SPORT RESOLUTIONS

SR/166/2026

IN THE MATTER OF PROCEEDINGS BROUGHT BY THE INTERNATIONAL TENNIS INTEGRITY AGENCY UNDER THE TENNIS ANTI-DOPING PROGRAMME 2026

Before:

Mr David Casement KC (Chair)
Dr Tanja Haug
Dr Chinyere Ezewuzie

BETWEEN:

THE INTERNATIONAL TENNIS INTEGRITY AGENCY **Anti-Doping Organisation**

– and –

ROMEO ARCUSCHIN **Respondent**

DECISION OF THE INDEPENDENT TRIBUNAL

A. Introduction

1. The International Tennis Integrity Agency (the "**ITIA**") was established by the International Tennis Federation (the "**ITF**"), the global governing body for the sport of tennis and a signatory of the World Anti-Doping Code (the "**Code**"), as a delegated third party under the Code. The ITIA is responsible for the management and administration of the Tennis Anti-Doping Programme (the "**TADP**"), which sets out Code-compliant anti-doping rules applicable to Players competing in Covered Events.

2. The Respondent, Mr Romeo Arcuschin (the "**Player**"), is a 19-year-old International-Level Player from Argentina. The Player accepts that he is bound by the TADP.

3. By letter, dated 13 March 2026, the ITIA served a notice of charge (the "**Notice of Charge**") on the Player, alleging the Player had committed four Anti-Doping Rule Violations ("**ADRVs**"), under TADP Articles 2.1 (presence) and/or 2.2 (Use), arising from an In-Competition urine Sample collected on 15 December 2025 (the "**December Sample**").

4. The Player acknowledges the presence of Stanozolol metabolites and Clomifene in the December Sample and admits to the breaches of TADP Articles 2.1 and 2.2 ADRVs. He denies, however, that his Use of the Prohibited Substances was intentional, contending that he bore No Significant Fault or Negligence and accordingly seeks a reduction in the period of Ineligibility, pursuant to TADP Article 10.6.2.

5. Hereafter, the ITIA and the Player are referred to collectively as the "**Parties**".

B. Factual Background

6. On 15 December 2025, the Player provided the December Sample: an In-Competition urine Sample, which was assigned reference number 1686746, at the ITF WTT M15 event held in Lima, Peru between 15 and 21 December 2025 (the "**Event**"). The December Sample was sent to the WADA-accredited laboratory in Lausanne, Switzerland (the "**Lausanne Laboratory**"), where it was divided into an A Sample and a B Sample as part of its analysis.

7. On 4 February 2026, the Lausanne Laboratory reported an Adverse Analytical Finding in the A Sample, which registered the presence of Stanozolol metabolites and Clomifene (the "**AAF**").

8. Stanozolol is a non-Specified substance, listed in the category of Anabolic Agents (Section S1.1. of the 2025 Prohibited List). Clomifene is a Specified substance, listed in the category of Hormone and Metabolic Modulators (Section S4.2. of the 2025 Prohibited List).

9. Separately, 30 January 2026, the Player provided an Out-of-Competition urine Sample, which was assigned reference number 1715485 (the "**January Sample**") and sent to the WADA-accredited laboratory in Montréal, Canada for analysis. The January Sample registered an Atypical Finding for Clomifene. The January Sample was mentioned in the Notice of Charge and other documents. However, upon further enquiries being made of the ITIA, by the Chair of the Independent Tribunal (the "**Tribunal**") during these proceedings, as to whether the January Sample formed any part of the present charge against the Player, the ITIA confirmed that it was not. Nothing further needs to be said about the January Sample and the Tribunal has not taken it into account.

10. The AAF, reported by the Lausanne Laboratory, was considered by an independent Review Board in accordance with TADP Article 7.4. The Review Board did not identify any apparent departures from the applicable Sample collection or Sample analysis procedures that could have caused this AAF. The Player did not possess a Therapeutic Use Exemption for the Prohibited Substances. The independent Review Board therefore decided that the Player had a case to answer for breach of TADP Articles 2.1 and/or 2.2.

