SR/193/2026

**IN THE MATTER OF PROCEEDINGS BROUGHT BY THE INTERNATIONAL TENNIS INTEGRITY AGENCY UNDER THE 2025 TENNIS ANTI-DOPING PROGRAMME AND CONDUCTED PURSUANT TO THE 2026 TENNIS ANTI-DOPING PROGRAMME**

*Before:*

Mr Mark Hovell (Chair)
Ms Anna Smirnova
Dr Paul Jackson

**BETWEEN:**

**International Tennis Integrity Agency** ***Anti-Doping Federation***

– and –

**Jessica EUDOVIC** ***Respondent***

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**DECISION OF THE INDEPENDENT PANEL**

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## I. INTRODUCTION

1. This is the final decision of the Independent Tribunal (the "**Tribunal**") appointed under Article 8.2.1 of the Tennis Anti-Doping Programme (the "**Programme**" or the "**TADP**") to determine the Consequences, if any, to be imposed following the Anti-Doping Rule Violations ("**ADRV**s") alleged against Ms Jessica Eudovic (the "**Respondent**" or the "**Player**").

2. The International Tennis Federation ("**ITF**") is responsible for the governance of the sport of tennis. The ITF has delegated all aspects of doping control within its scope to the

International Tennis Integrity Agency (the "**ITIA**"), as such, the ITIA is the Anti-Doping Organisation responsible for adopting, implementing and enforcing the TADP, including the conduct of investigations, results management and the pursuit of alleged ADRVs.

3. The Respondent is a professional tennis Player and a Player subject to the TADP. At the time of the relevant events, she was 18 years old and was competing in her first year on the professional tour.

4. Hereafter, the ITIA and the Respondent are referred to collectively as the "**Parties**".

5. These proceedings arise from an In-Competition urine Sample provided by the Respondent on 1 October 2025 at the ITF World Tennis Tour W15 event held in Santa Tecla, El Salvador, between 29 September and 5 October 2025 (the "**Tournament**") (the "**Sample**"). The Sample was divided into an A Sample (the "**A Sample**") and a B Sample (the "**B Sample**"). Analysis of the A Sample reported an Adverse Analytical Finding ("**AAF**") for Clostebol metabolites, including 4-chloro-3α-hydroxy-androst-4-en-17-one ("**M1**"). Additionally, the A Sample reported the presence of the Clostebol M3 metabolite. Analysis of the B Sample confirmed these findings.

6. Clostebol is a non-Specified Substance prohibited at all times (In- and Out-of-Competition) under section S1.1 (Anabolic Androgenic Steroids) of the World Anti-Doping Agency ("**WADA**") 2025 Prohibited List. The Respondent does not challenge the validity of the AAF or the procedures by which it was obtained. She had no applicable TUE for Clostebol.

7. By a Notice of Charge dated 18 December 2025 (the "**Notice of Charge**"), the ITIA charged the Respondent with ADRVs under Articles 2.1 and/or 2.2 of the 2025 TADP, namely, the Presence of a Prohibited Substance or its Metabolites or Markers in the Respondent's Sample and/or the Use of a Prohibited Substance.

8. On 14 May 2026, the Respondent referred the matter to an Independent Tribunal and requested a hearing in accordance with Article 8.2 of the 2026 TADP. On 22 May 2026,

Dr Tanja Haug, Chair of the Independent Panel, appointed Mr Mark Hovell as Chair of the Tribunal. On 15 July 2026, Ms Anna Smirnova and Dr Paul Jackson were confirmed as the remaining members of the Tribunal.

9. A preliminary meeting took place remotely on 15 June 2026. Directions were issued following that preliminary meeting, including directions for document production and the service of the Parties' written cases. On 22 September 2026, the Tribunal convened a case management conference with the Parties at which final arrangements for the hearing were made. A two (2) day hearing was fixed for 6 and 14 October 2026, the first day being an in-person hearing in London, with the expert witnesses permitted to give evidence remotely, and the second day was with the Parties and their counsel all attending remotely.

10. In addition to the members of the Tribunal, one of whom attended remotely, the following individuals attended the substantive hearing:

<u>For the ITIA:</u>

a) Ms Amina Graham, External Counsel (attending in-person)

b) Ms Julia Lowis, Senior Legal Counsel (attending in-person)

c) Mr Ben Rutherford, Senior Director, Legal (attending in-person)

d) Ms Jodie Cox, Legal Counsel (attending remotely)

e) Ms Claire Brouner, Investigator (attending remotely)

f) Mr Adrian Bassett, Witness (attending in-person)

g) Doctor Xavier de la Torre, Expert Witness (attending remotely).

<u>For the Respondent:</u>

a) Ms Jessica Eudovic (attending in-person)

b) Mr Tom Sprange KC, Counsel (attending in-person)

c) Ms Charity Kirby, Counsel (attending in-person)

d) Mr Liam Petch, Counsel (attending in-person)

e) Ms Maria Herrera, Counsel (attending in-person)

f) Mr Alex Saxon, Counsel (attending in-person)

g) Mr Jack Ledigo, Counsel (attending in-person)

h) Mr Giscard Eudovic, Witness (attending in-person)

i) Professor Alberto Salomone, Expert Witness (attending remotely)

j) Ms Simone Eudovic, Observer (attending in-person)

k) Mr Ben Eudovic, Observer (attending in-person).

Sport Resolutions Secretariat:

a) Ms Freya Pock, Senior Case Manager (attending in-person)

b) Ms Charlotte Bertschy, Case Manager (attending in-person).

11. The Tribunal notes that the Respondent was represented by the above lawyers from King & Spalding International LLP on a pro bono basis and would like to place on record its appreciation for them generously supporting the Respondent and her family.

## II. JURISDICTION

12. The TADP applies to the Respondent as a Player participating in Covered Events governed by the Programme. The Respondent accepts that she is a Player subject to the TADP. The Tribunal notes that the 2025 edition of the TADP governs the substantive anti-doping rules applicable to the alleged ADRVs and the Consequences, and the 2026 edition of the TADP governs the procedural aspects of these proceedings.

13. Article 8.1.1 of the TADP provides for an Independent Tribunal to determine whether an ADRV has been committed and the Consequences, if any, to be imposed. The present proceedings were referred to Sport Resolutions after the Respondent rejected the ITIA's proposed sanction.

14. The Respondent admits the ADRVs as a matter of strict liability and does not challenge the ITIA's authority to bring the proceedings or the Tribunal's jurisdiction to determine the ADRVs and the Consequences arising under the TADP.

15. The Respondent also seeks declarations and financial relief arising from an alleged breach by the ITIA of a duty of care. The ITIA disputes the Tribunal's jurisdiction to determine those claims, relying in particular on Article 1.1.5 of the TADP. That issue is dealt with by the Tribunal below.

16. Accordingly, the Tribunal is satisfied that it has jurisdiction to determine the ADRVs charged under the TADP and the Consequences, if any, arising from them.

## III. FACTUAL BACKGROUND

17. On 26 September 2025, the Respondent travelled to Santa Tecla, El Salvador, with her father. She played qualifying matches at the Tournament on 28 and 29 September 2025 and qualified for the main draw.

18. On 1 October 2025, the Respondent played her first-round match and lost in two (2) sets. After the match, she was selected for her first In-Competition Doping Control and provided a urine Sample, which was divided into the A and B Samples. The Doping Control Form ("**DCF**") contained no declaration of medication, supplements or comments.

19. The A and B Samples were received by the WADA-accredited laboratory in Quebec, Canada (the "**Laboratory**") on 8 October 2025. The Laboratory reported an AAF for Clostebol metabolites. The estimated concentration of metabolite M1 was approximately 0.07 ng/mL.

20. On 21 November 2025, the ITIA notified the Respondent of the potential ADRVs. The Respondent has been provisionally suspended since that date.

21. The Respondent replied on 25 November 2025, denying intentional Use of Clostebol and identifying supplements that she had been taking but had not recorded on the DCF. None was said to contain Clostebol.

22. On 1 December 2025, the Respondent participated in a recorded interview with the ITIA. She proceeded without a lawyer after being advised of her right to representation. She said that she had not suffered cuts, grazes or muscular pain requiring treatment at the Tournament and did not identify any treatment received there. She identified six (6) supplements then in use and a number of possible sources, including food, ordinary skincare products, historic use of "*Icy Hot*" and a cream used by her father.

23. On 18 December 2025, the ITIA issued the Notice of Charge, and on 22 December 2025, the ITIA publicly announced the Respondent's Provisional Suspension.

24. On 21 January 2026, the Respondent filed a response to the Notice of Charge, in which she accepted the strict liability ADRV for the presence of Clostebol, denied intentional or knowing use of Clostebol, disputed the proposed Consequences and sought further time to investigate the possible source.

25. Having been provided with further time to investigate, on 27 February 2026, the Respondent filed her formal response. She maintained that the finding was likely to have resulted from contamination, relying on the availability of topical Clostebol products in El Salvador, the transmissibility of Clostebol and the low estimated concentration.

26. Between February and April 2026, the Respondent continued to investigate possible sources.

27. On 8 April 2026, the ITIA asked the Laboratory to conduct a targeted review of 22 named Samples collected from other Players at the Tournament, specifically to determine whether there was any indication of Clostebol, including at levels below the normal detection limit. The Laboratory reported that its review did not identify Clostebol in any of those Samples.

28. On 14 May 2026, the Respondent rejected a proposed sanction from the ITIA, and the ITIA referred the matter to Sport Resolutions.

