introduced through environmental contamination in her home, [REDACTED]
91. She expressly excluded intentional ingestion and consumption of a contaminated supplement or medication, having carried scientific analysis of the main supplements and medication she was taking.

Environmental contamination at the Gym

Factual background

92. The Respondent attended the Gym on 14 April 2025 solely to receive a sports massage from an accredited therapist, whom she had worked with previously. She did not train at the Gym or use its equipment. During her visit, she necessarily touched various surfaces (doors, reception areas, toilets, treatment room surfaces) and interacted briefly with staff.

Nature of the Gym environment

93. The Respondent relied on:
- a. social media material showing that Gym owners and attendees openly discuss or display anabolic substance Use;
 - b. online admissions by individuals associated with the Gym to using anabolic agents; and
 - c. investigative evidence (including Ms Dell's private investigator's report and [REDACTED] witness evidence) suggesting widespread performance-enhancing drug Use among Gym members.



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94. The Respondent developed this aspect by introducing expert evidence from Dr Luke Turnock, a criminologist specialising in the Use and supply of performance-enhancing substances in UK bodybuilding gyms. That evidence characterises the Gym as a “hardcore bodybuilding gym” and explains that:
- a. SARMs (including Ligandrol) are widely used by such gym populations;
 - b. oral anabolic agents are commonly used on gym premises;
 - c. supply frequently occurs in or around gyms (the Respondent noted that [REDACTED] acquired Ligandrol from [REDACTED], a shop 10 minutes away from the Gym); and
 - d. disclosure of substance Use tends to be limited to “insiders”, such that overt evidence will often be incomplete.
95. The Respondent submitted that this evidence materially strengthens the inference that Ligandrol was present in the Gym environment at the relevant time.

Ligandrol Use in particular

96. UKAD’s central criticism is that the Respondent has not shown that Ligandrol, specifically, was used at the Gym. The Respondent responded to that by submitting that Ligandrol is among the most popular SARMs in bodybuilding communities, where SARMs are used extensively, as such Ligandrol Use is to be expected. Suppliers linked to the Gym have demonstrable connections to Ligandrol distribution and requiring direct proof of Ligandrol handling at a specific moment would impose an unrealistic and legally unwarranted burden in environmental contamination cases.
97. She argued that what must be proven is not certainty, but probability, assessed in context.

Route of contamination

98. The Respondent does not claim to know the precise route of contamination. Instead, she relied on scientifically plausible expert pharmacokinetic evidence that:
- a. extremely small quantities of Ligandrol can produce the urinary concentration detected in her Sample; and
 - b. transfer may occur via hand-to-mouth contact, contact with food or drink containers, or transdermal absorption from residues on surfaces.
99. The Respondent emphasises that both her expert (Dr Austin) and UKAD's expert (Professor Cowan) accept that the Sample result is pharmacokinetically consistent with such contamination occurring on 14 April 2025.
100. She submitted that it would be impossible, and unreasonable, to require her to identify which surface, which moment, or which route, given the imperceptible nature of trace contamination.

Environmental contamination at home

101. If the Gym theory is rejected by the Tribunal, the Respondent submitted that the most likely alternative source is environmental contamination in her shared home at the time.
102. She lived with [REDACTED], there were shared food preparation areas, bathrooms, and frequently handled items. [REDACTED]
[REDACTED]
[REDACTED]. She had carried out some swab tests at the house, but this was months after the Sample collection date.



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103. The Respondent emphasised that this is an alternative not primary case, and that the same principles apply: environmental contamination may occur without the athlete being able to identify an exact route or moment.

Delays and third parties

104. The Respondent argued that the bar for source should not be set too high. She disputed UKAD's position that she must be able to identify a specific individual who was responsible for the contamination. She must present the Tribunal with her unique circumstances and it must assess each case on its own facts.

105. The Respondent further submitted that it is open to the Tribunal to account for the difficulties she has faced in this case. The delays by UKAD and the lack of cooperation by third parties were highlighted. She then referred to the cases of *Crews*, *Palmer* and *Volandri*⁹. Her position was that [REDACTED] misled her.

D. Intent

The Respondent's position on intent

106. The Respondent maintains that her violations were not intentional. She relies on a combination of:

- a. her unequivocal denial of knowing or deliberate Use;
- b. an unblemished anti-doping record spanning numerous prior tests;
- c. extensive evidence of an unusually cautious approach to anti-doping compliance (Use of Informed Sport supplements, Global DRO checks, refusal to Use unverified products);

⁹ See above for the case citations.



- d. contemporaneous evidence of seeking medical guidance to avoid Prohibited Substances;
- e. strong and specific character evidence from individuals subject to anti-doping rules themselves;
- f. agreement between the experts that contamination was very likely; and
- g. scientific evidence ruling out regular or sustained Ligandrol Use. There were no issues with the hair Testing, which was within two months of the Sample collection date.

Hair and nail testing

- 107. The Respondent placed significant weight on negative hair and nail test results, interpreted by Professor Kintz, which exclude regular and sustained Ligandrol Use over several weeks.
- 108. She challenged UKAD's criticism of this evidence, responded to alleged inconsistencies raised by Professor Cowan and maintained that while one-off exposure cannot be excluded, sustained intentional Use, the only pattern capable of producing performance enhancement, is excluded.

"Dopey doping" argument

- 109. The Respondent argued that, in light of expert endocrinological evidence, Ligandrol only produces meaningful effects when Used regularly over weeks. One-off or sporadic Use would be illogical, ineffective, and atypical. Such behaviour would be fundamentally inconsistent with her character and demonstrated caution.



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110. She addressed any criticisms of her completion of the DCF, the supplements and medications she had tested and whether she needed to have a contemporaneous record of all these, as opposed to reordering via her phone/computer.
111. The Respondent noted that Professor Cowan had seen all the submissions and evidence and was part of the hot-tubbing exercise. He knew what was “on the line”, yet he was persuaded that contamination was very likely. He had moved back from his written position that athletes can act in unusual ways.

Overall position on intent

112. Finally, she had no awareness of environmental contamination. The first training on this was in April 2026, likely as a result of the *Sinner* case, as massages were mentioned. Contamination from a door knob is very different from sharing a scoop with another athlete.
113. The Respondent submitted that, when all evidence is considered together, intentional or reckless Use of Ligandrol can be ruled out as less likely than environmental contamination.

E. Fault

No Fault or Negligence

114. The Respondent submits that, if contamination is accepted, she bears **No Fault or Negligence**, because:
- a. she did not know, suspect, or reasonably could have known that Ligandrol would enter her system;
 - b. the exposure was imperceptible and inadvertent;



- c. the risk of environmental contamination was not addressed in her anti-doping education at the time; and
- d. no reasonable precaution could have eliminated the risk.

115. She rejects the proposition that she should have researched the Gym or foreseen contamination, arguing that this sets an unrealistic standard that is unsupported by jurisprudence.

No Significant Fault or Negligence (alternative)

116. In the alternative, the Respondent submits that any Fault was minimal and falls at the lowest end of the scale. She argues that:

- a. she acted responsibly and in good faith;
- b. her massages were professional treatments to help with her medical condition;
- c. she derived no competitive advantage; and
- d. any lapse, if found, was insignificant.

F. Sanction Length

117. The Respondent's submissions on sanction flow directly from her positions on intent and Fault:

- a. if No Fault or Negligence is found, no period of Ineligibility should be imposed;
- b. if No Significant Fault or Negligence is found, any ban should be substantially reduced;
- c. if intent is not established, the starting point cannot be four years, rather two years.



G. Commencement of Any Period of Ineligibility

118. The Respondent submits that any sanction imposed should be backdated to 16 April 2025, the date of Sample collection.

119. She relies on:

- a. delays between Sample collection and notification of the AAF, both with the laboratory and with UKAD waiting for the documentation package before sending the Notice Letter;
- b. non-compliance, or at least non-adherence, with the ISL and the International Standard for Results Management (the “ISRM”) timelines;
- c. the impact of delay on her ability to investigate source; and
- d. whether substantial delay is established and not attributable to the athlete.

120. She referred to *UKAD v X*¹⁰ which directs the Tribunal to consider the effect of any delays and whether it has caused the athlete prejudice.

H. Disqualification of Results

121. Finally, the Respondent submits that fairness requires that her competitive results after 16 April 2025 not be disqualified.

122. She advances three main reasons:

- a. the Ligandrol exposure, if any, was at a contaminant-level and could not have influenced performance weeks later;

¹⁰ *UKAD v X* [CONFIDENTIAL] dated 5 March 2025.



- b. she competed in good faith, unaware of any AAF; and
- c. but for delays by the Laboratory and UKAD, she would not have been permitted to compete at all, and it would therefore be unjust to penalise her retrospectively for institutional delay.

123. At the Hearing, the Respondent wanted the Tribunal to know that although she won World Championships in May, her closest rivals did not compete, another had a puncture and the results were all very close.

124. In summary, the Respondent requests the Tribunal to:

“(a) hold that the ADRV was committed without intent, such that the maximum period of Ineligibility that may be imposed is two-years, under ADR Article 10.2.1(a); and

(b) hold that she bears No Fault or Negligence, such that no period of Ineligibility should be imposed, under ADR Article 10.5;

(c) hold that fairness requires that the results obtained by Ms Schrager in Competitions that took place after 16 April 2025 not be disqualified, in accordance with ADR Article 10.10;

(d) in any event, hold that any period of Ineligibility should be backdated and deemed to have commenced on 16 April 2025, in accordance with ADR Article 10.13.1.”

