

ID	Sport	First	Last	Date Tested	Tested Positive For	Penalty	Start Date	End Date	Coach	Go to Counseling?	Re-test Date	2nd re-test	Tested positive for	Penalty #2	begins	retest date #2	retest #2 results	
1	Football			4/16/03	Marjuana	14-day suspension	4/22/03	5/5/03	Lee Owens	Yes	4/29/03/Siling	negative	negative					
2	Men's Bskball			4/17/03	Did not participate	7-day suspension	4/22/03	4/28/03	Dan Hipsher	no documentation	4/29/03	positive	marjuana	28 day suspens	5/5/03	6/1/03	negative	
3	Men's Soccer			4/18/03	Marjuana	14-day suspension	4/23/03	5/6/03	Ken Lolla	no documentation turned in	5/7/03	negative	negative					
5	Baseball			5/17/04	Marjuana	14-day suspension	5/20/04	6/3/04	Tim Berenyi									
6	Rifle			9/23/04	Ephedra	30-day suspension	9/27/04	10/27/04	Newt Engle	Yes	10/28/04	negative	negative					
7	Football			3/24/05	Marjuana	14-day suspension	4/6/05	4/20/05	J. D. Brookhart	Yes								
8	Football			3/24/05	Ephedra	30-day suspension	4/6/05	5/6/05	J. D. Brookhart	Being retested due to medication he was taking. Not considered a first possiti								
9	Baseball			4/21/05	Marjuana	14-day suspension	4/27/05	5/11/05	Tim Berenyi	Yes								
10	Football			4/14/06	Marjuana	14-day suspension	4/18/06	5/2/06	J. D. Brookhart									
11	Football			10/1/06	Opiate	14-day suspension	10/3/06	10/17/06	J. D. Brookhart									
12	Football			10/1/06	Marjuana	14-day suspension	10/3/06	10/17/06	J. D. Brookhart	Yes								

April 27, 2005

Dear [REDACTED]:

This document is to serve as notification of your violation of the University of Akron Athletics Department Drug Education and Testing Policy as stated in the Student-Athlete Handbook. The drug test performed on 4/21/05, was deemed positive for Marijuana. Penalties for the above violation are listed below:

First positive

- (a) The team physician, director of sports medicine, athletic director, and head coach will be notified. At the athletic director's discretion, the parents of a student-athlete who is under twenty-one years of age may be notified.
- (b) [REDACTED] will be suspended from all athletic activities for fourteen days commencing 4/27/05.
- (c) [REDACTED] must also undergo a counseling program designated by the University of Akron. Documentation of the appointment must be provided to the Director of Athletics office.
- (d) At the conclusion of the suspension period, 5/11/05, [REDACTED] must pass a subsequent drug test to be eligible to return to athletic activities.
- (e) [REDACTED] will be subject to future testing at the discretion of the department of athletics. No notice of testing is required

I, [REDACTED], understand the rule in violation and the penalties assessed in accordance with this violation.

\_\_\_\_\_  
[REDACTED]

\_\_\_\_\_  
Date

I met with and reviewed this document with the student-athlete.

\_\_\_\_\_  
Michael Thomas, Director of Athletics

\_\_\_\_\_  
Date

C: Tim Berenyi, Head Football Coach

September 27, 2004

[REDACTED]  
Rifle Team  
The University of Akron  
Akron, OH 44325

Dear [REDACTED]:

This document is to serve as notification of your violation of the University of Akron Athletic Department Drug Education and Testing Policy as stated in the Student-Athlete Handbook. The drug test performed on 9/23/04 was deemed positive for Ephedra. Penalties for the above violation are listed below:

**First positive**

- (a) The team physician, director of sports medicine, athletic director, and head coach will be notified. At the athletic director's discretion, the parents of a student-athlete who is under twenty-one years of age may be notified.
- (b) [REDACTED] will be suspended from all athletic activities for thirty days commencing 9/27/04.
- (c) [REDACTED] must also undergo a counseling program designated by the University of Akron. Documentation of the appointment must be provided to the Director of Athletics office.
- (d) At the conclusion of the suspension period, 10/27/04, [REDACTED] must pass a subsequent drug test to be eligible to return to athletic activities.
- (e) [REDACTED] will be subject to future testing at the discretion of the department of athletics. No notice of testing is required

I, [REDACTED], understand the rule in violation and the penalties assessed in accordance with this violation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I met with and reviewed this document with the student-athlete.

\_\_\_\_\_  
Mary Lu Gribschaw, Sr. Associate Athletics Director

\_\_\_\_\_  
Date

cc: Newt Engle, Rifle Coach

This document is to serve as notification of your violation of The University of Akron Athletic Department Drug Education and Testing Policy as stated in the Student-Athlete Handbook. The drug test performed on April 29, 2003 was deemed positive for marijuana. Penalties for the above violation are listed below:

**Second positive**

- (a) The team physician, director of sports medicine, athletic director, and head coach will be notified. At the athletic director's discretion, the parents of a student-athlete who is under twenty-one years of age may be notified.
- (b) [REDACTED] will be suspended from all athletic activities for 28 days commencing May 5, 2003.
- (c) [REDACTED] must again undergo a counseling program designated by The University of Akron. Documentation of the appointment must be provided to the Director of Athletics office.
- (d) At the conclusion of the suspension period, June 1, 2003, [REDACTED] must pass a subsequent drug test to be eligible to return to athletic activities.
- (e) Return to athletic activities is at the discretion of the athletic director and head coach.
- (f) [REDACTED] will be subject to future testing at the discretion of the department of athletics. No notice of testing is required.