29. On 10 August 2026, the Respondent served her Brief. She maintained her primary case of inadvertent cross-contamination at, or in connection with the Tournament, and, alternatively, a case of non-intentionality without proof of the precise source. She sought elimination of any period of Ineligibility on the basis of No Fault or Negligence ("**NFN**") or, alternatively, a reduction for No Significant Fault or Negligence ("**NSFN**"). She also sought declarations and financial relief concerning an alleged breach of duty by the ITIA.

30. On 7 September 2026, the ITIA served its Reply Brief. It maintained that neither the alleged Tournament source nor the exceptional no-source case had been proven, sought a four (4) year period of Ineligibility with credit for Provisional Suspension, and sought the Disqualification and other Consequences identified in its submissions below. It also disputed the Tribunal's jurisdiction to determine the alleged duty of care claims and, in the alternative, disputed those claims on their merits.

## IV. THE ITIA'S SUBMISSIONS

### A. Introduction

31. The A and B Samples contained metabolites of Clostebol, a non-Specified Substance prohibited at all times. The analytical result and the Laboratory procedures were not challenged.

32. The Respondent was charged under Articles 2.1 and/or 2.2 of the 2025 TADP. The ADRV under Article 2.1, relating to the presence of the prohibited substance, is established and admitted by the Respondent on the basis of strict liability.

33. The principal issue for the Tribunal is the Consequence of the ADRVs. The Respondent's primary case is that she was unknowingly contaminated with Clostebol at the Tournament. Alternatively, even if the source is not established, the scientific, circumstantial and personal evidence establishes that the ADRVs were not intentional. She further relies upon NFN, or alternatively NSFN.

34. The ITIA submitted that the Player has not established how Clostebol entered her system or proven that the ADRVs were not intentional. A four (4) year period of Ineligibility applies under Article 10.2.1.1 of the TADP unless the Respondent establishes, on the balance of probabilities, that the ADRVs were not intentional. The ITIA is not required to prove deliberate use, motive or a competing route of entry. The burden remains on the Respondent.

### B. Source

35. The ITIA noted that the estimated urinary concentration was low (roughly estimated at 0.07 ng/mL), but Clostebol is not a threshold substance and a valid identification is sufficient to establish the ADRVs. The Minimum Required Performance Level ("**MRPL**")

is a technical standard for laboratory performance, but it is not a reporting threshold and does not determine the source, dose, timing, route or intention.

36. The ITIA noted that the Respondent relies upon the report of Professor Alberto Salomone dated 20 February 2026 (the "**Player's Expert Report**"), in support of her contention that the finding resulted from inadvertent exposure to Clostebol. He described the estimated concentration of the Clostebol metabolite as "*very low*" and notes that it was approximately 37 times lower than the 2.5 ng/mL MRPL for exogenous anabolic androgenic steroids.

37. Professor Salomone described the result as "*not diagnostic*" and he identified two (2) possible scenarios: first, the end of excretion following an earlier administration; and secondly, recent exposure to a very low quantity of Clostebol. The latter scenario was said to be compatible with cross-contamination through direct or indirect contact with a topical Clostebol product.

38. The Player's Expert Report also relied upon segmented hair analyses obtained from the Respondent and her father in January 2026. No Clostebol acetate was detected above the stated limit of detection in the hair segments covering the period from May 2025 to January 2026. Professor Salomone considered that result to make substantial or repeated exposure to Clostebol extremely unlikely.

39. The ITIA cited *Moore*[1]. In relation to the hair evidence in that case, the Court of Arbitration for Sport ("**CAS**") Panel held that a negative hair result established no more than that repeated administration at a concentration detectable by the method had not been shown; it did not exclude occasional use or micro-dosing. The negative hair evidence is therefore relevant to the question whether substantial or repeated Clostebol exposure is likely. It does not, however, resolve the route by which the substance entered the Respondent's

[1] CAS 2024/A/10298 - ITIA v Tara Moore; and CAS 2024/A/10589 -Tara Moore v ITIA.

system or, without supporting factual evidence, establish that her AAF resulted from the particular cross-contamination route which she has advanced.

40. On the other hand, the ITIA relied upon the evidence of Doctor Xavier de la Torre, as set out in his report dated 4 September 2026 (the "**ITIA's Expert Report**"). That evidence considered dermal exposure to be more likely, while acknowledging that the analytical profile could not distinguish inadvertent cross-contamination from direct topical use or identify the product, user, timing or contact event. Nor could it establish whether any exposure was intentional or inadvertent. A single or limited topical application can produce a low urinary finding, with a window of detection of one to two weeks.

41. During her interview with the ITIA, the Respondent said that she had no injuries, cuts or muscle aches at the Tournament, and that she had not used painkillers. She did not identify any medical treatment received. She identified six (6) supplements then in use: Bodytech creatine; Dymatize protein powder; C4 Sport pre-workout; Vitamin C Complex; Carlson Omega 2000; and SSS Tonic. She did not identify the Tournament medical environment, any medical treatment or any direct or indirect contact with a Clostebol product.

42. The difficulty for the Player in this case, is that her proposed mechanism requires three (3) propositions: first, that a Clostebol-containing topical product was present or used at or in connection with the Tournament; secondly, that the Player came into contact with a person or object carrying that product (unknown to, and through no fault of her own); and thirdly, that any resulting transfer was sufficient to account for the AAF. The ITIA submitted that none of those propositions has been established.

43. General availability of Clostebol products in El Salvador and the later ITIA Guidance ("**the Guidance**") identify a general risk only. They do not establish a product, user or exposure event at this Tournament. The Respondent cannot identify a treated person, contaminated surface or item, or any particular occasion on which transfer occurred. Her unsuccessful

investigations into food, supplements, skincare products and other possibilities do not make the preferred Tournament explanation more likely than not. Further, the Respondent received no relevant medical treatment there.

44. Additionally, the ITIA noted that [redacted] the on-site physiotherapist at the Tournament, said that she had stopped using Neobol (a product containing Clostebol) at tournaments, the general Medicina FST supply list included Neobacina but did not identify Neobol, and no witness identified a Clostebol-containing product as having been used at the Tournament. The 22 comparison Samples did not identify any Clostebol, including at levels below the normal detection limit. The ITIA submitted that this evidence provided no corroboration for the alleged contamination issue at the Tournament.

45. The ITIA also noted that the Respondent's representatives later stated that she had interacted with players who had received medical treatment and with the Tournament physiotherapist, however no specific circumstances of potential cross-contamination were identified. In particular, the Respondent did not identify the person said to have applied or received treatment with a Clostebol-containing product, the product said to have been used, or any particular occasion on which the alleged transfer occurred. The Respondent does not identify any surface or item on which residue from a Clostebol-containing product is said to have been deposited, where it was located, when it was allegedly contaminated, or any occasion on which she came into contact with it.

46. The ITIA concluded that the Tournament contamination theory therefore remains a hypothetical possibility rather than a source proven on the balance of probabilities.

### C. Whether non-intentionality is proven without an established source

47. Article 10.2.3 of the TADP defines "*intentional*" as conduct which a Player knew constituted an ADRV, or knew carried a significant risk that it might constitute or result in an ADRV and manifestly disregarded that risk. The burden is upon the Player to establish non-intentionality on the balance of probabilities.

48. The ITIA acknowledged that proof of source is not a formal prerequisite to a finding of non-intentionality, but the no-source authorities describe an exceptionally narrow route requiring specific, objective and persuasive evidence. Credibility may be relevant, but it cannot replace objective and probative evidence of those circumstances. A series of unproven possible explanations will not suffice.

49. The ITIA submitted that the Respondent's alternative case must be assessed by reference to the exceptional nature of the authorities in which no source was identified. In *Jack*[2], the CAS Panel stated that *"[m]erely to invoke such possibilities [of contamination] cannot be a successful defence*". *Jack, Toyoda*[3] and *Schrager*[4] do not establish that a low-level finding, a plausible contamination mechanism and a credible denial are sufficient without more. They require an assessment of all the evidence, including the science, the factual circumstances, common sense and credibility, to determine whether there is persuasive material demonstrating that innocent exposure is more likely than intentional conduct or reckless disregard of risk.

50. A low-level finding, a scientifically possible mechanism, good character and a credible denial do not, without more, amount to the forcefully persuasive evidence required by the authorities[5] cited by the ITIA.

51. The Respondent's age, relative inexperience, the absence of apparent sporting benefit and her evidence as to character are relevant to the Tribunal's assessment of the evidence as a whole. They cannot, however, replace objective evidence of the circumstances said to exclude intentional use, or convert a possible contamination explanation into one established on the balance of probabilities.

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[2] CAS 2020/A/7579 & CAS 2020/A/7580 - Sport Integrity Australia and WADA v Shayna Jack and Swimming Australia
[3] CAS 2024/A/10655 – WADA v Japan Anti-Doping Agency and Masaki Toyoda.
[4] UK Anti-Doping v Daphne Schrager, SR/348/2025.
[5] Such as: CAS 2017/A/5016 - Ihab Abdelrahman v WADA and Egyptian NADO; CAS 2020/A/6978 - Andrea Iannone v. Fédération Internationale de Motocyclisme; and CAS 2018/A/5546 – Guerrero v FIFA.

52. The negative hair evidence and absence of apparent performance benefit do not exclude limited intended use and cannot replace evidence of the circumstances of exposure.

53. The Respondent's initial interview did not identify Tournament medical exposure, and the later focus on the Tournament followed general enquiries rather than identification of a product, user or transfer event. The Guidance and local availability identify a general risk, rather than a product, user or exposure event at the Tournament.

54. Considered cumulatively, the evidence does not establish that inadvertent exposure was more likely than intentional conduct or a reckless disregard of risk.