11. On 16 February 2026, a notification letter was sent to the Player by the ITIA, notifying him of the AAF and the Atypical Findings and that he may have committed ADRVs under TADP Articles 2.1 and 2.2 in relation to the December Sample. The Player was invited to provide an explanation in respect of metabolites of Stanozolol by 2 March 2026. In addition, the Player was invited to attend an interview with ITIA investigators, to provide a written response to questions that would assist the ITIA in investigating the possible source of the Clomifene found in the December and January Samples, and to provide relevant evidence in relation to the Stanozolol metabolites. The same letter also notified the Player that a Provisional Suspension was imposed on him, with immediate effect.

12. On 7 March 2026, the Player provided a written response stating that he admitted the ADRVs and was contesting the Consequences. The Player also explained the relevant background as to how the Prohibited Substances came to be in his body.

13. On 13 March 2026, the ITIA formally charged the Player with four ADRVs under TADP Articles 2.1 and/or 2.2, based on the presence of Stanozolol and Clomifene found in the December Sample.

14. The Player was 18 years old at the time when the December Sample, which forms the basis of the Notice of Charge, was collected.

C. Proceedings Before the Independent Tribunal

15. On 13 April 2026, the matter was referred to the Independent Panel at the Player's request.

16. Pursuant to 2026 TADP Article 8.1 and Rule 1.1 of the Procedural Rules Governing TADP Proceedings Before an Independent Tribunal (the "**Procedural Rules**"), an Independent Tribunal was formed to hear and determine the matter. These proceedings were conducted in accordance with the substantive rules of the 2025 TADP and the procedural rules set out in the 2026 TADP, construed in accordance with the Code.

17. On 12 May 2026, Mr David Casement KC was appointed to chair the Tribunal. On 22 May 2026, the Chair gave directions for the Parties: to file evidence, any documents to be relied upon, and submissions on behalf of the Player by 12 June 2026 and, separately, on behalf of the ITIA by 3 July 2026. The Chair further directed the filing of a hearing bundle seven days prior to the hearing date and for a hearing to take place during the week commencing 10 August 2026.

18. On 9 June 2026, the Player served his brief, including the evidence and submissions he relied upon in accordance with the directions.

19. On 3 July 2026, the ITIA served its brief, including the evidence and submissions that it relied upon.

20. On 7 July 2026, Dr Chinyere Ezewuzie and a third Tribunal member were appointed to form the three-person Tribunal, pursuant to Rule 2.2 of the Procedural Rules.

21. On 11 August 2026, a hearing took place by way of a video-conference call that had the benefit of instantaneous translation (the "**Hearing**").

22. One member of the Tribunal was unavailable on the morning of the Hearing but fortunately Dr Haug, Chair of the Independent Panel, who was already familiar with the submissions made in these proceedings, was able to join the Tribunal thereby enabling the Hearing to proceed and to enable the Parties to present their evidence and submissions on that day.

23. Those in attendance at the Hearing, apart from the Tribunal and the Secretariat, were as follows:

For the Player:

Mr Romeo Arcuschin	Respondent / Player
Mr Fernando Manuel Soria	Legal Representative, IDA Sports
Mr Mariano Bambaci	Legal Representative, IDA Sports
[redacted]	[redacted]

For the ITIA:

Mr Ross Brown	External Counsel, Onside Law
Mr Femi Williams	External Counsel, Onside Law

Ms Julia Lowis	Senior Legal Counsel
Mr Ben Rutherford	Senior Director, Legal
Ms Nicole Sapstead	Senior Director, Anti-Doping
Mr Josh Coakes	Anti-Doping Policy and Compliance Manager
Ms Claire Armstrong	Investigator
Dr Stuart Miller	Senior Executive Director, Integrity and Legal, World Tennis
Ms Clara Spirito	Area Coordinator, Comisión Nacional Antidopage

Interpreters:

[redacted] [redacted]

[redacted] [redacted]

24. At the outset of the Hearing, the Chair informed the Parties about the unavailability of one of the appointed arbitrators. Different options were discussed with the Parties as to how best to proceed including continuing as a two-person Tribunal, with the approval of the Chair of the Independent Panel or allowing a short adjournment to enable a third person to join the Tribunal. The latter option was agreed with the Parties although ultimately the decision taken was at the discretion of the Chair of the Independent Panel in accordance with TADP Article 8.3.4.

25. At the conclusion of the Hearing, no objection was raised by the Parties as to the due process having been fully observed or as to the manner in which the proceedings had been conducted.