SUMMARY OF THE EVIDENCE AT THE HEARING

125. The Tribunal was provided with written statements from the experts and the witnesses. At the Hearing four of the experts were heard together in a “hot-tub”. What follows is a summary of the key points from that exercise. Additionally, a short summary of the remaining expert’s and each witnesses’ evidence and/or testimony follows too:



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A. The Experts

126. **Professor David Cowan:** Professor David Cowan is a Professor at the King's College, London, United Kingdom and an expert in drug detection and anti-doping. He provided his expert opinion in the matter at hand. His expert opinion and oral testimony can be summarised as follows.
127. Professor Cowan's written opinion was that the very low concentration of the Ligandrol Metabolite detected in the urine Sample (once adjusted for urine concentration) is consistent with an inadvertent exposure to a contaminant-level dose of Ligandrol occurring shortly before the Sample was taken. He accepted that Ligandrol can be absorbed into the body through multiple routes, including hand-to-mouth contact and, potentially, transdermal absorption, and considered that a very small, unintended exposure could plausibly lead to a detectable Metabolite at the level reported.
128. However, he also concluded that the analytical finding is not unique to contamination and cannot, on scientific grounds alone, exclude other explanations. In particular, he considered that the result is also consistent with the tail-end of an intentional administration, meaning a situation where Ligandrol had been taken earlier and the urine Sample reflects residual elimination of the drug or its Metabolite. Based on pharmacokinetic assumptions and the known half-life of Ligandrol, he explained that even a single low-milligram dose, or multiple very small doses taken days earlier, could produce the measured urinary concentration at the relevant time.
129. Professor Cowan therefore concluded in his written opinion that, while contamination is a credible and scientifically plausible explanation for the finding, the available evidence does not allow a definitive distinction between inadvertent exposure and declining levels following deliberate Use. In his view, the laboratory result alone supports both possibilities, and it is not possible to rule out that the detected Metabolite arose from the end of an administration of a pharmacologically effective dose.



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130. At the Hearing, during the hot-tubbing exercise, he additionally stated that:

- a. the half-life of Lingandrol is fairly long, so small doses (micrograms) could still show up in a sample between 5 to 17 days after ingestion;
- b. studies on Ligandrol are limited, so it is not possible to say what the minimum dosage or minimum number of dosages would be to cause a positive finding in hair or nails;
- c. as regards the usage of Ligandrol, he would expect users to take it every day. Whilst this would not be necessary due to the long half-life, it is what he would expect;
- d. he acknowledged the error in his written opinion regarding another athlete whose urine sample with a stated concentration of 90 pg/mL did not show up in a hair test. It should have been 600 pg/mL, which was closer to the Respondent's concentration of 900 pg/mL;
- e. for Ligandrol to have effect on the whole body, sustained Use would be required. With 1000 micrograms of Ligandrol being a sensible starting point to produce muscle size and strength increases;
- f. finally, when asked which was the most likely, the tail-end of use or inadvertent contamination, he answered:

"I will step out of line a little bit and say just from a personal point of view rather than a scientific point of view, I have been persuaded that contamination is a very likely explanation."

131. **Professor Pascal Kintz:** Professor Kintz is from X-Pertise Consulting, France. He received his doctorate from the University of Strasbourg and is the former President of the Society of Hair Testing. He provided two statements, which, along with his oral testimony can be summarised as follows.



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132. Professor Kintz's opinion is that regular and sustained Use of Ligandrol for doping purposes (i.e. regular and sustained Use over several weeks) would be detectable in hair and nail samples. In this case, Ligandrol was not detected in any segment of the Respondent's hair samples examined, nor in the toenail clippings, which in his view indicated the absence of such sustained Use during the relevant time window. He therefore considered the analytical findings to be inconsistent with intentional, repeated Ligandrol use over several weeks.
133. In his second report, he expressly maintained this conclusion when responding to criticism of the hair-Testing evidence advanced by Professor Cowan. He explained that suggestions that an athlete could use Ligandrol in meaningful, performance-enhancing amounts yet still produce entirely negative hair and nail tests are based on a factual error regarding comparative urine concentrations (Professor Cowan had referred to another athlete's urine Sample with a concentration of 90 pg/mL not showing up in a hair test. The Respondent's concentration was actually larger, as her 0.9 ng/mL equates to 900 pg/mL). Once that error is corrected, he saw no scientific basis to undermine his original position. Accordingly, he reaffirmed that the negative hair and nail results support the conclusion that the Respondent did not use Ligandrol in a sustained or deliberate doping manner during the period covered by the Samples.
134. At the Hearing, during the hot-tubbing exercise, he additionally stated that:
- a. there had been one reported study, but no concentrations were reported; Ligandrol is highly toxic for the liver, so it is not possible to carry out studies on it. It would not be ethical;
 - b. there have been studies on other SARMs, such as Ostarine. With that substance, a single dose can be detectable in hair up to seven months later;
 - c. as such, the minimum dosage or number of doses that would cause a positive finding in hair or nails is complicated. However, he spoke of his experience of working on



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three other cases where each time an athlete was contaminated by their partner, who was a user. In all cases, the hair test of the user was positive for Ligandrol, yet the tests for each of the athletes were negative.

- d. if Ligandrol is used regularly, it is detectable in hair and nails. From his experience, regularly means one tablet a day for three or four weeks;
- e. when asked about the quality of hair and how it may affect Testing, he acknowledged that perhaps eight months after the ingestion, shampooing and cosmetics will cause an affect on the accuracy of the Testing. However, he tested the Respondent's hair within two months of her Sample date. He also acknowledged that for some substances, the colour of hair can have an affect, but not in this case. He explained that his equipment is very sensitive, but may miss very low concentrations, such as 1 pg/mL; and
- f. in his opinion no one uses Ligandrol one or two times. For any enhancement, it must be used repetitively. The vendors recommend one tablet daily for eight to 12 weeks. This would have shown up in the Respondent's hair. He concluded that there was a high possibility of contamination and he did not believe she was a user of Ligandrol.

135. **Dr Diederik Smit:** Dr Smit is an Internist Endocrinologist physician at Zaans Medical Centre, the Netherlands. He regularly provides independent expert opinions in anti-doping matters, including on anabolic agents (including SARMS), covering pharmacology and user practices. His expert opinion and oral testimony can be summarised as follows.

136. Dr Smit's opinion is that Ligandrol is an anabolic agent (a SARM) that is, in practice, very rarely used by female athletes. Based on available data and observed usage patterns, women who choose to use anabolic substances overwhelmingly favour older, well-established oral anabolic steroids rather than SARMS. As a result, Use of Ligandrol by female athletes would be highly unusual and inconsistent with typical female doping practices.



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137. He further concludes that meaningful performance enhancement from Ligandrol would require regular, sustained Use over several weeks. From both a physiological perspective and observed real-world usage patterns, sporadic or isolated Use would not logically produce perceptible gains in muscle size or strength. Accordingly, he considered non-regular, short-term, or incidental Use of Ligandrol for performance-enhancing purposes to be illogical and atypical.
138. At the Hearing, during the hot-tubbing exercise, he additionally stated that:
- a. he has counselled lots of users of Ligandrol and his experience is that not many females use it. They tend to use Ostarine, when considering SARMs. He was not saying that no female ever uses it and had taken note of UKAD's submission regarding prior cases involving female athletes, with a positive test for Ligandrol, but also noted some of those cases were contamination cases;
 - b. he did not believe that factors such as geography or the professional / amateur status of the athlete would affect the likelihood of a female athlete using Ligandrol. The goal was to improve strength. However, different sports may have different affects;
 - c. SARMs tend to be available only on the black market and are less pure than steroids;
 - d. it would be "silly" to take Lignadrol for a few days only; to have any effect would take a few weeks. 1000 microgrames would give small changes; and
 - e. he felt that half the users he met would take it in liquid form, half would take tablets.
139. **Dr Daren Austin** OBE: Dr Austin is Vice President and Global Consultant in Translational and Clinical Pharmacology at GSK. His expert opinion and oral testimony can be summarised as follows.
140. Once corrected for the specific gravity value of 1.030, the detected level of the Ligandrol Metabolite is extremely low. After normalisation, he considered the relevant concentration



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to be approximately 0.6 ng/mL, which he characterised as a trace finding rather than a level indicative of intentional Use or dosing.

141. In his view, such a low concentration is consistent with a “contamination event” rather than deliberate ingestion of Ligandrol. He explained that exposure to very small amounts of the substance, such as inadvertent transfer from contaminated surfaces through hand-to-mouth contact, contact with food, or transdermal absorption, could plausibly account for the presence of the Metabolite at this level. As a result, he concluded that the AAF is compatible with accidental exposure rather than purposeful performance-enhancing Use.
142. At the Hearing, during the hot-tubbing exercise, he additionally stated that:
- a. in the Wagener study¹¹ three concentrations were given to participants, 1, 10 or 50 mg. The Sample result would be consistent with a 1 or 10 mg dose.
 - b. he felt that the low levels in the Respondent’s Sample were consistent with contamination. This could be from sweat from users on surfaces in a gym or by transdermal absorption through hands, by way of examples;
 - c. as for usage, he explained that from the study it took 21 days for muscle mass improvements. He too thought that regular Use would be over 12 weeks, taking 10mg a day;
 - d. he explained how the manufacturers of Ligandrol tablets or in liquid form can be making their products in a garage. They are not following the standards that GSK has to follow and the risk of contamination is high. He also disputed that any of the information the manufacturers were putting online was true, so one should not

¹¹ Wagener F, Guddat S, Görgens C, Angelis YS, Petrou M, Lagojda A, Kühne D, Thevis M. Investigations into the elimination profiles and metabolite ratios of micro-dosed selective androgen receptor modulator LGD-4033 for doping control purposes. *Anal Bioanal Chem.* 2022 Jan;414(2):1151-1162.



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believe any claims that Ligandrol is for recovery, for example. It increases muscle mass, but fat mass does not change.