**D. NFN and NSFN**

55. The definitions of NFN and/or NSFN in Appendix One to the 2025 TADP require the Respondent to establish how the Prohibited Substance entered her system. Without an established route of entry, the Tribunal cannot properly assess what precautions were available, whether the Respondent exercised utmost caution, or whether any Fault or Negligence was insignificant.

56. The Respondent's extensive investigations after notification, while relevant to her efforts to identify a possible source, do not establish the precautions taken before Sample collection. Accordingly, the requirements for elimination under Article 10.5 of the 2025 TADP or reduction under Article 10.6 of the 2025 TADP are therefore not established.

**E. Sanction, credit and Disqualification**

57. If the Respondent does not establish that the ADRV was not intentional, the ITIA sought the imposition of a four (4) year period of Ineligibility pursuant to Article 10.2.1.1 of the 2025 TADP, subject to any applicable reduction or elimination and credit for the period of Provisional Suspension already served, in accordance with Article 10.13.2.1.

58. The ITIA also sought Disqualification, pursuant to Article 9.1 of the 2025 TADP, of the result obtained by the Respondent in the Tournament. In addition, pursuant to Article 10.1.1, the ITIA sought Disqualification of the Respondent's other individual results at the same Tournament, subject to the exception in Article 10.1.2 where the Respondent establishes that she bears No Fault or Negligence for the ADRV.

### F. The duty of care claim

59. The ITIA submitted that the Tribunal's jurisdiction under the 2026 TADP is limited to determining ADRVs and the Consequences under the Programme. Article 1.1.5 of the 2026 TADP provides that other contractual or non-contractual claims relating to or arising from the TADP fall within the exclusive jurisdiction of the English courts.

60. The TADP provisions relied on by the Respondent define the ITIA's regulatory functions and discretionary investigative powers; they do not create a private-law duty of care or a right to damages.

61. In any event, the ITIA interviewed Tournament personnel, obtained the Medicina FST list, sought clarification from the Tournament Doctor, [redacted] arranged a review of the comparison Samples and disclosed the material it obtained.

62. Finally, the ITIA submitted that the Respondent has not established duty, breach, causation and loss; and no warning is identified that would have prevented the unidentified exposure alleged by the Respondent.

## V. THE RESPONDENT'S SUBMISSIONS

### A. Introduction

63. The Respondent seeks the following relief:

*"A declaration that Ms Eudovic's ADRV was not intentional;*

*A declaration that Ms Eudovic bears No Fault or Negligence for the ADRV pursuant to Article 10.5 of the TADP and any period of Ineligibility should be eliminated;*

*In the alternative, a declaration that Ms Eudovic bears No Significant Fault or Negligence pursuant to Article 10.6 of the TADP and any period of Ineligibility should be eliminated and a reprimand imposed, alternatively that any period of Ineligibility should be substantially reduced;*

*A declaration that there be no further Consequences imposed on Ms Eudovic as a result of her ADRV;*

*An order that the ITIA breached its duty of care to Ms Eudovic;*

*An order that the ITIA indemnify Ms Eudovic for any losses incurred as a result of the breach of the ITIA's duty of care, including (without limitation) payment of her college tuition fees; and*

*An order that the ITIA pay Ms Eudovic's disbursements in these proceedings."*

64. The Respondent accepted the ADRV under Article 2.1 as a matter of strict liability because Clostebol metabolites were found in her A and B Samples. She did not challenge the analytical results either. She denied intentional Use, pursuant to Article 2.2 of the 2025 TADP.

65. The Respondent denied knowingly or intentionally using Clostebol and disputed the Consequences sought by the ITIA. Her primary case is that the AAF resulted from inadvertent cross-contamination at or in connection with the Tournament. Alternatively, she relied on authorities recognising that non-intentionality may be established without identifying the precise source of the Prohibited Substance. If the route of entry were established, she sought elimination of any sanction for NFN or, alternatively, a substantial reduction for NSFN.

66. In accordance with Article 10.2.1.1 of the 2025 TADP, a four (4) year period of Ineligibility will be imposed for an ADRV under Article 2.1 of the 2025 TADP where the ADRV involves a non-Specified Substance, unless the Player establishes that the ADRV was not intentional. Pursuant to Article 10.2.2 of the 2025 TADP, where Article 10.2.1 does not apply (i.e. because the ADRV is found not to be intentional) the applicable period of Ineligibility will be a maximum of two (2) years, subject to Article 10.2.4.1.

67. Whilst it is not disputed between the Parties that determining the source of the Clostebol is not always necessary to prove non-intentionality, it was considered by the Respondent in her primary case - that the use of creams or sprays containing Clostebol at the Tournament were more likely than not to be the source of contamination in her case.

**B. Source**

68. The Respondent submitted that the estimated M1 concentration of approximately 0.067 ng/mL was extremely low and, on Professor Salomone's evidence, was consistent with exposure to a very small amount of Clostebol rather than performance-enhancing use.

69. Professor Salomone considered that the urine and hair results were consistent with unaware exposure likely occurring shortly before Doping Control and very likely through cross-contamination by personal contact or a contaminated object. No Clostebol acetate was detected in the segmented hair Samples of the Respondent or her father. The Respondent says those results make substantial or repeated use during the relevant period extremely unlikely.

70. The published literature produced by the Respondent demonstrates that Clostebol can be transmitted by brief skin-to-skin contact or contact with contaminated surfaces and that indirect exposure produces much lower urinary concentrations than direct use. And, although Dr de la Torre did not accept that cross-contamination was the only possible explanation, he accepted that the estimated concentration was low, that dermal exposure

was more likely and that cross-contamination or non-intentional use may generally be preferred explanations in such a case.

71. The Respondent was aware of the need to establish the source of her exposure to Clostebol. Her representatives contacted the ITIA, the ITF, restaurants and a number of Tournament personnel, including [redacted] and [redacted] The enquiries focused in particular on the medical arrangements at the Tournament and whether Neobol or another topical product containing Clostebol had been present or used.

72. [redacted] initially responded that [redacted] had been in charge of the medical area and referred to the possible exposure of athletes with skin abrasions to Neobol. [redacted] subsequently clarified that [redacted] had not attended the Tournament and had acted only as an emergency contact. [redacted] accepted an invitation to a call on 27 March 2026 but did not join it and referred further questions to [redacted]

73. On 25 March 2026, an internal ITIA email recorded an unusual number of Clostebol AAFs and the perceived need to warn players about contamination risks. The Respondent asked the ITIA to assist in arranging interviews with Tournament personnel. However, the ITIA stated that it could not compel those individuals to answer the Respondent's representatives and directed the Respondent to the ITF.

74. The Respondent noted that the ITIA asked the Laboratory to review 22 Samples collected from other Players at the Tournament for any indication of Clostebol. No Clostebol was detected in those Samples. It interviewed [redacted] and [redacted] And then, in May 2026, the ITIA published the Guidance, titled "*Caution: Clostebol*" guidance. This followed internal ITIA communications regarding the rise of Clostebol cases (the "**March Email**"). The Guidance stated that positive findings for Clostebol had become increasingly common and that the substance could be transmitted through skin-to-skin contact or contact with the environment. The Respondent argued that the ITIA

plainly agreed internally that the Clostebol cases (including her own) were "*an issue resulting from contamination*" because it duly published the Guidance warning Players of the risks of Clostebol contamination.

75. The Respondent submitted that products containing Clostebol were widely available without prescription in El Salvador, including topical sprays and creams sold close to the Tournament venue; [redacted] accepted that Neobol had historically been used by Federation medical personnel as a wound-healing product; [redacted] also recalled an earlier positive test involving a wound-healing cream; and [redacted] initially referred to the possible exposure of athletes with skin abrasions to Neobol.

76. The Respondent argued that [redacted] later refusal to engage, after speaking with [redacted] required careful scrutiny. She submitted that the Tournament personnel gave limited, inconsistent or incomplete responses and failed to provide requested historical product lists. The Respondent invited reasonable adverse inferences from that evidential position.

77. She also submitted that the absence of Clostebol in the 22 comparison Samples does not exclude a specific, fleeting or isolated contact event affecting the Respondent alone.

78. Ultimately, the Respondent submitted that contamination by a topical Clostebol product at the Tournament is the only reasonably possible and credible explanation when the evidence is assessed as a whole. The scientific findings are consistent with minute, indirect exposure; the Guidance identifies skin contact and the environment as recognised routes; and El Salvador was a location in which relevant products were readily available (she noted the location of supermarkets and pharmacies in the immediate vicinity of the Tournament selling products containing Clostebol over the counter).

79. The Respondent argued that the source need not be proven by identifying the precise person, surface or moment of transfer. She cited various contaminated meat authorities

such as *Zanellato*[6] and *Reyes*[7] to support her position. The balance of probabilities requires the proposed route to be marginally more likely than not, not proof with certainty. The ITIA's approach in recognised meat-contamination cases shows that source may be proven through a defined country risk, evidence of exposure to that risk and scientific plausibility without identifying the exact contaminated item. The alternatives investigated by the Respondent, including supplements, ordinary skincare products, her father's products and food, produced no evidence of another credible source.

80. Applying the same legal and scientific burden routinely applied by the ITIA in its investigations into ADRVs in other common contamination scenarios (such as contaminated meat consumed in certain high-risk countries), the Respondent argued that she had plainly met her burden.