D. Rules

23. The ADRVs engage the 2025 TADP as the substantive law rules:

> "***2. Anti-Doping Rule Violations***
>
> *Doping is defined as the occurrence of one or more of the following (each, an **Anti-Doping Rule Violation**):*
>
> *2.1* ***The presence of a Prohibited Substance or any of its Metabolites or Markers in a Player's Sample, unless the Player establishes that such presence is consistent with a TUE granted in accordance with Article 4.4.***
>
> *2.1.1 It is each Player's personal duty to ensure that no Prohibited Substance enters their body. Players are responsible for any Prohibited Substance or any of its Metabolites or Markers found to be present in their Samples. Accordingly, it is not necessary to demonstrate intent, Fault, Negligence, or knowing Use on the Player's part in order to establish an Article 2.1 Anti-Doping Rule Violation; nor is the Player's lack of intent, Fault, Negligence or knowledge a defence to an assertion that an Article 2.1 Anti-Doping Rule Violation has been committed.*
>
> […]
>
> *2.2* ***Use or Attempted Use by a Player of a Prohibited Substance or a Prohibited Method, unless the Player establishes that such Use or Attempted Use is consistent with a TUE granted in accordance with Article 4.4.***
>
> *2.2.1 It is each Player's personal duty to ensure that no Prohibited Substance enters their body and that no Prohibited Method is Used. Accordingly, it is not necessary to demonstrate intent, Fault, Negligence, or knowing Use on the Player's part in order to establish an Anti-Doping Rule Violation for Use*

of a Prohibited Substance or a Prohibited Method under Article 2.2; nor is the Player's lack of intent, Fault, Negligence or knowledge a defence to a charge that an Anti-Doping Rule Violation of Use has been committed under Article 2.2.

[…]

10.2 ***Imposition of a period of Ineligibility for presence, Use or Attempted Use, or Possession of a Prohibited Substance or Prohibited Method***

The period of Ineligibility imposed for an Anti-Doping Rule Violation under Article 2.1, 2.2 or 2.6 that is the Player's or other Person's first doping offence will be as follows, subject to potential elimination, reduction, or suspension pursuant to Article 10.5, 10.6, or 10.7.

10.2.1 *Save where Article 10.2.4.1 applies, the period of Ineligibility will be four years:*

10.2.1.1 *where the Anti-Doping Rule Violation does not involve a Specified Substance or a Specified Method, unless the Player or other Person establishes that the Anti-Doping Rule Violation was not intentional; and*

10.2.1.2 *where the Anti-Doping Rule Violation involves a Specified Substance or a Specified Method and the ITIA can establish that the Anti-Doping Rule Violation was intentional.*

10.2.2 *If Article 10.2.1 does not apply, then (subject to Article 10.2.4.1) the period of Ineligibility will be two years.*

10.2.3 *As used in Article 10.2, the term 'intentional' is meant to identify those Players or other Persons who engage in conduct that they*

knew constituted an Anti-Doping Rule Violation or knew that there was a significant risk that the conduct might constitute or result in an Anti-Doping Rule Violation and manifestly disregarded that risk.

10.2.3.1 An Anti-Doping Rule Violation resulting from an Adverse Analytical Finding for a Prohibited Substance or a Prohibited Method that is only prohibited In-Competition will be rebuttably presumed to be not 'intentional' if the Prohibited Substance is a Specified Substance or the Prohibited Method is a Specified Method and the Player can establish that the Prohibited Substance was Used Out-of-Competition.

10.2.3.2 An Anti-Doping Rule Violation resulting from an Adverse Analytical Finding for a Prohibited Substance or a Prohibited Method that is only prohibited In-Competition will not be considered 'intentional' if the Prohibited Substance is a Specified Substance or the Prohibited Method is a Specified Method and the Player can establish that the Prohibited Substance or Prohibited Method was Used Out-of-Competition in a context unrelated to sport performance.

[**Comment to Article 10.2.3:** Unless otherwise specified in this Programme or the Code, 'intentional' means that the Person intended to commit the act that forms the basis of an Anti-Doping Rule Violation regardless of whether the Person knew that such act constituted a violation of this Programme or the Code].

