

Document package, p. USADA 0185) and -28.31‰ on the “B” sample testing (See Document package, p. USADA 0351). These figures are inconsistent with reported figures as shown above, and in fact, are more consistent with measurement or calibration error. See, e.g., Maitre, supra, reporting that mean $\delta^{13}\text{C}$ -values for **positive control urines** for 5 α Adiol was -28.4‰ ($\pm 0.5\%$). See also, Shackleton et al., Confirming Testosterone Administration By Isotope Ratio Mass Spectrometric Analysis Of Urinary Androstenediols, 62 Steroids 379, 383 (1997) [attached hereto as Exhibit 5] [“In our studies with the Chinese subjects, it can be stated that for the five individuals, none had androstenediol $\delta^{13}\text{C}\%$ values less than -28.3 during the control period.”]

The LNDD readings for 5 α Adiol in the negative control urine are so low that they must be inaccurate. In fact, those readings look more like positive control urine values than negative controls. If the negative control urine readings for 5 α Adiol are excessively low, it must be the case that the LNDD readings of the Landis sample for 5 α Adiol are also excessively low and inaccurate, thus explaining the large difference in the 5 α Adiol - 5 β Pdiol measurement. As this measurement in the Landis sample is totally at odds with any of the other measurements as discussed above, it is submitted that the result must stem from laboratory error.

D. SUMMARY

As shown above, the WADA Positivity Criteria or CIR analysis of exogenous testosterone usage has not been met:

1. Whereas the WADA Positivity Criteria requires all four testosterone metabolites to provide clear evidence of testosterone usage, 3 of the 4 metabolites must be considered as negative;