### C. Whether non-intentionality is proven without an established source

81. If the Tribunal is not satisfied that the precise source has been established, the Respondent submitted that the totality of the evidence nevertheless establishes, on the balance of probabilities, that the ADRV was not intentional. She accepted that the threshold for demonstrating an ADRV was not intentional without establishing source is a high one. However, she submitted that the authorities (including *Jack*, *Toyoda* and *Schrager*, sometimes referred to as the "*narrowest of corridors*" jurisprudence) remain a crucial aspect of anti-doping law which prevent innocent athletes from being treated as "c*ollateral damage in an otherwise strict and rigid anti-doping regime*".

82. The Tribunal should begin with the science, take a broad view, test the emerging conclusion against common sense and then consider whether credibility confirms it, consistently with *Jack, Toyoda* and *Schrager*. The trace concentration, negative hair results and scientific evidence concerning Clostebol's exceptional transmissibility strongly

[6] ITIA v Nicolas Zanellato, 18 February 2025.
[7] ITIA v Mateo Barreiros Reyes, 16 February 2026.

favour inadvertent contamination and are inconsistent with a sustained doping regimen. There was no apparent performance-enhancing benefit, and intentional or reckless use would make no sense for a young player at the start of her professional career who knew her exposure to testing would increase.

83. The Respondent summed up the totality of the scientific and comparative evidence as: the extremely low urinary concentration (some 37 times below the MRPL and below even the levels detected in handshake experiments); the entirely negative hair analysis of both the Respondent and her father; the consistent findings of the peer-reviewed literature as to the quantitative distinction between indirect and direct Clostebol exposure; together leading to the conclusion that the presence of Clostebol in her Sample was the result of contamination and not intentional doping.

84. The Respondent's own testimony, her parents' evidence, the character references and her extensive efforts to identify source support her credibility and dedication to clean sport.

85. Finally, the Respondent noted that the Tribunal in *Schrager* stated that, while the science cannot be decisive in the absence of an identified origin, it is not required to seek "*for perfection or 100% certainty*". The Respondent argued that it cannot be denied that contamination by products containing Clostebol at the Tournament could conceivably occur – the ITIA deemed the risk sufficient to warrant the publication of its own Guidance.

**D. NFN and NSFN**

86. If the Tribunal accepts the Tournament cross-contamination source, the Respondent says she could not reasonably have known or suspected the risk even with utmost caution. The ITIA had not issued its Guidance before the Sample was collected, and the Respondent had not been warned of a risk of environmental or skin-contact contamination in El Salvador.

87. The alleged exposure arose simply from competing at the Tournament and encountering an unidentified person or object. The Respondent stated that there was no preventative step reasonably available to her.

88. The Respondent submitted that the relevant question is whether more could have been expected of her to avoid her exposure to a Prohibited Substance. In determining a degree of Fault, the Respondent cited from CAS jurisprudence[8] in reminding the Tribunal that *"the endeavours to defeat doping should not lead to unrealistic and impracticable expectations the athletes have to come up with."*

89. Accordingly, the otherwise applicable period of Ineligibility should be eliminated under Article 10.5 of the 2025 TADP on the basis of NFN. Alternatively, she submitted that any departure from the required standard was not significant in the exceptional circumstances of the case, warranting a reduction under Article 10.6 of the 2025 TADP, potentially to a reprimand without a period of Ineligibility.

### E. Sanction, credit, Disqualification and costs

90. The Respondent sought a declaration that the ADRVs were not intentional and that no period of Ineligibility should be imposed because she bears NFN. Alternatively, she sought the greatest available reduction for NSFN, including a reprimand or a substantially reduced period of Ineligibility.

91. She sought no further Consequences arising from the ADRVs and opposed the Disqualification of results sought by the ITIA. She sought reimbursement of her disbursements. Her legal representatives acted *pro bono* so she did not seek professional legal costs.

### F. The duty of care claim

[8] CAS Advisory Opinion dated 21 April 2006, *FIFA & WADA*, CAS 2005/C/976 & 986, para. 73.

92. The Respondent submitted that the ITIA exercised extensive regulatory control over Doping Control, education, investigations and Results Management and assumed responsibility towards Players subject to the TADP.

93. She argued that the ITIA should have warned Players about the recognised risk of Clostebol contamination, ensured that prohibited products were not present at Covered Events and conducted a fair and effective investigation.

94. The Tournament personnel were subject to the TADP and were required to cooperate. The ITIA had powers to issue written demands and, where appropriate, commence disciplinary proceedings for non-cooperation. The ITIA failed to use those powers adequately, failed to maintain or obtain reliable records of the medical personnel and products present, and failed to facilitate access to material evidence.

95. The Respondent seeks declarations that the ITIA breached its duty of care, indemnification for resulting losses including tuition fees, and payment of disbursements. She disputed the ITIA's jurisdictional and merits objections.

## VI. A SUMMARY OF THE EVIDENCE AT THE HEARING

96. The Tribunal was provided with written statements from expert and factual witnesses. In addition, the evidence of the experts and some of the factual witnesses was examined at the hearing. What follows is a summary of the key points from that exercise.

### A. The expert witnesses

97. **Professor Alberto Salomone**: Professor Salomone is an Associate Professor at the University of Turin, Italy and Supervisor of the Forensic Toxicology Unit at the Regional Anti-Doping and Toxicology Centre (Centro Regionale Antidoping e di Tossicologia).

98. Professor Salomone's written opinion was that the very low concentration of Clostebol metabolites detected in the Respondent's Sample could be explained by either of two scenarios: (i) the tail end of the excretion of Clostebol administration to enhance sport performance, which occurred some weeks prior to the Sample was collected; or (ii) the exposure to very low amounts of Clostebol (for example from skin contact with products contaminated with Clostebol), which had occurred in the days prior to the Sample.

99. He considered both the likelihood of any athlete taking Clostebol for sporting enhancement and the results of the hair analysis he undertook, concluding in the Player's Expert Report, that "*it is extremely unlikely that Ms. Jessica Eudovic was exposed to substantial doses (i.e. with doping or therapeutic effect) of clostebol or to one of its esters in the period May 2025 – January 2026*" and further, that "*the results from Ms Jessica Eudovic urine and hair samples taken, respectively, on 1st October 2025 and 28 January 2026, are consistent with unaware exposure to extremely low quantities of clostebol, which likely occurred in the hours before the antidoping control*".

100. In his opinion, typical steroid use involved "*cycling*", "*stacking*" or "*pyramiding*", all of which involved taking multiple doses of steroids for a number of weeks, stopping for a period and then starting again. However, no athlete would take Clostebol, as it comes in creams and sprays, so any application would have a short benefit and little anabolic effect. Testosterone would be more effective and harder to detect.

101. He ruled out a therapeutic dose taken perhaps a couple of weeks before the Sample, as it would have shown up in her hair. He noted the position of Dr de la Torre on hair analysis, but "*respectfully disagreed*". He explained that once a person is exposed to Clostebol, it would incorporate itself into the keratin structure in hair and leave a chronological trace. This could be influenced by such things as hair colour, but it was more prone to incorporation in dark hair, such as the Respondent's. There had been significant improvements in analytical procedures and instrumental technology which meant that even very small amounts of Clostebol, from a single exposure, could now be detected.

102. He acknowledged that WADA did not accept hair analysis in place of urine and blood testing, however, he stated that criminal courts and employment tribunals relied upon this type of evidence in sexual assault cases, workplace incidents, and in other forensic incidents.

103. He was questioned by the ITIA on the fact that 22 other Players had been tested at the Tournament, yet none were positive for Clostebol. He accepted that a greater number of positive results might have been expected, but considered that the Respondent had been unlucky, as the concentration in her Sample was 0.07 ng/mL close to the limit of detection ("**LOD**"). However, he acknowledged that he did not know if any of the other 22 players had Clostebol concentrations just below the LOD, whether they had been tested at different times, or whether they had experienced different types of contact. He also accepted that any contamination might have been confined to the Respondent's hotel room, among other possible explanations, and that there could be numerous reasons for the absence of positive results in the other Samples.

104. The opinion of Dr de la Torre regarding "*disputable*" hair testing was put to him i.e. the lack of any controlled studies and that the studies Professor Salomone referred to were not "*evidence-based*". He rejected these criticisms and stated that the studies he referred to were his own experience in 50 or so previous cases.

105. **Dr Xavier de la Torre**: Dr de la Torre was Technical Director of the WADA-accredited laboratory in Barcelona, Spain from 1998 to 2003, Scientific Director of the Lisbon laboratory in Portugal from 2004 to 2008, and has served as Deputy Director of the Rome laboratory in Italy since 2008. His research has focused on the metabolism and detection of doping agents in blood, urine and hair, with particular emphasis on anabolic steroids.

106. He produced an independent toxicological opinion for the ITIA. He accepted that the estimated urinary concentration was low and considered dermal exposure more likely, but stated that the analytical evidence could not distinguish cross-contamination from direct

topical use, identify the product, user, timing or contact event, or determine whether exposure was intentional or inadvertent. He also disputed the extent to which the negative hair analysis excluded intended use, as Professor Salomone had not referred to controlled studies, rather cases where he was involved.

107. Dr de la Torre observed that, in cases involving low amounts and a metabolite profile consistent with dermal exposure (as was the case here, due to the absence of the Clostebol M2 metabolite coupled with the presence of the Clostebol M3 metabolite), cross-contamination or non-intended use may, as a general scientific matter, be preferred explanations. That general preference does not distinguish cross-contamination from direct topical use or identify the circumstances of the Respondent's exposure.

108. Dr de la Torre stated that the distinction between intended and accidental exposure is very difficult to draw from the analytical material alone, and that the Respondent would be required to provide evidence of a plausible factual scenario for an asserted accidental exposure.