The Hot-tubbing Exercise:

143. The following were the main conclusions, in the Tribunal's opinion, from this exercise:

- a. Ligandrol is not sold for human consumption, so there is limited scientific studies and information available about this substance;
- b. users tend to be male, but not exclusively. Female athletes prefer Ostarine. Their Use may vary by sport, but less so as regards geography or professionalism. SARMS are less pure than anabolic-androgenic steroids;
- c. users would need a dose of 1000 micrograms or above and to use on a daily basis for three to four weeks before noticing any increase in muscle mass. It is not used for recovery or fat reduction. Users tend to take a tablet a day for eight to 12 weeks for enhancement;
- d. it is not used in one or two doses, unless the user is "silly", however athletes can do strange things and the advertised benefits online can (falsely) refer to aiding recovery;
- e. most users do not rely upon that advertising material, rather word of mouth from other users, often via chat rooms online or in gyms;
- f. the concentrations in the Respondent's Sample were likely from contamination, including transdermal absorption of Ligandrol residues. The experts could not exclude it being the tail-end of non-regular Use, but all felt environmental contamination was the most likely explanation;



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- g. it was agreed that Ligandrol, both the parent and the Metabolite, could be passed from a user's sweat, by residue from tablets, by a spillage of the liquid form etc and inadvertent transdermal absorption by another person was scientifically possible and likely to produce the concentration levels seen in the Respondent's Sample; and
- h. A regular user's hair would test positive for Ligandrol, whereas the hair of someone who had been inadvertently contaminated would not, if the sample was taken within eight months of the contamination.

144. **Dr Luke Turnock:** Dr Turnock is a Senior Lecturer in Criminology at the University of Lincoln, School of Social and Political Sciences. He has undertaken studies of gym communities, underground drug supply, and the normalisation of enhancement drugs across digital and in-person settings, such as gyms. His expert opinions and oral testimony can be summarised as follows.
145. Dr Turnock's opinion is that the Gym is a "hardcore" bodybuilding gym, characterised by a strong focus on physique development, competitive bodybuilding culture and facilities that cater specifically to enhanced athletes. In his assessment, such gyms are distinct from mainstream commercial gyms and are environments in which the use of image- and performance-enhancing drugs is highly normalised. He considered that, within gyms of this type, the Use of anabolic agents is widespread and culturally embedded, particularly among competitive and advanced bodybuilders.
146. He further concluded that Use of anabolic steroids and SARMS, including Ligandrol, is likely to be common both among members and on the gym premises. In particular, orally administered substances such as SARMS are, in his view, frequently carried and taken openly within hardcore gyms because administration is easy and socially accepted in those settings. However, he emphasised that while insiders often discuss substance Use openly with trusted members, it would be difficult for an outsider or casual visitor to identify whether Ligandrol specifically is being used, unless they directly observed ingestion or



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overheard private conversations. Accordingly, the prevalence of Ligandrol Use within such gyms may be high, but it would not necessarily be apparent to someone unfamiliar with the gym's internal social dynamics.

147. At the Hearing, Dr Turnock made the following additional points:

- a. he had omitted to refer to Ostarine in his written opinion. Ostarine was the most commonly used SARM;
- b. he confirmed that he had no specific data regarding the Gym or its staff or members;
- c. users of Ligandrol tended to take it in capsule form, but there would be residue inside the containers; and
- d. he was of the opinion that Ligandrol was not widely used by female athletes, as other substances such as Clenbuterol were known as fat burners and didn't have the side affects that SARMS had.

B. The Witnesses

The Respondent

148. The Respondent explained in her written statements that she has always taken her anti-doping responsibilities extremely seriously and has never knowingly used a Prohibited Substance. Prior to the AAF in April 2025, she had undergone multiple doping controls throughout her career without incident. She described a longstanding pattern of careful behaviour designed to minimise risk, including the exclusive use of "Informed Sport" certified supplements, checking all medications before use, and ensuring that people she lives with or works closely alongside are aware that she is subject to anti-doping rules. She stated that she had never heard of Ligandrol prior to being informed of the positive test and that the result came as a complete shock.



149. In the period shortly before the Sample collection on 16 April 2025, she explained that her movements were very limited and largely confined to her home, training environments operated by British Cycling, and cycling outdoors. The only visit outside that routine was on 14 April 2025, when she attended the Gym for a massage appointment with [REDACTED]. She emphasised that she did not train at the Gym or use its equipment, but moved through communal areas, toilets and treatment rooms, touching numerous surfaces and having incidental contact with staff and others. At the time, she did not perceive the Gym environment as presenting any anti-doping risk and was not aware that environmental contamination with Prohibited Substances was even possible.
150. The Respondent noted that her anti-doping education had always focused on risks arising from contaminated supplements, not contamination through contact with surfaces, people or equipment. She explained that she only later learned, through further education in February 2026, that substances such as SARMS can present a contamination risk through skin contact or indirect ingestion. In her second statement, she added further context by explaining habits that could have increased the likelihood of incidental exposure, including regularly biting her fingernails and drinking from a pull-top water bottle that she opens and closes by hand during training and daily activities.
151. Following notification of the AAF, she described taking extensive steps to identify any possible source of contamination. This included promptly commissioning hair and nail Testing, arranging for the analysis of supplements and medications she had used, investigating possible exposure at the Gym, and seeking assistance from housemates with whom she shared living spaces, food preparation areas and washing facilities. She explained that these investigations caused her to recognise how contamination could theoretically have occurred in a shared environment, even without her knowledge or intent.
152. She also addressed her completion of the DCF, explaining that it has been her usual practice to list medications and any unusual supplements, rather than every routine



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product she uses regularly and knows to be certified. She stated that this approach has never previously caused issues and was not intended to conceal any relevant information.

153. Finally, the Respondent described the profound personal impact of the positive test and Provisional Suspension. She explains that the proceedings caused severe stress, deterioration in her mental and physical health, disruption to her living arrangements and relationships, and a deep sense of isolation and loss of identity as an athlete. Throughout both statements, she maintains that she did not knowingly or deliberately ingest Ligandrol and believed the positive test must be the result of inadvertent environmental contamination.
154. At the Hearing, she was examined by UKAD and the Tribunal and the following was noted:
- a. she had attended the Gym on six to eight times prior to her visit in April 2025. She never used the Gym facilities or went into the work out space. She did see some gym users, but thought they were no more muscular than sprint cyclists she saw at the velodrome;
 - b. each visit was for a massage with [REDACTED]. She needed these additional massages due to her condition and had informed British Cycling that she was seeing [REDACTED], although had not informed them of the location. Each session was for either 30 minutes or an hour. There might be some waiting time before and she would typically use the toilet and wash her hands after each session;
 - c. she confirmed that the education on environmental contamination was in 2026. She had no idea that a massage could pose a risk of contamination until that session. It was like going to the supermarket;
 - d. she informed UKAD that her legal team (through Ms Dell in the main) had swabbed certain areas of the Gym and her home, but had not found any traces of Ligandrol;

- e. she described her home as a busy place, with people coming and going. Certain areas, such as the kitchen, were shared, so water bottles and the like were washed together. But there was no suggestion that any of her flatmates were users of Ligandrol; and
- f. she did not recall whether [REDACTED] cleaned the massage bed before or after sessions, whether she used a roll of paper towel, or whether she had been training (as she was a qualified personal trainer too) or massaging anyone else prior to the massage she received on 14 April 2025.

155. **Catherine Dell:** Ms Dell is a private investigator, having been a serving police officer for 18 years. She is ICIDP accredited and a qualified Financial Intelligence Officer. She attended the Gym and produced a report summarising her investigation there. Her report and oral testimony can be summarised as follows.
156. Ms Dell's conclusion was that, during the limited period of investigation, the Gym was observed to be a serious, performance-focused training environment where the Use of anabolic steroids and other performance-enhancing drugs is perceived as relatively common among some members, particularly male bodybuilders. Conversations with Gym staff and trainers indicated a clear awareness of performance-enhancing drug Use within bodybuilding culture, including the distinction between "natural" and "enhanced" competition categories, where drug use is widely understood to be prevalent for the latter.
157. However, she found no evidence that Ligandrol itself was being supplied, promoted, encouraged, or administered on the Gym premises, nor that Gym staff or personal trainers were involved in recommending or facilitating its Use. While general steroid Use appeared to be an accepted reality among some members, Ligandrol was not identified as being actively used or endorsed, and staff (such as [REDACTED]) specifically distanced themselves from advising on or supporting performance-enhancing substances. Ms Dell noted that a longer investigation period might have yielded further intelligence, but "*no*

evidence that Ligandrol was supplied, promoted, or administered by gym staff or personal trainers on the premises was obtained”.

158. At the Hearing, Ms Dell stated:

- a. that she saw four to six bodybuilders using the facilities at the Gym on each visit;
- b. [REDACTED] did use a paper towel on the massage bed; and
- c. she confirmed that she never saw Ligandrol (or any Prohibited Substances) being used, supplied, being talked about or mentioned at the Gym.

159. **Declan Flood:** Mr Flood has been a strength and conditioning coach and sports massage therapist for the Respondent over the past six to seven years. His statement and oral testimony can be summarised as follows.

160. Mr Flood described the Respondent as an exceptionally dedicated, disciplined, and focused professional who takes all aspects of her sporting career seriously. Having worked closely with her for several years, he expressed a clear view that she is highly committed to training, preparation, and maintaining professional standards, and that this commitment is consistently reflected in her behaviour and decision-making.

161. He emphasised in particular her strong awareness of, and compliance with, anti-doping requirements. He recounted occasions on which she actively refused to use products, including everyday nutritional items, solely because they were not approved for Use under anti-doping rules. Against that background, he stated that he was shocked by the positive test result and firmly believes that she would not knowingly or intentionally Use a Prohibited Substance, as doing so would be wholly inconsistent with her character, values, and long-standing approach to anti-doping obligations.