[…]

10.6.1.1 Specified Substances or Specified Methods

Where the Anti-Doping Rule Violation involves a Specified Substance (other than a Substance of Abuse) or Specified Method, and the Player or other Person can establish that they bear No Significant Fault or Negligence for the violation, the period of Ineligibility will be, at a minimum, a reprimand and no period of Ineligibility, and at a maximum, two years of Ineligibility, depending on the Player's or other Person's degree of Fault.

[…]

10.6.2 Application of No Significant Fault or Negligence beyond Article 10.6.1:

In an individual case where Article 10.6.1 is not applicable, if a Player or other Person establishes that they bear No Significant Fault or Negligence for the violation, then (subject to further reduction or elimination as provided in Article 10.7) the otherwise applicable period of Ineligibility may be reduced based on the Player's or other Person's degree of Fault, but the reduced period of Ineligibility may not be less than one-half of the period of Ineligibility otherwise applicable. If the otherwise applicable period of Ineligibility is a lifetime, the reduced period may be no less than eight years.

24. The following Definitions, set out in Appendix 1 of the TADP, are of relevance:

"*Fault. Fault is any breach of duty or any lack of care appropriate to a particular situation. Factors to be taken into consideration in assessing a Player's or other Person's degree of Fault include, for example, the Player's or other Person's experience, whether the Player or*

other Person is a Protected Person, special considerations such as impairment, the degree of risk that should have been perceived by the Player and the level of care and investigation exercised by the Player in relation to what should have been the perceived level of risk. In assessing the Player's or other Person's degree of Fault, the circumstances considered must be specific and relevant to explain the Player's or other Person's departure from the expected standard of behaviour. Thus, for example, the fact that a Player would lose the opportunity to earn large sums of money during a period of Ineligibility, or the fact that the Player only has a short time left in their career, or the timing of the sporting calendar, would not be relevant factors to be considered in reducing the period of Ineligibility under Article 10.6.1 or 10.6.2.

[…]

No Significant Fault or Negligence. The Player or other Person establishing that their Fault or Negligence, when viewed in the totality of the circumstances and taking into account the criteria for No Fault or Negligence, was not significant in relation to the Anti-Doping Rule Violation. Except in the case of a Protected Person or Recreational Athlete, for any violation of Article 2.1 the Player must also establish how the Prohibited Substance entered their system."

E. Issues

25. The Player, having admitted the ADRVs, seeks to mitigate the period of Ineligibility which otherwise has a starting point of four years in respect of the ADRVs relating to the metabolites of Stanozolol: TADP Article 10.2.1. The Player seeks to mitigate that sanction by asserting that his conduct was not intentional within the meaning of the TADP which, if accepted on the balance of probabilities, would reduce the starting point for the period of Ineligibility to two years: TADP Article 10.2.2.

26. The Player further seeks to reduce the period of Ineligibility below two years by establishing that he had No Significant Fault or Negligence in the circumstances which resulted in his ingestion of Stanozolol and Clomifene.

27. In the context of Stanozolol, a non-Specified Substance, a finding of No Significant Fault or Negligence may, depending on the degree of Fault, reduce the period of Ineligibility to no less than one year: TADP Article 10.6.2. In respect of Clomifene, a Specified Substance, the period of Ineligibility may reduce the sanction to a reprimand, depending on the degree of Fault: TADP Article 10.6.1.1. However, given there are two Prohibited Substances, the conclusion regarding Stanozolol will determine the period of Ineligibility. Put another way, as both Parties stated in their respective submissions, the minimum period of Ineligibility, in respect of the ADRVs that relate to Stanozolol, would be one year.

28. Although it is the ITIA that carries the burden of proving an ADRV to the comfortable satisfaction of the Tribunal in order to reduce the period of Ineligibility under TADP Article 10.6.2, the starting point, as established by the Court of Arbitration for Sport, is that the Player must prove, on the balance of probabilities, how the Prohibited Substances came to enter his body.

29. The ITIA accepts the Player's evidence as to how the Prohibited Substances entered his body. The ITIA accepts the Player's account that the Prohibited Substances were ingested when he was prescribed a 30-day-course of medication by [redacted], a senior medical doctor based in Buenos Aires, Argentina, to treat the muscle atrophy in the Player's shoulder and arm following treatments, including surgery and immobilisation, for a serious injury in which the Player fell and suffered recurrent yet irregular dislocations of his left shoulder.