109. Dr de la Torre accepted that exposure to a Clostebol-containing Neobol product could account for the urinary finding. He also explains that, if Neobol had been used during the Tournament, he would expect higher concentrations of Clostebol metabolites in urine. In relation to the 22 comparison Samples, Dr de la Torre considers that the absence of Clostebol findings is inconsistent with the proposed cross-contamination having arisen from the general environmental presence of Clostebol at the Tournament or from a contaminated item shared among competitors. His reasoning was that, if a contaminated item had been shared, it would be likely that other Samples would also have shown traces of Clostebol metabolites. There was therefore no scientific corroboration for a wider contamination issue at the Tournament.

110. Finally, he also considered the Respondent's competition history before the Tournament. He stated that, if she had used a Clostebol-containing product to treat a skin issue during

the Punta Cana Event held 15 to 20 days before Sample collection, that could explain a urinary concentration of approximately 0.07 ng/mL.

111. At the hearing, he was, speculatively, asked by the Respondent's counsel, that if he was provided with $10m and access to everyone at the Tournament, could he determine how the Prohibited Substance got into her system. He stated it would be extremely difficult. He was also asked about Clostebol itself. He stated that it is very effective at treating lesions of the skin, as it helps regenerate skin. It would help blisters recover faster. He would not expect to find it in face moisturisers, as moisturising and repairing skin are different things. Finally, he stated that in his experience, he had never seen Clostebol being used as an anabolic steroid. It is easy to detect and not the most potent steroid.

### B. The factual witnesses

112. **The Respondent** explained in her written statement that she had never heard of Clostebol before being notified of the positive test, has never knowingly taken a Prohibited Substance, and was shocked by the allegation. She emphasised that she had only recently entered the professional circuit, had no professional support team, and relied largely on the support of her parents.

113. She explained that she and her father travelled together to the Tournament, stayed in an Airbnb accommodation, ate a mixture of home-cooked meals, takeaway food and local food, and followed what she regarded as a normal tournament routine. She recalled nothing unusual in the days before the test and said that the supplements she was taking were purchased from reputable US retailers and, to her knowledge, did not contain any Prohibited Substances.

114. Her view is that the positive test must have been caused by inadvertent contamination. After obtaining legal advice, she learned that Clostebol-containing products were available in El Salvador and that the Prohibited Substance could potentially be transferred through contact with contaminated people or surfaces. She recounted efforts by her and her

lawyers to identify a source of contamination, including enquiries directed at the Tournament officials, accommodation providers, restaurants and other Players. Although no precise source was identified, she believed contamination is the only plausible explanation for the finding and considers the Tournament environment the most likely location of exposure.

115. She stressed her commitment to clean sport and stated that the proceedings and Provisional Suspension have had a profound impact on her and her family. She maintained that she would never knowingly jeopardise a career she has pursued since childhood and that she is being punished for a contamination event that was outside her control.

116. At the hearing, she was questioned by the ITIA and the Tribunal, and she confirmed that she had never been injured or required medical treatment. She had experienced blisters before, but had never applied any sprays or creams to her hands, rather she had used band-aids. She explained the process she undertook for her hair sample, with it being taken by her father, with Professor Salomone watching the hair being cut online, then sealed in an envelope and sent to him.

117. She was using various creams, but these were for her face and were used randomly. They were not bought in El Salvador. She had not tested any of these for Clostebol. She confirmed that she had not seen any products containing Clostebol being used at the Tournament, she had not seen and was not aware of anyone there using such products either. She did not receive any treatment from anyone at the Tournament. A fellow Player that she warmed up with had been to see the physio at the Tournament. She had approached other Players at the Tournament to ask them about treatment they received, whether they were aware of products containing Clostebol and the like, but none would assist her.

118. **Mr Giscard Eudovic:** Mr Eudovic is the Respondent's father. His longstanding role has been as a supportive parent who sacrificed his own career to help his daughter pursue professional tennis, including relocating with her from New York to Florida and accompanying her to tournaments around the world. He stated that the Respondent was a dedicated, hard-working young athlete with no history of doping concerns and that neither of them had heard of Clostebol before the positive test. He explained that her supplements were limited to basic products purchased from reputable US retailers and that they were both careful about nutrition and compliance with anti-doping rules. He believes that she was accidentally contaminated with Clostebol while in El Salvador.

119. At the hearing he was asked by the ITIA if she had any blisters or skin abrasions. He could not recall any. He said that she had never used sprays or creams either. He could not assist with matters at the Tournament but described the same process for the hair samples being taken as the Respondent did.

120. **Mr Adrian Bassett:** Mr Bassett is the Director of Communications at the ITIA. He explained in his witness statement that the ITIA regularly provided players with anti-doping information, including warnings concerning identified areas of concern. Following the March Email, he arranged for Clostebol messaging to be prepared for the ITIA's social media output as part of its refreshed communications approach. The content was published on the ITIA's Instagram account and was also provided in PDF form to the WTA, ATP and ITF for onward distribution to Players.

121. He was questioned extensively about both the March Email and the Guidance. He confirmed that the March Email had been authored by Ms Nicole Sapstead, ITIA Senior Director, Anti-Doping. He clarified that the reference in the March Email to other Players having tested positive for Clostebol did not concern Players at the Tournament, but rather two Players who had tested positive at a different tournament. Neither the March Email nor the Guidance identified specific products containing Clostebol or the regions in which such products could readily be purchased. Instead, the Guidance provided general

advice. He acknowledged that there had been a two-month gap between the March Email and the issuance of the Guidance, explaining that this was due to a communications refresh and the requirement for the Guidance to be approved by the ITIA Board.

122. Finally, written witness statements were received from the Respondent's mother and three (3) of the Respondent's former tennis coaches, [redacted] and [redacted] regarding her work ethic, commitment to training and dedication to clean sport. Their statements were not challenged by the ITIA.

## VII. THE TRIBUNAL'S FINDINGS

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

### A. The applicable law

124. As the applicable law is agreed, the Tribunal sets out the relevant provisions (or part provisions) of the 2025 TADP below:

125. Articles 2.1.1 and 2.2.1 of the 2025 TADP concerning the 'presence' and 'Use' of a Prohibited Substance:

> *"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. […]*
>
> *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. […]"*

126. Article 3.1.2 of the 2025 TADP, addresses the relevant burden and standard of proof applicable in these proceedings:

*"3.1.2 Where this Programme places the burden of proof on the Player or other Person alleged to have committed an Anti-Doping Rule Violation to rebut a presumption or establish specified facts or circumstances, then except as provided as in Articles 3.2.4 and 3.2.5 the standard of proof will be by a balance of probability."*

127. Article 10.2.1 of the 2025 TADP, 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:

*"10.2.1 […] the period of Ineligibility shall be four (4) years:*

*10.2.1.1 where the Anti-Doping Rule Violation does not involve a Specified Substance or a Specified Method, unless the Player […] can establish that the Anti-Doping Rule Violation was not intentional […]."*

128. Article 10.2.3 of the 2025 TADP, states:

*"10.2.3 As used in Article 10.2, the term 'intentional' is meant to identify those Players […] 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."*

129. Article 10.10 of the 2025 TADP, which mandates the Disqualification of results, states:

"10.10 ***Disqualification of results in Competitions subsequent to Sample collection or commission of an Anti-Doping Rule Violation***

*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 Player 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."*

130. Article 10.13 of the 2025 TADP, which deals with the start date for any period of Ineligibility, states:

"10.13 **Commencement of Ineligibility period**

*[…] 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:*

*[…]*

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

*10.13.2.1 Any period of Provisional Suspension (whether imposed or voluntarily accepted) that has been respected by the Player or other Person shall be credited against the total period of Ineligibility to be served […].”*

131. Article 1.1.5 of the 2025 TADP states as follows:

*“1.1.5 Subject to Article 1.1.4, this Programme is governed by English law. Subject always to the jurisdiction conferred on the Independent Tribunal in Article 8.1 and on the CAS in Article 13 to determine charges brought for violation of the TADP and certain related issues, any other claims or disputes (contractual or otherwise) relating to or arising out of the TADP between (on the one hand) Players, Player Support Personnel, and/or other Persons who are subject to the TADP and (on the other hand) the ITF, the ITIA, the ATP, the WTA, the Grand Slam tournaments and/or Delegated Third Parties, are subject to the exclusive jurisdiction of the English courts.”*

132. Article 8.1 of the 2025 TADP states as follows:

“8.1 **Jurisdiction of the Independent Panel**

*The following matters arising under this Programme will be submitted for determination by an Independent Tribunal in accordance with the Procedural Rules Governing Proceedings Before an Independent Tribunal, as amended from time to time:*

*8.1.1 A charge that one or more Anti-Doping Rule Violations has been committed (and any issues relating to that charge). […]”*

## B. The Issues

133. The Respondent has admitted the ADRVs of presence and Use of Clostebol in this matter, and has sought to identify the source of the ingestion (or origin) of Clostebol, alternatively, she asks the Tribunal to consider her rebuttal of the presumption of intentional ingestion

and Use. In the event she is able to establish source on the balance of probabilities, she further seeks to access Fault-based reductions. As such, the Tribunal will need to assess the appropriate sanction for the admitted ADRVs. Finally, the Respondent has alleged that the ITIA has breached its duty of care to her and should itself be sanctioned. As such, the Tribunal will consider in turn: (a) source; (b) intention; (c) Fault; (d) sanction; and (e) the duty of care claim.

1. **Source**

134. The Tribunal notes that the burden to establish source is on the Respondent and the standard is on the balance of probabilities.