162. At the Hearing, he confirmed that he only worked with the Respondent when she was away from her flat in [REDACTED] and had returned home to Wiltshire.



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163. [REDACTED]: [REDACTED] is a business development manager. He is also a friend of a member of the Respondent's legal team and carried out some investigatory tasks for them. His statement and oral testimony can be summarised as follows.
164. [REDACTED] visited a supplements shop called [REDACTED] in [REDACTED] with the specific intention of purchasing Ligandrol. He explained that, although no Ligandrol products were visible on display when he looked around the shop, a member of staff confirmed that the substance was available for sale when asked and produced a product that was kept out of sight rather than on the shelves.
165. He stated that he purchased the Ligandrol product without asking to see alternatives or seeking further information about the range of products sold. The transaction was completed in the shop, a receipt was issued following the provision of his mobile phone number, and he then left the premises with the product.
166. At the Hearing, he provided further information:
- a. the shop assistant asked him if he had been training and when he confirmed he had, the assistant asked him if it was at the Gym;
 - b. he had been at the Gym and had swabbed the facilities; and
 - c. he had witnessed three well-built individuals at the Gym and was listening in to their conversations, however, he did not hear anyone mentioning, talking about or using Ligandrol.
167. **Finally**, written witness statements were received from Stephen Park CBE and Emma Serjeant, however neither were required to provide oral testimony and their statements were accepted by UKAD.



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THE TRIBUNAL'S FINDINGS

168. The Tribunal notes that neither party disputed that the Respondent is subject to the ADR, the applicability of the Prohibited List nor that this Tribunal has jurisdiction to deal with the Charge.

A. The Applicable Law

169. As the applicable law is agreed, the Tribunal sets out the relevant provisions (or part provisions) of the ADR below:

- a. ADR Articles 2.1.1 and 2.2.1 concerning the 'presence' and 'Use' of a Prohibited Substance:

"2.1.1 It is each Athlete's personal duty to ensure that no Prohibited Substance enters their body. An Athlete is responsible for any Prohibited Substance or any of its Metabolites or Markers found to be present in their Sample..."

"2.2.1 It is each Athlete's personal duty to ensure that no Prohibited Substance enters their body and that no Prohibited Method is Used..."

- b. ADR Article 8.4.2, addresses the relevant burden and standard of proof applicable in these proceedings:

"Where these Rules place the burden of proof upon the Athlete or other Person to rebut a presumption or establish specified facts or circumstances, the applicable standard of proof shall be by a balance of probability..."

- c. ADR Article 10.2, which governs the period of Ineligibility for the presence or Use of a Prohibited Substance and provides for a presumption of intentional Use for non-Specified Substances states:



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“10.2.1 [...] the period of Ineligibility shall be four (4) years where: (a) the Anti-Doping Rule Violation does not involve a Specified Substance or a Specified Method, unless the Athlete [...] can establish that the Anti-Doping Rule Violation was not intentional [...].”

d. ADR Article 10.2.3, states:

“[a]s used in Article 10.2, the term “intentional” is meant to identify those Athletes [...] who engage in conduct which they know constitutes an Anti-Doping Rule Violation or they know that there is a significant risk that the conduct might constitute or result in an Anti-Doping Rule Violation and they manifestly disregard that risk”.

e. There is a Comment to the equivalent provision in the World Anti-Doping Code 2021 (“the Code”):

“[w]hile it is theoretically possible for an Athlete or other Person to establish that the anti-doping rule violation was not intentional without showing how the Prohibited Substance entered one’s system, it is highly unlikely that in a doping case under Article 2.1 an Athlete will be successful in proving that the Athlete acted unintentionally without establishing the source of the Prohibited Substance”.

f. ADR Article 10.10, which mandates the disqualification of results, states:

“Unless fairness requires otherwise, in addition to the Disqualification of results under Article 9.1 and Article 10.1, any other results obtained by the Athlete in Competitions taking place in the period starting on the date the Sample in question was collected or other Anti-Doping Rule Violation occurred and ending on the commencement of any Provisional Suspension or Ineligibility period, shall be Disqualified, with all of the resulting consequences, including forfeiture of any medals, titles, points and prizes.”

g. ADR Article 10.13, which deals with the start date for any period of Ineligibility, states:

“...the period of Ineligibility shall start on the date of the final decision providing for Ineligibility, or (if the hearing is waived, or there is no hearing) on the date Ineligibility is accepted or otherwise imposed, save as follows:



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10.13.1. Delays not attributable to the Athlete or other Person:

Where there have been substantial delays in the hearing process or other aspects of Doping Control, and the Athlete or other Person can establish that such delays are not attributable to them, the period of Ineligibility may be deemed to have started at an earlier date, commencing as far back as the date of Sample collection or the date on which another Anti-Doping Rule Violation last occurred. All competitive results achieved during the period of Ineligibility, including retroactive Ineligibility, shall be Disqualified.

10.13.2. Credit for any Provisional Suspension or period of Ineligibility served:

(a) Any period of Provisional Suspension (whether imposed or voluntarily accepted) that has been respected by the Athlete or other Person shall be credited against the total period of Ineligibility to be served...”

B. The Issues

170. The Tribunal notes that the parties submitted that there is but one issue before it – what sanction should the Respondent receive?
171. Whilst it is undisputed that the Respondent has admitted the ADRVs of presence and Use of Ligandol in this matter, she does so by firstly looking to identify the source of the ingestion (or origin of) Ligandrol, alternatively, she asks the Tribunal to consider that source is not a prerequisite for her to be able to rebut the presumption of intentional ingestion and Use. She further seeks to access Fault-based reductions in ADR Article 10.6, to have the start date for any period of Ineligibility move back as far as the Sample collection date and seeks to not have her results, prizes and the like that she obtained between her Sample collection date and the date of her Provisional Suspension disqualified. As such, the Tribunal will consider in turn: (a) Source; (b) Intention; (c) Fault; (d) Start date for any period of Ineligibility; and (e) Disqualification of results.



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Source

172. The Tribunal notes that UKAD relied heavily on the *Banks* decision. Whilst it might have sided with the athlete in that case, that is no bar to it now seeking to refer to that decision in the case at hand. As UKAD explained, it respected the CAS decision and promotes harmonisation of the case law in this area.
173. The Tribunal notes that *Banks* concerned a specified substance, where intentional Use was not advanced by WADA, so that CAS Panel was concerned with the source of the Prohibited Substance in order to consider Fault-based reductions. Nevertheless, the issue it addressed is the same as this sub-issue, source. Further, *Banks* was a contamination case, albeit involving a Contaminated Product, as opposed to environmental contamination.
174. The Panel in *Banks* analysed a number of other cases when considering the standard of proof the athlete had to achieve to prove source. Whilst this is the balance of probabilities, the Panel explored the principles behind this. The CAS Panel summarised this:
- “According to CAS case law, such standard of proof requires persuasive, objective evidence adduced by an athlete showing that the source is more likely than not as a result of the alleged contamination. It is not enough to satisfy that burden by showing that one possibility is more likely than another; an athlete must show that the explanation relied upon as to how the prohibited substance found its way into the athlete’s system was more likely to have happened than not.”*
175. It is not unusual for an athlete to put forward (as the Respondent has in this case) a number of possible sources. The Panel in *Errani*¹² noted that the standard of proof of balance of probabilities requires that:

¹² *Errani v ITF*, CAS 2017/A/5301.

“...the occurrence of a scenario suggested by the athlete must be more likely than its non-occurrence and not the most likely among competing scenarios.”

176. The Panel in *Banks* went on to quote other cases regarding the need for actual persuasive evidence, as opposed to mere speculations or unverified hypotheses, which the Tribunal need not repeat. The Respondent sought to distinguish her case from those quoted in *Banks* as in many of the cases cited the athletes had provided little evidence. The Tribunal notes that submission. Whilst the underlying principles are useful, it is the assessment of the totality of evidence in each case that matters.
177. UKAD additionally submitted that the Respondent *“must demonstrate, at the very least, that they had had contact with a specific, named individual objectively proven to be using the Prohibited Substance in question (or otherwise that they had been present at a location where the person was known to have used the Prohibited Substance), in advance of Sample collection.”* The Tribunal notes the cases¹³ that the Respondent relies upon, in which the exact time, place, route etc of ingestion are not known, yet the panels accepted contamination as the source. It would certainly assist any tribunal or panel assessing this issue if there was someone in the environment of the athlete using the Prohibited Substance, but it is not a requirement of the ADR, it is simply part of the facts and evidence such tribunal or panel must consider.
178. Before turning to the Respondent’s submissions and evidence on this issue, the Tribunal notes that the Respondent has asked it to account for the difficulties she faced in gathering her evidence. In particular she points to delays caused by the laboratory and UKAD, the lack of cooperation from [REDACTED] and [REDACTED], as well as being misled by [REDACTED]. The Respondent cited the *Crews*¹⁴ case and submitted that this is authority for where an athlete’s defence has been prejudiced through no fault of their own,

¹³ Such as *Santos v FINA*, CAS 2019/A/6482 dated 14 February 2020; *ITF v Tacchi* dated 9 December 2019; *X v The Football Association* [CONFIDENTIAL] dated 6 December 2019; *World Athletics v A* [CONFIDENTIAL] dated 2 July 2021.

¹⁴ *Crews v AIBA*, CAS 2009/A/1985 dated 10 June 2010.



ENABLING FAIR PLAY

resulting in weaker evidence than it otherwise might have been, a tribunal may accept their source case at face value. UKAD disputed that there were any delays (the times in the ISL were not mandatory deadlines and its practice was to wait for the laboratory document pack (“LDP”) before sending out the Notice Letter) and there was no evidence of prejudice. Further, [REDACTED], and [REDACTED] and [REDACTED] were not obliged to assist, yet the Respondent’s investigators managed to talk to them.