F. Evidence and Submissions of the Parties

30. The Player gave evidence that he suffered an injury on 27 February 2025, while playing at the J500 Gaspar Banana Bowl tournament in Gaspar, Brazil. The Player suffered a violent fall on his left side that caused an immediate glenohumeral dislocation of the affected left shoulder. While medical staff treated the Player he suffered a second dislocation. The Player submitted video evidence that corroborated the enormous pain he described being in.

31. Upon his return to Buenos Aires, Argentina, the Player was treated by [redacted], a specialist in Orthopaedics and Traumatology. Following an MRI scan, it was confirmed that the Player had a Hills-Sach lesion and a Bankart lesion. [redacted] prescribed complete rest from sport, the use of a sling to immobilise the area, as well as intensive physiotherapy to avoid surgery.

32. Following the initially conservative treatment, the Player was cleared to test the joint in competition and took part in the J200 Pascuas Bowl tournament in Asunción, Paraguay. Despite reaching the final round, he suffered a further dislocation after the game.

33. Upon returning to Buenos Aires, Argentina and under the medical supervision of [redacted], it was found that the Player's shoulder was dislocating even during periods of rest. On 1 May 2025, the Player underwent surgery, using the Latarjet technique, a procedure employed to stabilise the shoulder joint, particularly in cases of recurrent dislocations. On 21 May 2025, the Player underwent a medical Body Composition Analyser ("**mBCA**") dry bioimpedance study to better understand why the Player was not recovering as quickly as would normally have been expected.

34. Following receipt of the results of the study, the Player attended an appointment at which [redacted] informed the Player that the results from the study showed a decrease in strength of about 15% in the left shoulder. The doctor advised that the Player continue with his kinesiology plan and his strength exercises.

35. The Player received advice from an acquaintance he knows from the social and fitness club that the Player and his family have attended for many years. Following that advice the Player made an appointment to see [redacted] at his clinic in Buenos Aires, Argentina, on 7 August 2025. [redacted] is a practising doctor, who specialises in treating athletes with approximately 50 years of medical experience. It is common ground between the Player and the ITIA that [redacted] prescribed Stanozolol and Clomifene as part of the medication to treat the muscle deficit in the Player's shoulder.

36. [redacted] gave evidence to the Tribunal in the form of a written statement as well as in oral testimony. In his long career, he has treated both professional and amateur athletes. He was clear in his evidence that he prescribed a 30-day course of medication to the Player that included a compound medication containing Stanozolol and Clomifene. He was equally clear that he did not explain to the Player what he was prescribing and did not think it was important to do so. In his oral testimony, he said the Player told him that he played tennis and that he had had surgery to his left shoulder, but that he was not told, on the first visit, that the Player was a professional player or that he was subject to anti-doping regulations. This directly contradicted [redacted] witness statement, in which he said he was told by the Player, on his first visit, that the Player was a professional tennis player. According to [redacted], had he been told that the Player was competing professionally or subject to anti-doping rules, he would not have prescribed the medication.

37. In his testimony, [redacted] explained that he was familiar with the Prohibited List, and he knew that Prohibited Substances should not be ingested by athletes who are subject to anti-doping rules. He explained he understood steroids, such as Stanozolol, should not be ingested by those who were subject to anti-doping rules. It was obvious to him that such steroids could give a competitive advantage and were prohibited. He noted that he treated a lot of body builders, who were not subject to anti-doping rules.

38. When asked about side effects, [redacted] did not explain to the Player the side effects of the substances he had prescribed, other than that he may suffer anxiety and insomnia.

Other possible side effects included impotence, testicular atrophy and prostatic hypertrophy as well as liver damage. [redacted] dismissed those as complications he had not encountered in his long career and, in any event, what he had prescribed was a low dose for a short period. When the Player was given the prescription, he was told to go to a particular pharmacy nearby. The Player could not read the handwritten prescription and did not ask [redacted] what it said. The pharmacy took the prescription and provided the medication in two bottles, without labels or instructions. If the Player had been asked to identify any medication he was taking, the Player would not have been able to answer.

39. There was no evidence put before this Tribunal suggesting that the Player had received any anti-doping education, confirming that he had little or no knowledge of his obligations under the TADP. It is clear that he knew such rules existed because, as part of the requirements for his licence to compete in Covered Events, he undertook two multiple-choice tests which, on his account, allowed any failed questions to be reattempted until answered correctly. No evidence was submitted of any further anti-doping education having been provided to him.

