data on “B” sample, containing different sample number from that assigned to Floyd Landis; see also Document package USADA 0024, LNDD chain of custody documentation regarding receipt of sample, does not identify any sample numbers matching the code number for the Floyd Landis sample). Clinical laboratories making these types of gross errors could easily find themselves answering to a wrongful death lawsuit. Simply stated, if LNDD cannot get the sample code number correct, how can they be trusted to accurately report quantitative test results?

2. Grossly inconsistent testosterone and epitestosterone samples from sequential tests on the Landis “A” sample:

   a. See Document Package, pp. USADA 0212 and 0223, testing on Landis sample 995474, vial 10 aliquot (first “A” confirmation analysis), showing testosterone level of 172.23 ng/ml and epitestosterone level of 17.59 ng/ml; and showing corrected values of 127 ng/ml for testosterone and 13 ng/ml for epitestosterone;

   b. Compare Document package, pp. USADA 0092 and 0101, vial 4 aliquot (second “A” confirmation analysis), showing testosterone level of 61.37 ng/ml and epitestosterone level of 5.20 ng/ml; and showing corrected values of 45.4 ng/ml for testosterone and 3.9 ng/ml for epitestosterone;

   c. It must be accepted that two test results using the same method on the same urine and tested sequentially should not show three-fold differences in testosterone and epitestosterone. Such differences are