179. The Tribunal can deal with this issue quickly. It is unfortunately inevitable that third parties may be reluctant to assist an athlete in these circumstances. As the Respondent herself noted, it could result in bad publicity, blame and even legal proceedings against that third party. The CAS Panel in *Crews* was dealing with a *de novo* hearing of an appeal by the boxer. The first instance proceedings were delayed by some four months and any prejudice suffered by the boxer was cured by accepting at face value her explanation on source and by ultimately starting her period of Ineligibility from the Sample collection date.
180. Overall, the Tribunal does not see that the facts of this case equate to those in *Crews* or the other cases cited on this point (*Palmer* and *Volandri* where the delays were 20 months and three and a half months respectively). It is not a case where the delays are anywhere near those the boxer suffered nor had there been poor treatment at prior hearings. The Tribunal saw little by way of prejudice caused to the Respondent by the non-compliance of third parties. She managed to swab the Gym (and her shared home), send investigators in, review their social media and the like. [REDACTED]. The issue of delay is considered below, as the Tribunal considers this in relation to the Respondent’s request for backdating. Ultimately, the Tribunal sees no reason to effectively lower the bar here.
181. The Tribunal notes that the Respondent has advanced two possible places where she believes she was contaminated and argues that either one could be the source of environmental contamination. These are her shared house at some stage within a few



ENABLING FAIR PLAY

days of the Sample collection (on 16 April 2025) and the Gym. With the latter, she is more specific, as she attended it on the morning of 14 April 2025, for a massage with [REDACTED].

182. The Tribunal notes that the shared house theory was barely discussed at the Hearing and is an alternative to the Gym theory. Following the principles set out above, it is not for the Tribunal to determine which of these is the most likely. Rather, each is considered individually, and the burden is on the Respondent to satisfy the Tribunal that each is more likely than not.

183. The Tribunal did not find that she met her burden in relation to the shared house theory. The Respondent relied upon:

- a. the scientific experts. Following the hot-tubbing exercise all the experts agreed that environmental contamination was the likely cause of her AAF;
 - b. the concentration of Ligandrol in her Sample was extremely low - a trace amount;
 - c. the contamination could have been caused by finger to mouth (she bites her nails), contact with food, or transdermal absorption from a shared surface at the house;
 - d. she would wash her drink bottle along with the drink bottles of her housemates and they would prepare food in the same area;
 - e. she has ruled out the possibility of her taking a Contaminated Product by the Testing of the supplements and medicines she was taking before the Sample collection date;
 - f. there were a lot of people coming and going at the house;
 - g. [REDACTED];
- and



ENABLING FAIR PLAY

- h. the swabbing she undertook at the house was months after the Sample collection date.

184. In response, UKAD submitted that:

- a. this explanation *“is entirely unparticularised and unevidenced, amounting to no more than a bare assertion.”*
- b. there was no evidence that any of her housemates were using any prohibited substances, let alone Ligandrol. She did not assert that any other persons at the house were either;
- c. she could not establish (even after swabbing parts of the house) that Ligandrol had ever been present at the house; and
- d. simply, there was no objective evidence to support this theory.

185.

[REDACTED]

186. The Tribunal notes that even if it was to follow the position of the Respondent on not needing a specific date or time when the contamination occurred, not needing a specific user of the Prohibited Substance to be named, it was still not convinced, on the balance of probabilities, that the house was the source of her positive test for Ligandrol. Quite simply there was no evidence whatsoever of Ligandrol ever being in the house for her to be contaminated by it. This theory is little better than saying she could have been contaminated at the velodrome, at the supermarket or practically anywhere.



ENABLING FAIR PLAY

187. Turning now to her main theory, that of contamination at the Gym, the Tribunal notes that the Respondent relied upon the following:

- a. she is able to provide the date and time, being around 9am on 14 April 2025, when she attended the Gym for the purpose of a massage from [REDACTED];
- b. not only does she again rely upon the experts' agreement that contamination is very likely, she relies upon expert evidence from Dr Smit and Dr Turnock regarding the type of facility the Gym is, i.e. one that is frequented by bodybuilders that use steroids and SARMs;
- c. she produced social media and website evidence that supports these experts' views, with examples of users of Prohibited Substances who confirmed they attend the Gym and use such substances;
- d. Dr Smit's evidence was that such bodybuilders are rarely concerned with cleanliness (he described some as being like pigs) and carry their gear around in a messy box;
- e. Dr Austin confirmed that both the parent and metabolites of Ligandrol could be excreted in the sweat of gym users and other athletes;
- f. she was able to demonstrate that Ligandrol was available in various formats - coated tablets, compressed tablets, powder and liquid form. Dr Austin explained that the manufacturing process may be in vendors' garages and the risk of contamination was high;
- g. [REDACTED] provided training assistance to [REDACTED], [REDACTED]. [REDACTED] is a member of [REDACTED] whose website sells Ligandrol in liquid and capsule form;
- h. [REDACTED] had managed to acquire some Ligandrol from [REDACTED], a shop local to the Gym and was even asked by the shop assistant if he worked out at the Gym; and



ENABLING FAIR PLAY

- i. Dr Turnock provided evidence that SARMs are extensively used by hardcore bodybuilders, i.e. the type of people that attend the Gym and that Ligandrol is one of the more popular SARMs used.

188. The Respondent submitted that UKAD did not challenge her position that attendees at the Gym were using Prohibited Substances. The Respondent concluded that *“it is logical that Ligandrol is used by the Gym’s attendees”* and that *“Ligandrol users who attended the Gym will very likely have used Ligandrol on the Gym premises”*. Her AAF was therefore caused by environmental contamination with Ligandrol at the Gym on 14 April 2025. UKAD’s reliance on *Banks* is misplaced. She does not need to specify exactly where within the Gym she was contaminated. It could have been from the door, the waiting room, the toilets, the massage room etc. She needs to establish the Gym as the source on the balance of probabilities.

189. On the other hand, UKAD relied upon the following:

- a. the Respondent has not submitted any evidence from any attendee or staff member at the Gym admitting to using Ligandrol or that they are aware of any member or staff doing so;
- b. the three social media posts refer to “anabolics” and testosterone and were made eight months before and two months after April 2025. There is no mention of Ligandrol;
- c. Ms Dell reported that [REDACTED] was aware that some members of the Gym used anabolic steroids, but she made no reference to Ligandrol;
- d. [REDACTED] tangential connection to [REDACTED] provides no basis to infer that he is or has at any time been a user of Ligandrol, nor that he has supplied it to [REDACTED];

- e. despite Ms Dell and [REDACTED] attending the Gym, talking to attendees and staff there, talking to [REDACTED], taking swabs of various surfaces at the Gym, the Respondent has not established that Ligandrol has ever been detected in the Gym;
- f. the Respondent had attended the Gym on six to eight times in the year before the visit in April 2025. She had three other clear tests during that time, so appears not to have been contaminated at the Gym on those visits.

190. UKAD made additional submissions following *Banks* arguing that the Respondent has not established how the Ligandrol entered her system (i.e., the specific “route of administration”), as she is required to do following that decision. Whilst she has listed various surfaces she would have touched at the Gym, she has not provided any evidence that she recalled the surfaces been oily or sticky. She had little recollection as regards to [REDACTED] cleaning of the massage table. UKAD concluded that her “Gym contamination” theory is *“no more than an unverified hypothesis as to how ligandrol entered her system. The evidence that she has presented falls far short of showing that contamination via the Gym was the probable source of her AAF.”*

191. The Tribunal considers the evidence that the Respondent had placed before it. She has undoubtedly gone to great expense and had looked under every stone she could, but has been unable to provide any evidence of Ligandrol at the Gym, any evidence of it being discussed at the Gym, let alone being used at the Gym by any members, attendees or staff.

192. The Tribunal notes that Ligandrol is a non-Specified Substance. Having admitted the ADRVs for presence and Use, the burden is on the Respondent to prove source if she wants to avail herself of the full range of reductions under the ADR. Whilst the standard of proof is the balance of probabilities, the Tribunal determines that she has not



ENABLING FAIR PLAY

discharged this burden. Ligandrol being at the Gym is possible, but, as many panels have determined before, that alone is not enough to establish the origin of the substance.

Intention

193. The Tribunal notes that it is possible for an athlete that has been unable to satisfy their burden to prove the origin or source of the Prohibited Substance, to none the less satisfy their burden to prove that their ingestion and/or Use of the Prohibited Substance was unintentional. When the Prohibited Substance is non-Specified, the burden falls on the athlete.

194. UKAD has pointed out to the Tribunal, what is well known to it, that this is only possible in “exceptional circumstances”. UKAD provided submissions on a series of previous decisions and concluded that:

- a. protestations of innocence cannot be given any significant weight, as they can be made as easily by a guilty athlete as they can by an innocent one¹⁵;
- b. *“evidence of a ‘lack of a demonstrable sporting incentive to dope, diligent attempts to discover the origin of the prohibited substance or the athlete’s clean record’ are also insufficient”*, relying upon the *Kopeykin*¹⁶ case;
- c. a mere denial of intentional wrongdoing and assertion that therefore the explanation “must be” inadvertent contamination¹⁷, will not meet the burden;
- d. there is *“a stringent requirement to offer persuasive evidence that the explanation [the Athlete] offers for an AAF is more likely than not to be correct, by providing*

¹⁵ Relying on *IAAF v RusAF & Khanafeeva*, CAS 2018/O/5673 as an example.

¹⁶ *IAAF v RusAF & Kopeykin*, CAS 2017/O/5218.