40. In cross-examination, the ITIA put its case to both [redacted] and to the Player, asserting that both knew that the Player was a professional athlete, subject to anti-doping rules, and that the prescription was for Prohibited Substances. It was for this reason, the ITIA asserted that the Player did not tell his trainer, coach or nutritionist that he was going to see [redacted]: the Player denied that. It was for this reason, the ITIA claimed, that the Player did not tell [redacted] that he was going to, or had been to, see [redacted], or even mention the prescription he had been given: the Player denied that. It was also put to the Player that any online search in respect of [redacted] would have revealed that he had a prominent practice treating patients involved in bodybuilding, and that the Player must have known that. The Player denied undertaking any research into [redacted] and maintained he had no concerns about [redacted] expertise.

41. On 9 September 2025, after finishing the 30-day course of medication, [redacted] accepted that he was told by the Player that he was a professional tennis player, notwithstanding his

own written witness statement (which was later withdrawn in testimony) that the Player had revealed this fact in the first consultation. Despite knowing this, [redacted] did not inform the Player at this second appointment that the prescription he had previously given contained Prohibited Substances. Furthermore, [redacted] alluded to the fact that he would not have disclosed what he had prescribed, even if the Player had asked.

42. It was only after the Player was notified of the AAF and went to see [redacted] on 19 February 2026 with that information, that the Player was told what had actually been prescribed to him the previous August. He had been prescribed one bottle of 60 pills containing Stanozolol (5mg) and cyproheptadine (2mg) and another bottle of 30 pills containing Clomifene (50mg). In his statement, the Player explained that [redacted] was surprised that traces of these substances could remain in the Player's system for such a period of time after ingestion, and that [redacted] said he was unaware that they were on the Prohibited List. That is contrary to the evidence [redacted] gave at the Hearing where he said he was, at all times, aware that Stanozolol was on the Prohibited List.

G. Discussion

43. The Tribunal has considered all of the written and oral evidence together with the Parties' written submissions and the authorities cited.

44. The Tribunal has carefully considered the ITIA's submissions summarised at paragraph 40, above. While the Tribunal sees their strength, it ultimately rejects that analysis, for the following reasons. There was a great imbalance in status between [redacted] and the Player. The Player informed [redacted] of his injury and surgery and that he was a tennis player. [redacted] is a very experienced medical practitioner with extensive experience in sports medicine. It is consistent with [redacted] dismissive style, as was apparent during the Hearing, that he gave no information to the Player about the substances he was prescribing, and yet expressly and implicitly reassured the Player that there was nothing to be concerned

about. Just as [redacted] dogmatism and dismissiveness were a cause for concern to the Tribunal, the Tribunal is equally mindful that the patient in this case was an 18-year-old tennis Player whose mind, in the circumstances, was far from focused on anti-doping regulations, of which he had little knowledge to begin with. The Tribunal's view may have been different had the Player been significantly older and had received anti-doping education.

45. [redacted] evidence about his approach was concerning. [redacted] account was that he did not explain to the Player what the substances were that he was prescribing, even though he knew they were on the Prohibited List and that the Player was a tennis player. As he confirmed in his oral evidence, he did not ask the Player whether he was a professional tennis player or whether he might be subject to anti-doping rules. In his witness statement, he said he was told that the Player was a professional athlete during the first appointment, but he withdrew that statement in his oral evidence. He presented the Player with a handwritten prescription, which listed two medications. The prescription is barely legible. Given the serious Consequences facing any player who ingests Prohibited Substances, there ought to have been questions asked by [redacted] about whether the Player was playing professionally and whether he was subject to anti-doping rules. It was a short appointment, of some 15 minutes or so, but, in the opinion of the Tribunal, it does not take long to ask those basic questions to ensure the appropriateness of the prescription. As to why [redacted] did not inform the Player of what he was prescribing, his answers were dismissive: "*He was a young person. I did not think he was professional*" and "*I did not have to tell him what I was prescribing*".

46. The Tribunal was left with the clear impression that the Player had placed his absolute trust in a senior doctor, with 50 years of experience in mainstream medical practice in Argentina, and that given this disparity in age, experience and authority, together with his own youth and inexperience, he did not question the medication he was given.