135. The Respondent relies upon the low concentration of Clostebol in her Sample, which is consistent with contamination. Professor Salomone ruled out an application in the prior days or weeks, as it would have shown up in the hair tests he carried out. He concluded that the only possible explanation would be inadvertent contamination.

136. The Respondent directed her attention to the Tournament. It was in El Salvador, where products for healing cuts and abrasions, that can be acquired over the counter, without a prescription, often have Clostebol as an active ingredient in that region. She was able to demonstrate that a number of shops in the immediate vicinity of the Tournament were selling such products. She pointed to the ITIA's March Email and subsequent Guidance – it knew there was a "*Clostebol problem*" in that region.

137. Her legal counsel advanced a number of cases involving contaminated meat and tennis in the region, in which the ITIA had accepted the source arguments of those Players, without them being precise as to what they consumed and when. For example, the cases of *Zanellato* and *Reyes*.

138. The Respondent noted the 22 other Samples provided on the same day at the Tournament, but argued that there was a level of detection and some of those Players

may have shown traces of Clostebol, under that level. Further, the Respondent's contamination might have been an isolated incident.

139. Her counsel focused on the Tournament personnel, namely [redacted] and [redacted] They noted that none of these provided assistance to the Respondent in her legal case, none provided sworn witness statements, and none attended the hearing to be examined.

140. The Respondent's counsel alleged that [redacted] had indicated in writing that products containing Clostebol had been in use at the Tournament and that the ITIA had concealed the list of products procured for the Tournament. The Tribunal was asked to make the adverse inference that a product containing Clostebol would have been on that list and therefore at the Tournament.

141. On the other hand, the ITIA argued that the Respondent was unable to meet her burden. She had referred to an unidentified product or an unidentified form of contact, with an unidentified person or surface. Hotel cleaners and tennis balls were suggested. Ultimately, the Respondent never saw anyone using or with a product containing Clostebol at the Tournament.

142. [redacted] confirmed in [redacted] interview with the ITIA that [redacted] had stopped using Neobol six (6) years earlier. The Medicina FST list was produced and it had no such products on it. [redacted] did not refer to Clostebol products being used at the Tournament, rather more generally in the region. [redacted] also confirmed that [redacted] was on call for the Tournament, but never attended in the end.

143. 22 out of the 50 or 60 Players competing at the Tournament were tested. Only the Respondent tested positive for Clostebol. Dr de la Torre confirmed that if there was contamination at the Tournament, he would have expected more positive tests to have occurred.

144. The Tribunal notes the Respondent's criticism of the ITIA and how it dealt with the personnel at the Tournament, however, it also notes how the player in *Battaglino*[9] was treated. In his case he was simply provided with the tournament physio's details then left to contact that person directly. That physio ignored him and Mr Battaglino was then faced with an uphill task to prove source.

145. In the case at hand, the ITIA interviewed the personnel at the Tournament and provided copies of the transcripts to the Respondent. It would, of course, have been preferable to have some of them available to be questioned. The list of products too. Indeed, some contemporaneous records from the Tournament could have been helpful to see who was treated with what, who was massaged, etc. However, the Tribunal notes the difficulty in compelling tournament personnel, other Players and coaches etc. to assist in a hearing like this.

146. The fact that 22 other Players, a significant proportion of those competing at the Tournament, all tested negative for Clostebol, is a factor that weighs against there being a contamination issue at the Tournament. As does the Respondent's inability to demonstrate the presence of any products containing Clostebol at the Tournament or anyone having seen such a product let alone use it.

147. The Tribunal also considered the four (4) meat contamination cases the Respondent referred to. In *Zanellato,* a Brazilian player competing in Colombia in 2024, returned an AAF for boldenone at a concentration of 5 ng/mL. He advanced a meat contamination source defence, relying on records from his Uber account, credit card statements and receipts to evidence a number of ingestions of steak whilst there. He traced the meat supplier to the restaurant and tested other cuts of meat. 25% of these samples showed the presence of the substance, although at lower concentrations. Experts gave evidence on the use of the Prohibited Substance in meat production processes in Colombia. Whilst

[9] ITIA v Stefano Battaglino, SR/115/2023, Final Decision dated 30 October 2023.

the ITIA expert could not rule out a deliberate ingestion as opposed to inadvertent contamination, the ITIA accepted that meat had been the source.

148. The other three (3) cases were effectively the same, as there were three (3) Players (Messrs *Reyes*, *Huertos Del Pino* and *Urrea*) who tested positive for low levels of boldenone at the same tournament in Colombia in 2025. The ITIA seem to have introduced them to each other, and they all advanced meat contamination defences and that source was accepted by the ITIA. They could all demonstrate (through their movements, credit card statements, receipts, etc.) that they had consumed meat recently before the tests in Colombia. Two (2) of them produced hair and nail evidence. The ITIA also relied upon two (2) additional factors – firstly only boldenone was in their Samples, no other Prohibited Substances; and secondly, there was no intelligence concerning any of the Players that had been found or passed to the ITIA, which could bring their credibility in doping related matters into question.

149. The Tribunal notes these cases with interest, however, they do not help the Respondent overcome the issues mentioned above. These are contaminated meat cases. This form of contamination is well known, and WADA has issued Stakeholder Notices, which can result in a different process being followed, where the contamination relates to meat from certain countries. But ultimately, what the Tribunal noted that, in each of these four cases, the evidence available was considerably more extensive and sufficient to satisfy the ITIA and the respective tribunals that the players had discharged their burden of establishing meat contamination.

150. A case that is closer to the Respondent's case is that of *Schrager*. There, the Prohibited Substance could be procured in the immediate vicinity of the gym where she alleged her contamination must have taken place. However, she was unable to demonstrate that the Prohibited Substance was present in the gym at any time, that anyone had seen it being used or even present in the gym and her swabs and interviews of gym users did not assist. As that tribunal stated:

*"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."*

151. This Tribunal is in the same position; the Respondent has not demonstrated on the balance of probabilities that the Clostebol in her system originated from a contamination event at the Tournament.

2. **Intention**

152. The Tribunal notes that it is not disputed by the ITIA that a Player that has been unable to satisfy their burden to prove the origin or source of the Prohibited Substance, can nonetheless satisfy their burden to prove that their ingestion and/or Use of the Prohibited Substance was unintentional.

153. Article 10.2.1.1 of the 2025 TADP provides that the period of Ineligibility will be four (4) years where the ADRVs do not involve a Specified Substance or Specified Method, unless the Player establishes that the ADRV was not intentional.

154. Article 10.2.3 of the 2025 TADP defines "*intentional*" as conduct which the Player knew constituted an ADRV, or knew carried a significant risk that it might constitute or result in an ADRV and manifestly disregarded that risk.

155. Whilst not in force at the present time, the Tribunal notes that from 1 January 2027, the next edition of the WADA 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 […].”*

156. The Tribunal is not applying the 2027 Code to the case at hand, but further notes that in addition to raising the standard of proof for the Player (in the case at hand, the Respondent has to satisfy the Tribunal on non-intentionality on the balance of probabilities), 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 provide panels and tribunals with some guidance when considering non-intentionality, without proof of source:

*“[Comment to Article 10.2.1.3: 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 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.]"*

157. The Tribunal notes that proving non-intentional Use and/or presence is made far harder without proving source or origin. The test that is set out in Article 10.2.3 of the 2025 TADP, requires any panel or tribunal to consider the "*conduct*" of the Player. If the Player cannot explain how the Prohibited Substance ends up in their system, then it is likely they cannot explain what exact conduct led to the ingestion, so how can a panel or tribunal carry out the test?

158. The Tribunal notes that there have been some cases on this issue cited by both Parties. The ITIA relied heavily on *Battaglino.* This is a tennis case, involving Clostebol. The Italian Player needed a medical time out during a match in Morocco and the tournament physio applied a lotion to him by way of a massage. He was tested after that match and tested positive for Clostebol. His previous negative test was 21 days before. He pointed to the physio as the source, either applying a lotion with Clostebol in it to him, or perhaps to a previous player, then massaging him having not washed his hands. He was given the physio's details, but the physio ignored the Player's legal team and provided no evidence to the tribunal dealing with his sanction. The ITIA expert stated that an oral ingestion of Clostebol perhaps five (5) days before the Sample was taken could not be ruled out, so the prior test was not determinative. She also suggested that the physio would have washed his hands between treating Players.

159. The Player's legal team focused on source, and then on Fault and did not deal with non-intentionality. His expert conceded that he could not demonstrate a direct link between the massage and the positive test. The tribunal issued a request for post-hearing briefs on the issue of non-intentionality, then considered cases like *Lawson*[10]*, Jack* & *Khan*[11]*.* The Player advanced four (4) meat contamination cases, but in all those cases, source had

[10] Jarrion Lawson v IAAF, CAS 2019/A/6313
[11] UKAD v Amir Khan, decision dated 21 February 2023

been accepted. The tribunal concluded that there was hardly any evidence and it was insufficient in the light of those other three (3) cases. The result was that the Player received a four (4) year suspension.

160. The ITIA additionally relied upon *Abdelrahman, where* the panel held that an athlete may not "*merely speculate as to the possible existence of a number of conceivable explanations for the AAF […] and then further speculate as to which appears the most likely of those possibilities*". The athlete must instead provide "*specific, objective and persuasive evidence*" that the explanation advanced is more likely than not to be correct.

161. In *Iannone*, the panel makes the point that possible is not the same as probable. In *Guerrero*, the panel noted that, where competing explanations are advanced, rejection of one does not oblige a tribunal to select the other; it remains open to the tribunal to conclude that the alternative explanation has not been proven.

162. The Tribunal notes the position taken by other panels and does not seek to deviate from that. The Tribunal's role is to assess the totality of the entire evidence that the Respondent puts 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.