¹⁷ Relying on *Guerrero v FIFA*, CAS 2018/A/5546 as an example.



ENABLING FAIR PLAY

specific, objective and persuasive evidence of his submissions”, relying upon the *Abdelrahman*¹⁸ case; and

- e. the athlete must demonstrate, at the very least, that they had had contact with a specific, named individual objectively proven to be using the Prohibited Substance in question (or otherwise that they had been present at a location where the person was known to have used the Prohibited Substance), in advance of Sample collection¹⁹.

195. Additionally, UKAD submitted that negative hair and nail sample Testing results do not rule out intentional Use of Ligandrol and disputed the relevance of Dr Smit’s evidence.

196. The Tribunal notes these submissions and cited cases, but additionally takes on board the Respondent’s submissions regarding the same:

- a. in a number of the cases cited by UKAD, the tribunals held that athletes had not established source and, in so doing, commented that an athlete cannot rely on mere speculation, without supporting evidence. That is obvious;
- b. UKAD evidently accepts that an athlete can establish a lack of intent without establishing the source of an AAF, as has been the outcome in various cases²⁰; and
- c. the Respondent has produced scientific and additional evidence to meet her burden.

¹⁸ WADA v Abdelrahman, CAS 2017/A/5036.

¹⁹ Relying on the cases of Santos v FINA, CAS 2019/A/6482 dated 14 February 2020; ITF v Tacchi dated 9 December 2019; X v The Football Association [CONFIDENTIAL] dated 6 December 2019; World Athletics v A [CONFIDENTIAL] dated 2 July 2021.

²⁰ Citing these examples: WADA v Jack, SA and SIA, CAS 2020/A/7579; Ademi v UEFA, CAS 2016/A/4676; and UKAD v Khan dated 21 February 2023.



ENABLING FAIR PLAY

197. From 1 January 2027, the Code will legislate for the possibility of proving non-intentional Use or ingestion, without proving source by including an additional limb within Article 10.2.1, which states:

“10.2.1 Non-Specified Substances or Non-Specified Methods

For violations of Article 2.1 or 2.2 that involve a non-Specified Substance or a non-Specified Method, the period of Ineligibility shall, subject to Articles 10.2.3 and 10.2.4, be four (4) years. The four (4) year period of Ineligibility may be reduced as follows:

...

10.2.1.3 Where the Athlete cannot establish how the Prohibited Substance entered their system...but in exceptional cases can establish to the comfortable satisfaction of the decision making body that, based on reliable scientific evidence, the anti-doping rule violation was not compatible with intentional use of a Prohibited Substance, then the period of Ineligibility may be reduced to two (2) years...”

198. The Tribunal is not applying the 2027 Code to the case at hand, but further notes that WADA has added a Comment to this new Article, which looks to provide some guidance to future panels and tribunals. Even in 2027 this Commentary will not be part of the rules and regulations, however it is worth noting, as it looks to restrict the use of this new Article and to restrict findings of non-intentional Use and/or presence and to maintain the “exceptional circumstances” or to keep access to the narrowest of corridors restricted to only a few:

“While it is theoretically possible for an Athlete to establish entitlement to a reduction under this Article without showing how the Prohibited Substance entered their system, this has been described in cases as the “narrowest of corridors.” In order to access this exceptionally narrow corridor, an Athlete shall present reliable scientific evidence establishing that the anti-doping rule violation was not compatible with intentional Use of



ENABLING FAIR PLAY

a Prohibited Substance. For example, reliable scientific evidence could include the detection of a non-therapeutic amount of the Prohibited Substance in the Athlete's Sample coupled with a metabolic profile indicating very recent Administration or prior or subsequent Samples from the Athlete which confirm that the Prohibited Substance detected was not the tail end of the excretion curve from a therapeutic dose or other doping regimen. Hair tests are unlikely to serve as reliable evidence to disprove intentional doping. With respect to the results of lie-detector tests, see Comment to Article 3.2. Further, evidence in the form of negative Testing history, change, or lack of change, in body mass or competitive results, lack of motivation to dope and testimony of the Athlete and the Athlete supporters, shall not be sufficient to justify a reduction in the period of Ineligibility. For the avoidance of doubt, the Athlete may submit and the hearing body may consider non-scientific evidence as well, but reliable scientific evidence is a necessary element to establish entitlement to a reduction under this Article. As used in this Article, "exceptional case" is not intended to create an independent element that must be established by the Athlete, but rather indicates the rarity and uniqueness of cases where the required elements of proof will be met."

199. The Tribunal is well aware that proving non-intentional Use and/or presence is extremely difficult without proving source or origin. This is because the test that is set out in ADR Article 10.2.3, requires any panel or tribunal to consider the "conduct" of the athlete. If the athlete cannot explain how the Prohibited Substance ends up in their system, then they cannot explain what conduct led to the ingestion, so how can a panel or tribunal carry out the test?

200. The Tribunal notes that there have been some cases where this has been considered, such as:

- a. *Villanueva*²¹ - The CAS Panel in this case coined the "narrowest of corridors" phrase. Although it could "envisage the theoretical possibility that it might be persuaded by an athlete's simple assertion of his innocence of intent when

²¹ *Villanueva v FINA*, CAS 2016/A/4534.



ENABLING FAIR PLAY

considering not only his demeanour, but also his character and history” it required additional evidence. It ruled out the use of polygraphs altogether and did not allow the athlete to rely upon the results of a hair test. The decision was silent as to why that was, however Federation Internationale de Natation (“FINA”) had submitted that the hair sample was taken too long after the Sample was collected. Ultimately, the athlete did not pass through the corridor.

- b. *Lawson*²² - This case involved a low concentration of epitrenbolone in the athlete’s sample. He advanced a meat contamination theory, as he had eaten a steak 19 hours before his positive test and trenbolone can be injected into the ears of cattle in the USA. Whilst this was not ultimately accepted as the source, the CAS Panel accepted that he had met his burden as regards intent, accepting evidence from a hair test, a polygraph and his denials, evidence regarding his history and attitude to clean sport, common sense and evidence from his manager and trainer. The CAS Panel went further than reducing the four-year period of Ineligibility to two-years - it determined he bore No Fault or Negligence either and no period of Ineligibility was imposed.
- c. *Jack*²³ - In this case, the swimmer was successful in discharging her burden on intent, whilst being unable to establish source. The Prohibited Substance was again Ligandrol. Sport Integrity Australia accepted that there was no direct evidence that she intentionally ingested Ligandrol to enhance performance and agreed that the level of the substance was low and there was no evidence of any long-term usage. However, the burden was on the swimmer and the Panel noted *“[t]he rules require proof of the absence of a state of mind (intention or recklessness), and proving a negative is notoriously difficult.”* She advanced some theories as to where she might have been contaminated, but acknowledged

²² *Lawson v IAAF*, CAS 2019/A/6313.

²³ *WADA v Jack, SA and SIA*, CAS 2020/A/7579.



that it could have taken place practically anywhere. She relied upon her Testing history, her lack of incentive, her careful behaviour as regards supplement use, and her low trace was *“pharmacologically insignificant”*. The CAS Panel did consider “common sense”, why would she risk her career by ingesting a *“synthetic product peddled and debated on the Internet without consulting her team?”* and it concluded that in all *“the circumstances noted above with respect to the Athlete’s objective competitive achievements and prospects (which are after all objective evidence) speak in favour of the conclusion that the accusation of “manifest disregard” of the rules makes no sense.”*

- d. *Iqbal*²⁴ - The CAS Panel in this case sanctioned Mr Iqbal with a four-year period of Ineligibility. There was no scientific evidence to support his theory that he might have consumed some contaminated meat in Pakistan and/or India. His previous clean record and arguments that steroids would not assist a squash player were alone insufficient to meet his burden on intent.
- e. *Ademi*²⁵ – This footballer was found with stanozolol in his sample and had been sanctioned by UEFA with a four-year period of Ineligibility. At CAS he was unable to satisfy the CAS Panel as regards source, however did satisfy it as regards his lack of intent. The CAS Panel accepted the possibility that the stanozolol came from contaminated pills, even though it had determined that he had not discharged his burden that this was the cause. It also relied upon his credibility and supporting evidence from his doctors that he was using the pills for back pains and he believed them to be safe to use. On the balance of probabilities he had no intention to cheat.

²⁴ WADA v WSF and Iqbal, CAS 2016/A/4919.

²⁵ Ademi v UEFA, CAS 2016/A/4676.



f. *Khan*²⁶ - The boxer's sample returned a positive finding for Ostarine. He had a negative test the week before his positive one and two more a month beforehand as well. He had insisted that both he and his opponent undertook these Voluntary Anti-Doping Association tests and he had pursued every avenue to attempt to establish source. Professor Kintz provided his expert opinion that the concentration was so low that it would not produce any physiological effect. Professor Cowan could not rule out a single dose of 3 mg having been taken a week before the sample was collected (when a "normal" dose would be between 10 – 20 mg taken regularly), but stated it was "*more likely there was an incidental inadvertent contamination involving a small dose.*" The tribunal determined that his ADRV was not intentional, despite not proving source.

201. From these cases, the Tribunal takes issue with a number of UKAD's submissions above. In the cases it has cited, the reason often given for that panel not being satisfied that the athlete before it had met their burden, was often because all they had to offer was a clean record, or protestations of innocence, etc. That does not mean that if a clean record or protestations of innocence are made by the Respondent, the Tribunal should disregard those. Rather, the Tribunal accepts them as evidence and its role is to assess the totality of the entire evidence that the Respondent put before it and for it to assign the appropriate weight to each piece of evidence. Additionally, from the cases where there was scientific evidence, that needs to be assessed too.