47. There is no dispute about [redacted] experience, or that the pharmacy used to produce the compound prescription was a legitimate pharmacy within the same system. However, [redacted] was dealing with an 18-year-old tennis player who required medical assistance for a serious deficit in his muscular strength following injury and surgery. The Player was completely reliant upon the judgment of this senior medical professional.

48. Turning the Tribunal's focus to the Player, it is affirmed that the Player had, by all accounts, what amounts to no anti-doping education and was clearly in need of such education. No evidence was adduced to counter his assertion that he had no such education. Completing two multiple-choice tests, does not, in the view of the Tribunal, constitute education. In any event, the fact that he scored only about 50% on the anti-doping questions evidences his lack of knowledge and his need for education. That was also borne out by his oral testimony, in which he demonstrated a concerning lack of understanding of his obligations and how to fulfil those obligations. While the Player was clearly naïve and lacking in knowledge, the Tribunal concluded that he was an honest witness. He ingested Stanozolol and Clomifene because they were prescribed to him by a senior doctor. He was not told what they were and he was assured by the doctor that they were safe.

a. <u>Intentional ADRV</u>

49. On the issue of whether the ingestion was intentional, the Tribunal has considered whether the Player was engaging in conduct that he knew constituted an ADRV or knew that there was a significant risk that the conduct might constitute or result in an ADRV and manifestly disregarded that risk. The Tribunal has concluded that the Player's conduct was not intentional. The Player sought medical assistance from an experienced and certified medical professional who knew, at the very least, that the Player was a tennis player, prescribed medication to treat muscular deficit following surgery. The trust placed by the young Player in [redacted] – an experienced doctor - was complete; given this disparity in age, experience

and authority, together with his own youth and inexperience, he did not question the medication he was given. The extraordinary lack of enquiry by [redacted] coupled with his assertion that the medication being recommended was safe, other than merely mentioning the possible risk of insomnia and anxiety, reassured the Player. If the Player had even a basic knowledge of the anti-doping rules, and his obligations therein, it is more likely that he would have asked the doctor to specify the precise substances in the medicinal compound being recommended for his consumption and then, would have checked the names against the Prohibited List. He did not have such knowledge and did not think that there was any risk. He simply, and completely, relied on [redacted] expertise and reassurance.

50. As noted above, by the second consultation, on 9 September 2025, [redacted] knew the Player was a professional tennis player. Despite this, he still did not inform the Player that the medication he had prescribed contained Prohibited Substances. Furthermore, [redacted] alluded to the fact that he would not have disclosed what he prescribed, even if the Player had asked. The Tribunal considers [redacted] admission striking, and it left the Tribunal with the clear impression that [redacted] had a cavalier attitude towards compliance with anti-doping rules and the implications of breaching them.

51. The Tribunal has therefore concluded that the Player has proven, on the balance of probabilities, that his conduct leading to the ingestion of the Prohibited Substance Stanozolol was not intentional. The burden of proof, in respect of Clomifene, rests upon the ITIA, but for the same reasons the Tribunal has concluded that the ITIA has not discharged its burden of proof to show that the Player's conduct was intentional. As a result of those conclusions the starting point for the ADRVs becomes a two-year period of Ineligibility as opposed to a four-year period of Ineligibility: TADP Article 10.2.1 and 10.2.2.

b. No Significant Fault or Negligence

52. The next issue to be addressed is whether the Player has discharged his burden of proof, on the balance of probabilities, in establishing that he demonstrated No Significant Fault or Negligence in committing the ADRVs.

53. The ITIA, in cross-examination, questioned the Player about his failure to ask even the most basic questions or do any research before ingesting the Prohibited Substances. The Player, on his own evidence, failed to inform [redacted] that he was a professional tennis player and that he was subject to anti-doping rules. He simply informed [redacted] that he was a tennis player and asked if the medication could cause any side effects or would conflict with his ability to compete. He failed to research [redacted] to establish if the doctor was sufficiently qualified and knowledgeable of the regulatory framework that the Player must comply with. He did no research whatsoever into either the doctor or the medications that he was prescribed.

54. The Tribunal considers that the Player knew that anti-doping rules were an important part of his obligations as a Player participating in international competition. He had been required to complete multiple-choice tests that included anti-doping questions. The fact that the Player merely answered about 50% of those questions correctly ought to have made the Player aware that he needed to learn more about anti-doping; the rules and his obligations. Instead, the Player proceeded with absolute trust in his advisers including, on this occasion, [redacted].