163. This approach is consistent with the cases that the Respondent relies upon, namely *Jack, Toyoda* and *Schrager*. Additionally, the Respondent refers to the *Zanellato* and *Reyes* (et al.) cases. This latter group of cases were primarily dealing with source and Fault, but touched on non-intentionality. It was of note to the Tribunal that the ITIA, when accepting non-intentionality, considered that only the Prohibited Substance was in their Samples and whether there was any prior intelligence on the Players. Hair and nail analysis formed a part of the evidence with a couple of the Players too.

164. The Tribunal notes the approach to the assessment of evidence articulated by the CAS panel in *Jack*, drawing on the analysis in *Lawson*:

*"[…] 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."*[12]

165. 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. In *Battaglino* the Player did not particularly advance arguments or evidence in relation to non-intentionality, despite being afforded the chance post-hearing by that tribunal. The Tribunal did not find it particularly helpful when addressing the non-intentionality issue when compared to the cases relied upon by the Respondent. However, whilst all evidence can be considered and given the appropriate weight, previous panels and tribunals have their doubts over polygraphs, others over mere protestations, and most conclude that scientific evidence is required (albeit, the "*science*" relied upon in *Jack* and *Toyoda* was fairly scant). Whilst hair (and nail) testing has not always proven sufficient and reliance on it is cautioned in the commentary to the 2027 Code, that is not yet in force and the TADP is the applicable law here. The Tribunal will consider the limitations advanced by Dr de la Torre and the ITIA's counsel as regards to 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.

### a. ***The science***

166. The Respondent is not in the same position as *Khan*; this was her first ever Doping Control. She cannot look at another recent test for assistance. She argued that a blood test she had provided earlier in the year should assist, however, neither expert agreed.

[12] WADA v Swimming Australia and Others (Shayna Jack), CAS 2020/A/7579 & CAS 2020/A/7580, Award of 16 September 2021, paragraph 157, referring to Lawson v IAAF, CAS 2019/A/6313, paragraph 65.

The Tribunal also notes the position in *Battaglino*. His negative test 21 days before his positive test was of no assistance to him.

167. However, the experts agree that Clostebol is not taken to enhance sporting performance, it is easily detected and not that potent. The ITIA did not take issue with that either. It was also concluded from the science that the positive test was either from a topical application of a therapeutic dose of a product (spray/cream) containing Clostebol, through the skin, in the days/weeks before testing or from inadvertent contamination shortly before testing. The Laboratory results confirmed that the concentration of Clostebol in the Sample was extremely low – 0.07 ng/mL.

168. There was not total agreement between the experts. Professor Salomone ruled out the topical application, based on his expert forensic experience. He referred to the 50 cases he had been involved in as a hair testing expert. His opinion was clear and largely unchallenged (Dr de la Torre referred to these findings as "*disputable*", citing the lack of controlled studies, but acknowledged that Professor Salomone was the expert on hair testing). Professor Salomone's opinion was that such an application would show up in hair analysis and it had not.

169. The Tribunal did discuss with the ITIA's counsel what "*science*" should be taken into account. The ITIA's position was that any science should be supported by controlled studies. The Tribunal had some difficulty with that. It was noted in *Schrager* that there were no studies either, primarily as the Prohibited Substance in that case, Ligandrol, was not fit for human consumption, so it would be unethical to use it in such studies. Further, there is no actual requirement for scientific evidence in the TADP, rather it comes from the WADA commentary. But that is not always followed (see *Jack* and *Toyoda*), nor is it explained. Science is a wide subject, the Tribunal sees no reason to limit it as the ITIA suggests, especially when it could put a huge burden on athletes. Finally, Professor Salomone is a scientist. His experience of forensic testing is scientific evidence that the Tribunal can consider and weigh up as part of the "*science*". The Respondent submitted

and Professor Salomone confirmed that hair analysis accepted in criminal and employment-related tribunals. He further pointed out that it is carried out through very sensitive and accurate instruments these days.

170. Additionally, the Tribunal notes that the test results only showed metabolites of Clostebol and no other Prohibited Substances and in the four (4) meat contamination cases cited, the ITIA accepted hair and nail analysis as part of the evidence it took on board when accepting source/non-intentionality, in some of those cases.

171. Finally, on the science, the Tribunal does exercise some caution with hair testing around the chain of custody. It appears that Professor Salomone watched (via a video link) the Respondent and her father cut each other's hair and place that in bags that were sealed and sent to him. This type of collection and transportation of samples falls well below the standards required for National Anti-Doping Organisations dealing with urine samples, for example.

172. The Tribunal recognises that the disagreement between the experts concerns the conclusions that can safely be drawn from the negative hair analysis, rather than simply whether hair testing is capable of providing relevant evidence. It accepts that Professor Salomone's forensic expertise provides a basis for taking his opinion into account, notwithstanding the absence of controlled studies. However, the Tribunal also gives weight to Dr de la Torre's reservations concerning the extent to which a negative test can exclude a single or limited topical application. Accordingly, the Tribunal does not regard the hair analysis as conclusively excluding such an application or as independently establishing inadvertent contamination. It treats the negative result as providing some support for the Respondent's account particularly insofar as it weighs against substantial or repeated exposure, subject to the limitations identified above. Its conclusion rests on the cumulative assessment of the scientific and other evidence, rather than acceptance of Professor Salomone's exclusion of alternative explanations as decisive.

### b. ***The other evidence***

173. The Tribunal notes that there is no dispute between the Parties that, following the March Email which identified a "*Clostebol problem*" in various regions and was written as a result of the Respondent's positive test being the latest case, the ITIA responded in May by issuing the Guidance. Whilst the Respondent complained that this was too late for her, the Tribunal notes that this is important evidence that there is a contamination risk for Clostebol in certain geographical regions, including El Salvador. Further the ITIA's own categorisation of this risk and the actions it took, indicate that it recognised the risk was high.

174. The Respondent produced evidence that products containing Clostebol can be acquired over the counter, without a prescription in such regions, however, the experts both noted that these products were for the treatment of skin abrasions, blisters, cuts and the like. The evidence of her father was that she had no history of such (or any) injuries and had received no medical treatments. [redacted] the physio at the Tournament, confirmed that [redacted] did not treat the Respondent, which supports her own and her father's testimony regarding injuries and medical treatment. The evidence relating to [redacted] from [redacted] emails and interview with the ITIA, was not totally clear. Whilst [redacted] eventually stated that [redacted] was not at the Tournament itself ([redacted] was just on call for it and had mistakenly referred to being physically present), [redacted] original statement was that he was aware that products containing Clostebol were used in the region.

175. Finally, there were the statements from the Respondent's mother and other character witnesses regarding her attitude to doping.

176. Against that evidence, the Tribunal notes that 22 tests were taken on the same day as the Respondent's test (it was not entirely clear to the Tribunal whether the Respondent was one of the 22 or whether there were 22 additional Players tested, but that detail is irrelevant) and they were all negative for Clostebol, which weakens her cross-

contamination case. Even if it is accepted that there may have been traces below the LOD or that in some of the controlled skin to skin studies that the experts referred to, not all participants that were contaminated then provided a positive test, the fact is none of these 22 tested positive for Clostebol.

177. The Tribunal additionally accepted Mr Bassett's testimony that the other two (2) players with failed tests for Clostebol cited in the March Email were not from the Tournament. Further, the ITIA did provide notes of an interview with the Tournament physio, who confirmed that [redacted] had removed Neobol from [redacted] kit bag six (6) years prior, however, the list of products purchased for the Tournament was never produced.

***c. Common sense***

178. The Tribunal notes that the requirement for a sporting advantage was taken out of prior editions of the Code when considering intention, however, it remains a factor when considering common sense. The Tribunal notes that both experts recognised that products containing Clostebol would not be taken for a sporting advantage, with Professor Salomone stating that athletes would not be "so stupid".

179. It seems therefore that the Tribunal is left with the Respondent either taking a therapeutical dose of a product containing Clostebol in the days or weeks before her test or she was contaminated closer to the test date.

180. The Tribunal notes it is not for it to decide which is the most likely, rather to consider if the Respondent is able to satisfy her burden as regards the contamination theory that she advances.

***d. Credibility***

181. At the Hearing, the ITIA challenged the Respondent's credibility. She was taken to her DCF where there was no mention of the supplements she was taking, it examined her

about the substances and medications she had and not had tested, and focused on face creams that she was using in particular. She was asked by the Tribunal about her injury history, whether she ever suffered from blisters and the like.

182. The Tribunal found the Respondent truthful. She answered all questions put to her by the ITIA's counsel and the Tribunal without hesitation. She had been interviewed by the ITIA twice and she was unrepresented at the first interview. She remained consistent with the answers she had provided before.

183. The Tribunal notes the caution it must exercise, as it has been often stated by previous panels and tribunals that an athlete that has cheated can say the same as what an innocent athlete can.

184. However, the Tribunal also notes the Respondent's age and level of experience, the undisputed facts that she had taken the ITIA courses she was meant to have taken before competing, that she only bought supplements from a reputable shop and that her conduct was unremarkable. This conduct was set out in her witness statements and was barely tested at the hearing. In short, she stayed with her father, they ate together, she practised with some other players and played her matches. Nothing out of the ordinary. She stated that she did not know what she could have done differently.

185. There was no evidence of any unusual conduct that needed reviewing (c.f Schrager and her visits to a gym, which her own counsel described as a "den of iniquity") and the Tribunal assumes that there was no intelligence against her (as a factor that the ITIA considered in the meat contamination cases referred to above).