202. The Tribunal notes that some of these cases relate to the 2015 Code, where the term "intentional" was meant to "*identify those Athletes who cheat*". That wording was removed from the 2021 Code and remains deleted for the 2027 Code. However, the Tribunal notes that the definition never required the opposing party to prove the athlete is a cheat, what remains on the athlete is to satisfy their burden on intent.

²⁶ UKAD v Khan, SR/238/2022 dated 21 February 2023.

203. The Tribunal notes the test that the CAS Panel in *Jack* undertook (and why):

“ ... start with the science, continue by taking a broad view, test it against common sense, and finally consider whether the credibility factor confirms the emerging conclusion. The way in which arbitrators apply this method in a given case may be a matter of controversy, but as a process it appears to be in conformity with the Policy and legitimate as a way of achieving its intended effect of enforcing the rules without finding comfort in the cynical view that occasional harm done to an innocent athlete is acceptable collateral damage”.

204. The Tribunal notes that it is accepted from previous cases that the corridor exists; indeed it has now been added to the 2027 version of the Code. However, whilst all evidence can be considered and given the appropriate weight, previous panels have their doubts over polygraphs, others over mere protestations, and most conclude that scientific evidence is required. Whilst hair (and nail) Testing has not always proved sufficient and reliance on it is cautioned in the Commentary to the 2027 Code, that Code is not the applicable law here. The Tribunal will consider the limitations advanced by UKAD’s expert as regards hair Testing when it considers the totality of the evidence. The Tribunal has determined to apply the test as set out in *Jack* as cited above.

The science

205. The Respondent is not in the same position as the athlete in *Khan*, her previous test was nine months before the Sample collection date. In the month before his, he had three negative tests. This must surely have provided his tribunal with great confidence that at the very worst he could have taken a single dose, in an amount at least three times less than a regular user would take (also noting that a regular user would take Ostarine repeatedly) and that it would have had no enhancing effect on him. In the case at hand, UKAD relied upon Professor Cowan’s opinion that small doses could not be ruled out.

206. Further, in *Khan* the substance was Ostarine, where there are more scientific studies available to assist the experts. There was little by way of studies that the experts in the



ENABLING FAIR PLAY

case at hand could refer to. As Professor Kintz explained, Ligandrol is not fit for human consumption, so it would be unethical to carry out human trials on it.

207. However, the Tribunal is not looking for perfection or 100% certainty, rather the Respondent needs to convince it on the balance of probabilities that she did not intentionally commit her ADRVs. As the CAS Panel in *Jack* noted, *“the science is important but cannot be decisive given the absence of an identified origin of the Prohibited Substance detected in the Athlete’s system.”* And that CAS Panel further noted that *“[i]n the environments where the Athlete moved, conclusive evidence of contamination in some ultimately unidentifiable way is practically impossible, although no one denies that such contamination could conceivably occur.”*

208. The Respondent relied upon the following:

- a. Professor Kintz’s opinion that the Testing of her hair and nails indicated the absence of such sustained Use during the relevant time window. He therefore considered the analytical findings to be inconsistent with intentional, repeated Ligandrol Use over several weeks;
- b. Professor Kintz’s evidence that the hair samples he took were within a couple of months of the Sample collection date; that hair colour was not relevant in this case; that in other cases he had been able to detect Ligandrol in a user’s hair, but not in the hair of another person contaminated by that user; as the equipment he uses is very sensitive; and he had concluded that there was a high possibility of contamination and he did not believe she was a user of Ligandrol;
- c. Dr Austin considered the relevant concentration to be approximately 0.6 ng/mL (after normalisation), which he characterised as a trace finding rather than a level indicative of intentional Use or dosing;



ENABLING FAIR PLAY

- d. he felt that the low levels in the Respondent's Sample were consistent with contamination. This could be from sweat from users on surfaces in a gym or by transdermal absorption through hands;
- e. whilst Professor Cowan had stated that micro-dosing or a single dose could not be ruled out, when asked what was more likely, that or inadvertent contamination, he replied "... *contamination is a very likely explanation.*"
- f. whilst Professor Cowan's closing submission was said to be his personal one, he was in the hot-tubbing exercise with his peers and he stated that he had "*been persuaded*", he had read the submissions and seen the evidence too, as such, the submission was made by UKAD's expert in that capacity;
- g. Dr Austin was also of the opinion that contamination was likely to blame for the AAF;
- h. whilst Professor Kintz noted that effects of regular Use could be seen after a few weeks, all the experts agreed in the hot-tubbing exercise that regular Use would consist of one tablet a day for eight to 12 weeks;
- i. Dr Austin was extremely dismissive of vendors' representations online and Dr Smit noted that most athletes would take advice on SARMS via online forums or word of mouth; and
- j. both Dr Smit and Dr Turnock observed that regular Use by female athletes was uncommon.

209. UKAD maintained that it was still possible that the Respondent had micro-dosed or taken a single dose of Ligandrol and the Sample showed the tail-end of that intentional ingestion. The science had not ruled that out.



ENABLING FAIR PLAY

Common sense

210. The Respondent submitted that she was not a “dopey-doper”. It would be illogical, unusual and would provide no performance-enhancing benefits, as agreed by the experts.
211. Such a scenario would involve the Respondent either ignoring the consensus as to how to use Ligandrol or intentionally using Ligandrol without seeking any guidance as to how to do so, which scenarios defy common sense and would be inconsistent with her extremely cautious approach to anti-doping and her character.

Credibility

212. At the Hearing, UKAD attempted to undermine the Respondent’s credibility. Mr Muller took her to issues regarding her DCF, regarding the substances and medications she had tested, queried why she distanced herself from an athlete that had failed a doping test and why she went to the Gym on a number of occasions.
213. The Respondent relied upon:
- a. her own evidence, which demonstrated how careful she was (the use of Informed Sport supplements, Global Dro checks, refusal to use unverified products); the evidence of seeking medical guidance to avoid Prohibited Substances; and her previously clean Testing record;
 - b. the evidence of Mr Flood, Mr Park and Ms Serjeant, with their examples of the Respondent’s cautious nature; and
 - c. the lack of education on environmental contamination. This came after the Sample collection date. However, she was up to date on her education.

214. The Tribunal has weighed up the points made by both parties and is satisfied that this is one of those cases where the athlete has been able to convince it, on the balance of probabilities that she did not knowingly intend to Use or ingest Ligandrol.
215. There is no reason for the Tribunal not to accept the totality of the scientific evidence. The experts were able to agree on what regular Use would look like. It would be one tablet a day for eight to 12 weeks. Whilst the experts could not rule out micro-dosing or a single dose, they, eventually, all agreed that contamination was more likely than micro-dosing or a single dose. Indeed, in *Khan* there appeared to be such an agreement between Professor Cowan and Professor Kintz. The Tribunal also notes the caution from WADA (in its Commentary in the 2027 Code) when it comes to hair Testing. However, the reliability of this was challenged by UKAD and the Tribunal was made aware of issues that may occur due to when samples are taken, the colour of hair, the use of shampoos etc. Professor Kintz dealt with these issues.
216. In addition to the science, the Tribunal is able to turn to other evidence. Ultimately, does that character evidence, along with the scientific evidence and opinions, convince it that the Respondent was a “dopey-doper” or not. Mr Seamer encouraged the Tribunal to “*get real*” at the Hearing. The Tribunal took that as an encouragement to use its common sense and to assess the credibility of the Respondent, not just on her word (as many cases note a guilty athlete is as able as an innocent one to make denials), but on the evidence of her actions, on the evidence provided by those that know her and on her efforts to find the source. The Tribunal found her to be a credible individual, who had honest explanations regarding matters such as her DCF or the Testing of her supplements and medicines. It notes she went to great lengths and expense in her attempts to meet her burden.
217. The Tribunal is able to weigh up all this evidence (whilst considering how the same has been tested by UKAD), and having done so has reached this decision that she did not “*engage in conduct which [she knew] constitutes an Anti-Doping Rule Violation.*”



ENABLING FAIR PLAY

218. However, the Tribunal needs to go a little further. It notes that the panels in these previous “corridor” cases rarely considered “conduct”. Perhaps having arrived at the conclusion that there was contamination in some form or other, they took the reasonable view that the athlete concerned has not knowingly contaminated themselves. There is, however, a second limb to the definition of “intentional” conduct in ADR Article 10.2.3, i.e. recklessness (“... *they know that there is a significant risk that the conduct might constitute or result in an Anti-Doping Rule Violation and they manifestly disregard that risk.*”)

219. The Tribunal (along with perhaps UKAD) was surprised at the Hearing to learn for the first time that the Respondent had not just attended the Gym on 14 April 2025, she had been there six to eight times before over the preceding year. It should be noted that the Respondent willingly provided this information when asked by Mr Muller. She made no attempt to do anything other than to answer the question honestly. It was more that this important fact had not been disclosed beforehand.

220. In any event, there was no other particular conduct that drew the Tribunal’s attention. The Respondent stated at the Hearing:

“... my daily routine of things for example would be just stay at home or walking someone else’s dog or going to the velodrome. I didn’t lead a very exciting existence...”

221. But her going to the Gym (which Mr Seamer, in his efforts to convince the Tribunal that the Gym was the source, described as a “*den of iniquity*” and a “*hardcore*” gym environment) on a number of occasions could be seen by some as reckless conduct. As such, the Tribunal now considers this issue in detail.

222. The Tribunal notes that the Respondent suffers from cerebral palsy. This condition requires her to undertake additional treatment (in the form of massages) over and above those she receives from British Cycling. She had utilised the services of [REDACTED] for some time, previously in two different locations, before [REDACTED] moved the operation of her businesses (sports massaging and personal training) to the Gym. British Cycling



ENABLING FAIR PLAY

was apparently aware that she was receiving these massages, but was not made aware of the location.