55. The Tribunal concludes that the combination of the age of the Player at the time, namely 18-years-old, and the lack of anti-doping training, together with his personal circumstances surrounding his injury, his surgery and his anguish at the lack of improvement in his muscular deficit are also important factors to take into account. The Player's unquestioning and total reliance upon [redacted] advice – advice that was substantially lacking in

important information - cannot be laid entirely at the Player's door, given the asymmetry in experience and status. The question ultimately is one of the degree of the Player's Fault.

56. Taking all factors into consideration, the Player is primarily responsible for everything that enters his body and it is his responsibility to comply with the anti-doping rules, pursuant to TADP Articles 2.1.1 and 2.2.1. He made a senior medical practitioner aware of his condition, of the surgery he had undergone and asked for help. On the other hand, [redacted] failed to ask obvious questions, including whether the Player was a professional athlete and/or was subject to anti-doping rules. [redacted] failed to provide obvious information to the Player. Failing to do so, did the Player a great disservice because not only were the questions and information obvious to an experienced medical practitioner who provided care to athletes, but they also potentially carried career-ending Consequences for the Player.

57. The Tribunal concludes that the Player has established that he bore No Significant Fault or Negligence. Even so, there was certainly Fault on the part of the Player. In assessing the degree of Fault for the purposes of further reducing the period of Ineligibility from two years, in accordance with TADP Article 10.6.2, the Tribunal takes into account all of the factors set out above. The Tribunal concludes that the Player's request for a 50% reduction to a one-year period of Ineligibility would not properly reflect the Player's degree of Fault, by way of his own omissions. The Tribunal considers that there is a heavy degree of Fault on the part of the Player, such that it considers a reduction from the two-year period of Ineligibility to a 20-month period of Ineligibility to be appropriate. For the Tribunal that sanction is proportionate, taking into account all of the circumstances of the case and principally, the factors set out above.

H. Conclusion

55. The Tribunal finds as follows:

55.1 Romeo Arcuschin has committed Anti-Doping Rule Violations under TADP Articles 2.1 and 2.2, arising from the Sample collected In-competition, on 15 December 2025, namely for the presence and Use of Stanozolol and Clomifene;

55.2 Mr Arcuschin has discharged his burden to demonstrate that the two ADRVs, relating to Stanozolol, were not intentional within the meaning of TADP Article 10.2.3;

55.3 The ITIA has not discharged its burden to demonstrate that the two ADRVs, relating to Clomifene, were intentional within the meaning of TADP Article 10.2.3;

55.4 Mr Arcuschin bore No Significant Fault or Negligence in respect of committing the Anti-Doping Rule Violations, within the meaning of TADP Article 10.6.2;

55.5 A period of Ineligibility of 20 months is imposed, starting on the day of this Decision and with credit for the time served on Provisional Suspension, in effect since 16 February 2026, and thus expiring on 17 October 2027;

55.6 Mr Arcuschin's results obtained at the ITF WTT MI5 event held in Lima, Peru (15 to 21 December 2025), and all subsequent events prior to his Provisional Suspension, are Disqualified with all resulting Consequences, including forfeiture of all medals, titles, ranking points and Prize Money, pursuant to TADP Articles 9.1, 10.1 and 10.10.

55.7 The Tribunal makes no order for costs, so under TADP Article 8.5.4, the Parties will each bear their own costs.

55.8 All further requests for prayers for relief are dismissed.

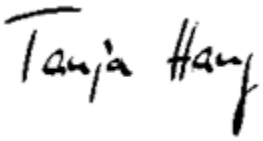
I. Right of Appeal

56. This decision may be appealed to the Court of Arbitration for Sport ("**CAS**"), located at Palais de Beaulieu, Avenue des Bergières 10, CH-1004 Lausanne, Switzerland (procedures@tas-cas.org), in accordance with TADP Article 13.2.1.

57. TADP Article 13.8.1.1 sets the deadline to file an appeal to the CAS, which is 21 days from the date of receipt of this final decision.

David Casement KC
(Chair)

Dr Chinyere Ezewuzie



Dr Tanja Haug

On behalf of the Independent Panel

London, UK
28 August 2026