186. When assessing credibility, the Tribunal notes the credibility of others that provided evidence. In particular, there was an "evidence vacuum" relating to the Tournament personnel. This case and *Battaglino* highlight the difficulty players can face in getting assistance from key people at tournaments. Whilst the ITIA interviewed the four (4)

personnel at the Tournament, there were unasked and unanswered questions, together with a missing purchase list, which undermines the credibility of those four (4) individuals.

187. Finally, whilst the ITIA criticised the Respondent for not testing the face creams she was using, the experts noted that Clostebol would not be used for moisturising, rather regenerating skin and the Tribunal placed no weight on her not testing those products. Indeed, the Tribunal notes that there has to be a limit to what athletes are expected to have personally tested. This process is not without financial cost to the athletes.

188. Having weighed up all these factors, the submissions made by the parties, in either direction and the evidence before it, as summarised above, the Tribunal is satisfied that this is one of those cases where the Respondent has been able to convince it, on the balance of probabilities, that she did not knowingly intend to Use or ingest Clostebol.

189. The Tribunal has considered the totality of the scientific evidence. It has followed the test outlined in *Jack* and noted that in *Toyoda* (particularly paragraphs 113–117 and 194–200), that evidence which is insufficient when considered separately may nevertheless be sufficient cumulatively.

190. The experts were able to agree that there was no sign of regular Use and that it would make no sense for the Respondent to take Clostebol for sporting performance. Dr de la Torre provided evidence concerning the metabolite profile supporting dermal exposure. His observation that cross-contamination or non-intended use for doping may be preferred explanations where low concentrations and a dermal route are indicated, which provided material support for her case. However, he could not rule out a single dose. That would be either because she was either (using a term coined in *Schrager*), a "*dopy-doper*" or (to use a phrase coined by Professor Salomone) "*so stupid*"; or that she was using a product that contained Clostebol for therapeutic reasons, as she had an injury or need to treat herself for skin abrasions or blisters. Neither seemed likely to the Tribunal.

191. However, the availability of Clostebol-containing topical products in the region, together with the evidence concerning incidental dermal transfer, supplies a factual and scientific context in which inadvertent exposure is credible. When the Tribunal went on to assess her personal credibility, it did not find her to be dopey or stupid. There was simply no evidence that pointed that way. Further, there was no evidence of any injuries or need to take a product containing Clostebol. It might have been helpful to ask [redacted] whether [redacted] saw the Respondent at the Tournament and to have enquired further into what products [redacted] used, but that was not possible. The Tribunal has the note from [redacted] interview where [redacted] confirms [redacted] did not treat the Respondent, it also has the evidence of the Respondent's father regarding her injury history and finally the evidence from the Respondent herself saying that she had no injuries, but did experience some blisters, which required nothing more than a band-aid. Added to this, but with some caution, due to the potential issues with chain of custody and the caution other panels have shown to hair testing (along with WADA's own position as now expressed in its commentary in the 2027 Code), was the unequivocal position of Professor Salomone that the only explanation for her positive test was contamination.

192. The Tribunal considered the evidence that weighs against her contamination case. In particular, the 22 negative comparison samples. These provide no corroboration of widespread exposure at the Tournament. Their significance for an isolated exposure is more limited, however, since the evidence does not establish that those players experienced the same relevant contacts as the Respondent, the Tribunal therefore can neither disregard those results nor treat them as excluding an individual episode of inadvertent exposure.

193. The Tribunal's conclusion rests on the relationship between these evidential strands. The low concentration and metabolite profile provide scientific support for inadvertent dermal exposure, although they do not distinguish it conclusively from direct topical use. The Tribunal considers that evidence alongside the Respondent's account, which it accepts,

that she had not used creams or sprays to treat injuries or blisters, and the supporting evidence concerning her treatment history. Those factual findings reduce the likelihood of the alternative explanation of a therapeutic application. The known potential for incidental transfer and the availability of the relevant products provide a plausible context for inadvertent exposure, without establishing its particular source. Taken together, these matters persuade the Tribunal that non-intentional exposure is more likely than conduct falling within either limb of Article 10.2.3 of the 2025 TADP, namely a knowing violation of the anti-doping rules or a knowing manifest disregard of a significant risk of such a violation. This is a positive inference from the evidence as a whole, rather than a conclusion drawn merely from the absence of proof of deliberate doping. The possibility of an alternative explanation remains, but does not, in the Tribunal's assessment, outweigh that combined evidence.

194. Ultimately the Tribunal was satisfied on the balance of probabilities that there was no intentional behaviour and, as the panels in both *Jack* and *Schrager* concluded, it will never know exactly how the Respondent was contaminated. But therein lies the difference between an athlete who can pinpoint source and is able to have their Fault assessed, with the possibility of eliminating or reducing their sanction (as was seen with *Sinner*[13]) and those like the Respondent, who cannot have their Fault assessed and cannot seek to reduce a 2-year period of Ineligibility.

## 3. **Fault**

195. The Tribunal has determined above that the Respondent has failed to meet her burden as regards source in the matter at hand. It is common ground between the Parties that a precondition to applying Articles 10.5 and 10.6 of the 2025 TADP, which allow for the reduction of the two (2) year sanction only if the Respondent can establish that she bears

[13] ITIA v Jannik Sinner, SR/250/2024, Independent Tribunal decision dated 19 August 2024

NFN or NSFN is that she "*must also establish how the Prohibited Substance entered [her] system*".

196. As such, the Tribunal is unable to consider her Fault and any possible further reduction in her period of Ineligibility.

4. **Start date for any period of Ineligibility**

197. Article 10.10 of the 2025 TADP, which mandates the Disqualification of results, titles, prizes and the like, is qualified by the words "*[u]nless fairness requires otherwise*."

198. There was no reason of fairness in the Tribunal's view not to disqualify the Respondent's results and any points earned at the Tournament.

199. However, it is not contested that she should be credited for the time she has been provisionally suspended, in accordance with Article 10.13.2 of the 2025 TADP.

5. **Duty of care**

200. The final issue before the Tribunal is the duty of care claim raised by the Respondent. The starting point is the jurisdiction.

201. The ITIA set out its position clearly as to why this would not be an issue for this Tribunal to deal with. The ITIA submitted that the Tribunal's jurisdiction under Article 8.5 of the 2025 TADP is to determine the ADRVs and the Consequences under the TADP. The Respondent's claim for a declaration and financial relief falls outside that jurisdiction. Article 1.1.5 of the 2025 TADP provides for the exclusive jurisdiction of the courts of England and Wales in respect of other claims or disputes relating to or arising out of the TADP.

202. At the hearing, the Respondent was able to advance her position as to jurisdiction. Her focus was on the wording of Article 8.1.1 of the 2025 TADP, where in addition to the

Tribunal being able to consider the ADRVs and their Consequences, the Tribunal should also deal with *"[…] (and any issues relating to that charge) […]".* The Respondent submitted that the duty of care the ITIA owed to the Respondent was a matter that related to the charge.

203. Having heard from both Parties, the Tribunal determined that it lacked jurisdiction to deal with this issue. It would need to be an extremely wide interpretation of Article 8.1.1 of the 2025 TADP to wrap up a duty of care claim within any other issues. The Tribunal noted that the starting point is Article 1.1.5 of the 2025 TADP. This sends claims arising out of dealing with ADRVs set out in the charge to the Independent Tribunal, but goes on to send different types of matters to the courts – "*[…] any other claims or disputes (contractual or otherwise) relating to or arising out of the TADP between (on the one hand) Players […] and (on the other hand) […] the ITIA […] are subject to the exclusive jurisdiction of the English courts."* The Tribunal determines that a breach of duty arises from the contract between the Players and the ITIA, under the TADP. These claims are to go before the courts. This additionally makes total sense to the Tribunal, when one looks at the make-up of independent tribunals. These will have a legal chair, and the wing members are sometimes also legally qualified, but often not. They bring additional skills to the independent tribunal, such as medical expertise, knowledge of the sport, when former Players, coaches, administrators are selected. The Independent Panel brings specific tennis and sports-related knowledge, which is crucial for dealing with matters such as ADRVs and their Consequences. The courts deal with breach of contract and breach of duty of care type cases.

204. As such this issue is dismissed.

## VIII. THE ORDER

205. The Respondent is found to have unintentionally committed ADRVs pursuant to Articles 2.1 and 2.2 of the 2025 TADP.

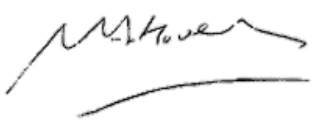
206. The Respondent is sanctioned with a two (2) year period of Ineligibility.

207. The Respondent has been provisionally suspended since 21 November 2025 and has remained so to date. Giving her credit for this suspension, pursuant to Article 10.13.2 of the 2025 TADP, her period of Ineligibility shall end at midnight on 20 November 2027.

208. Pursuant to Article 10.10 of the 2025 TADP, her results (including any medals, points and prizes) acquired at the ITF World Tennis Tour W15 event held in Santa Tecla, El Salvador, between 29 September and 5 October 2025 are Disqualified.

## IX. RIGHT OF APPEAL

209. This Decision may be appealed to the CAS, located at Palais de Beaulieu, Avenue des Bergières 10, CH-1004 Lausanne, Switzerland (procedures@tas-cas.org), in accordance with Article 13.2.1 of the 2025 TADP. Article 13.8.1.1 of the 2025 TADP sets the time limit to file an appeal to the CAS, which is 21 days from the date of receipt of this final Decision.







Mark Hovell (Chair)
On behalf of the Independent Panel
London, UK
05 November 2026