223. The Respondent explained that she simply followed [REDACTED] there for treatment. She never used the Gym equipment or went into that part of the building, rather confining herself to the treatment room where her massage took place. By necessity, she also used the reception waiting room and walked past other rooms, including the “posing room”. She also used the female toilets.
224. She did see people using the Gym facilities, but never anyone posing. She felt that the men there were no bigger in stature than sprint cyclists at the velodrome. She did not speak or engage with anyone other than the receptionist and [REDACTED].
225. She had no knowledge of environmental contamination, her training on that subject followed her Sample collection. An example of contamination by massage was part of that training.
226. The Tribunal notes that the Respondent only had training on environmental contamination post the *Sinner*²⁷ case. Perhaps this is not surprising, as that case received a lot of media attention, much as anti-doping training doubtless included warnings about person-to-person contamination post Gasquet’s infamous kiss with Pamela²⁸. Indeed, in the 2027 Code, the reference to Contaminated Product is being replaced by Contaminated Source, as Testing has improved and contamination cases are becoming more and more frequent. Education and regulation is evolving to keep up.
227. It is the recklessness of the Respondent prior to April 2025 that is to be considered. Specifically, her conduct of attending the Gym a number of times in the year before her Sample collection.

²⁷ *ITIA v Sinner*, SR/250/2024.

²⁸ *ITF v Gasquet*, CAS 2009/A/1926 & 1930.

228. The Tribunal is satisfied, on the balance of probabilities, that there was no recklessness or, another way, that she knew that there was a significant risk that going to the Gym might result in her ADRVs and she manifestly disregarded that risk. The Tribunal was satisfied that her attendance at the Gym had nothing to do with training, rather was solely as ■■■■■ had rented a room there and this was where she would now go to receive her massages. The Tribunal again took note of her attitude to anti-doping and her character evidence.

229. She did not engage with people there. Her investigators (Ms Dell and ■■■■■) had gone to the Gym with the express purpose of finding Ligandrol (or any steroids) there, but did not even hear people mention it, let alone see them using it. They were looking for it, so why should someone who is using the Gym for a totally different purpose be aware that Prohibited Substances might be being used on the premises? In *Sinner* the panel concluded that he did not know and could not have known about the possibility of exposure of a Prohibited Substance within his vicinity. The same applies here. As she put it during the Hearing, she could have been contaminated whilst shopping. It would be setting the bar too high if athletes need to consider that going into any building or premises could be deemed a significant risk of environmental contamination, before they have even had any training or education on environmental contamination.

230. The Tribunal notes the conclusion in *Jack*, which strikes a chord with the case at hand:

“It will never be known how the Athlete came into contact with the Prohibited Substance, but the hypothesis that she did so innocently seems on balance more likely than that she either intended to take this Substance or was recklessly oblivious to the risk of contamination in the course of her activities...”

Fault

231. The Tribunal notes the clear wording of ADR Articles 10.5 and 10.6, which allow for the reduction of the two-year sanction only if the Respondent can establish that she bears No



ENABLING FAIR PLAY

Fault or Negligence or No Significant Fault or Negligence, with the definitions of each of these concepts requiring that she “*must also establish how the Prohibited Substance entered [her] system*”.

232. As has been determined above, she has not established how Ligandrol entered her system. As such, the Tribunal is unable to consider her Fault and any possible further reduction in her period of Ineligibility.

233. The Tribunal notes both the decision in *Lawson* and the article from Law In Sport²⁹, that UKAD referred to in its submissions. The Tribunal struggles to understand how the CAS Panel in *Lawson* considered the athlete’s Fault and does not follow that case in that regard.

Start date for any period of Ineligibility

234. ADR Article 10.13.1. considers the possibility of backdating the start date for any period of Ineligibility from the normal start date being the date of this decision, as far back as the Sample collection date, if there have been substantial delays not attributable to the athlete.

235. It is undisputed that the Laboratory did not report the Respondent’s AAF until 36 days after receipt of her Sample, which was 16 days after it should have done in accordance with ISL Article 5.3.8.4. Further, UKAD did not notify the Respondent of her AAF for a further 10 days, when, in accordance with ISRM Article 5.1.2.1., the requirement is to promptly notify an athlete of an AAF.

236. The Respondent submitted that UKAD did not provide any reasoning as to why there was a delay at the Laboratory, but UKAD had explained that it had waited for the LDP before it sent out the Notice Letter, so the LDP could be included. UKAD explained that this was its standard practice.

²⁹ Taylor’s Comment on Lawson, dated 24 April 2020.

237. Instead, UKAD argued that the delay was not a breach of the ISL as Article 5.3.8.4 is permissive only, in light of its use of the word “should” instead of “must” or “shall”. Further, the ISL envisages the possibility of the laboratory and UKAD agreeing to extend the 20-day period. At the Hearing, UKAD confirmed there was no written agreement in this case.
238. The Respondent submitted that time is of the essence when investigating the cause of an AAF and that here the delay was prejudicial. Further, a delay of 47 days is “substantial”.
239. The Tribunal noted that the Respondent did not actually provide any detail of the prejudice she claimed to have suffered. She submitted that her investigations into source would have concluded earlier, if [REDACTED] had also cooperated. The Respondent did submit that she did not need to prove prejudice, just that the delays were not down to her (which the Tribunal accepts) and that they were substantial. To support her position that 47 days was substantial, she noted that the CAS ad hoc Panel considering the *Valieva*³⁰ case criticised a 44-day delay.
240. UKAD submitted that the Respondent would have to justify why the Tribunal should exercise its discretion to backdate the start date of the period of Ineligibility. To do that, she would need to demonstrate that she has suffered some kind of prejudice.
241. The Tribunal accepts that prejudice is not mentioned in ADR Article 10.13.1, however, in order for the Tribunal to exercise a discretion, it needs to be aware of the delay, the reason for it and to understand what affect this has had on the athlete.
242. In the case at hand, there is nothing more than an assertion that the Respondent has been prejudiced. Without more, the Tribunal is unable to exercise a discretion in her favour. The Tribunal additionally notes that these delays resulted in the Respondent’s

³⁰ IOC, WADA & ISU v RUSADA, Valieva & ROC, CAS OG 22/008 & 22/009 & 22/010.

Provisional Suspension being delayed too. This delay enabled her to participate in the UCI Para-cycling Road World Cup in Italy, a matter dealt with by the Tribunal below.

243. Finally, it is not contested that she should be credited for the time she has been provisionally suspended, in accordance with ADR Article 10.13.2.

Disqualification of results

244. ADR Article 10.10, which mandates the disqualification of results, titles, prizes and the like, is qualified by “[u]nless fairness requires otherwise.”

245. The Tribunal notes that the only Event in which the Respondent competed after the Sample collection date was the UCI Para-cycling Road World Cup, held in Italy on 16 and 18 May 2025, where she won both the ‘Individual Time Trial – Cycle 2 – Women Elite’ and the ‘Individual Road Race – Cycle 2 – Women Elite’ respectively.

246. The Respondent argued that it would be unjust in circumstances where she was environmentally contaminated with a trace of Ligandrol for her to be punished via the disqualification of any results. Further, she submitted that *“exposure to contaminant-sized amount of Ligandrol plainly could not have had any performance-enhancing effect one month later”*.

247. UKAD submitted that from that wording of ADR Article 10.10 disqualification of the subsequent results is the norm, and non-disqualification is the exception, to be applied only where she proves that fairness so requires. UKAD directed the Tribunal to the *Koubek*³¹ decision, which noted that the assessment should be made in the round, in conjunction with the Tribunal’s other sanctioning powers, so as to arrive at a result that *“meets the justice of the case overall”*.

³¹ *ITF v Koubek*, 18 January 2005.

248. The Tribunal has accepted that the Respondent did not intentionally Use or ingest Ligandrol and did so in agreement with the experts, who agreed that inadvertent environmental contamination was to blame for her AAFs. The Respondent was unable to prove the actual source of the Ligandrol, so was unable to access any Fault based reductions for her ADRVs and faces a two-year period of Ineligibility. A trace of Ligandrol was found in her system on 16 April 2025. The experts agreed that this would have no sporting enhancement benefits for her. Clearly by 16 May 2025, this would have reduced even further. The delays by the Laboratory and by UKAD enabled her to compete in Italy, to her ultimate benefit, as the Tribunal determines that, in circumstances where there has been inadvertent environmental contamination of a minute trace of a Prohibited Substance, that would have provided the Athlete with no performance advantage, it would be unfair to disqualify her results.

C. The Decision

249. The Respondent is found to have unintentionally committed ADRVs pursuant to ADR Articles 2.1 and 2.2.
250. The Respondent is sanctioned with a two (2) year period of Ineligibility.
251. The Respondent has been provisionally suspended since 2 June 2025 and has remained so to date. Giving her credit for this suspension, pursuant to ADR Article 10.13.2, her period of Ineligibility shall end at midnight on 1 June 2027.
252. Pursuant to ADR Article 10.10, fairness requires that her results (including any medals, points and prizes) from the UCI Para-cycling Road World Cup, held in Italy on 16 and 18 May 2025 stand.
253. In accordance with Article 13.5 of the NADP Rules any party who wishes to appeal must lodge a Notice of Appeal with the NADP Secretariat within 21 days of receipt of this decision.

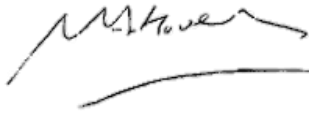


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254. Pursuant to ADR Article 13.4.2(b), the Appeal should be filed to the National Anti-Doping Panel, located at Sport Resolutions, 1 Paternoster Lane, London, EC4M 7BQ (resolve@sportresolutions.com).



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Mark Hovell

Chair, on behalf of the Tribunal

London, UK

11 May 2026

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