I, [REDACTED], understand the rule in violation and the penalties assessed in accordance with this violation.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

I met with and reviewed this document with the student-athlete.

\_\_\_\_\_  
Michael Thomas, Director of Athletics

\_\_\_\_\_  
date

C: Dan Hipsher, Head Men's Basketball Coach

May 20, 2004

[REDACTED]  
c/o Baseball  
The University of Akron  
Akron, OH 44325-5201

Dear [REDACTED]:

This document is to serve as notification of your violation of the University of Akron Athletic Department Drug Education and Testing Policy as stated in the Student-Athlete Handbook. The drug test performed on 5/17/04, was deemed positive for Marijuana.

Penalties for the above violation are listed below:

First positive.

- (a) The team physician, director of sports medicine, athletic director, and head coach will be notified. At the athletic director's discretion, the parents of a student-athlete who is under twenty-one years of age may be notified.
- (b) [REDACTED] will be suspended from all athletic activities for 14 days commencing 5/20/04.
- (c) [REDACTED] must also undergo a counseling program designated by the University of Akron. Documentation of the appointment must be provided to the Director of Athletics office.
- (d) At the conclusion of the suspension period, 6/3/04, [REDACTED] must pass a subsequent drug test to be eligible to return to athletic activities.
- (e) [REDACTED] will be subject to future testing at the discretion of the department of athletics. No notice of testing is required

I, [REDACTED], understand the rule in violation and the penalties assessed in accordance with this violation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I met with and reviewed this document with the student-athlete.

\_\_\_\_\_  
Mary Lu Gribschaw, Sr. Associate Athletics Director

\_\_\_\_\_  
Date

c: Tim Berenyi

October 3, 2006

Mr. [REDACTED]:

This document is to serve as notification of your violation of the University of Akron Athletic Department Drug Education and Testing Policy as stated in the Student-Athlete Handbook. The drug test performed on October 1, 2006 was deemed positive for an Opiate. Penalties for the above violation are listed below:

First positive

- (a) The team physician, director of sports medicine, athletic director, and head coach will be notified. At the athletic director's discretion, the parents of a student-athlete who is under twenty-one years of age may be notified.
- (b) [REDACTED] will be suspended from all athletic activities for 14 days commencing October 3, 2006.
- (c) [REDACTED] must also undergo a counseling program designated by the University of Akron. Documentation of the appointment must be provided to the Director of Athletics office.
- (d) At the conclusion of the suspension period, October 17, 2006, [REDACTED] must pass a subsequent drug test to be eligible to return to athletic activities.
- (e) [REDACTED] will be subject to future testing at the discretion of the department of athletics. No notice of testing is required

I, [REDACTED] understand the rule in violation and the penalties assessed in accordance with this violation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I met with and reviewed this document with the student-athlete.

\_\_\_\_\_  
Mack B. Rhoades, Director of Athletics

\_\_\_\_\_  
Date

cc: J. D. Brookhart

October 3, 2006

[REDACTED]

This document is to serve as notification of your violation of the University of Akron Athletic Department Drug Education and Testing Policy as stated in the Student-Athlete Handbook. The drug test performed on October 1, 2006, was deemed positive for Marijuana. Penalties for the above violation are listed below:

First positive.

- (a) The team physician, director of sports medicine, athletic director, and head coach will be notified. At the athletic director's discretion, the parents of a student-athlete who is under twenty-one years of age may be notified.
- (b) [REDACTED] will be suspended from all athletic activities for 14 days commencing October 3, 2006.
- (c) [REDACTED] must also undergo a counseling program designated by the University of Akron. Documentation of the appointment must be provided to the Director of Athletics office.
- (d) At the conclusion of the suspension period, October 17, 2006, [REDACTED] must pass a subsequent drug test to be eligible to return to athletic activities.
- (e) [REDACTED] will be subject to future testing at the discretion of the department of athletics. No notice of testing is required

I, [REDACTED] understand the rule in violation and the penalties assessed in accordance with this violation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I met with and reviewed this document with the student-athlete.

\_\_\_\_\_  
Mack B. Rhoades, Director of Athletics

\_\_\_\_\_  
Date

cc: J. D. Brookhart

April 6, 2005

Dear [REDACTED]:

This document is to serve as notification of your violation of the University of Akron Athletic Department Drug Education and Testing Policy as stated in the Student-Athlete Handbook. The drug test performed on 3/24/05 was deemed positive for Marijuana. Penalties for this violation are listed below:

First positive

- (a) The team physician, director of sports medicine, athletic director, and head coach will be notified. At the athletic director's discretion, the parents of a student-athlete who is under twenty-one years of age may be notified.
- (b) [REDACTED] will be suspended from all athletic activities for fourteen days commencing 4/6/05.
- (c) [REDACTED] must also undergo a counseling program designated by the University of Akron. Documentation of the appointment must be provided to the Director of Athletics office.
- (d) At the conclusion of the suspension period, 4/20/05, [REDACTED] must pass a subsequent drug test to be eligible to return to athletic activities.
- (e) [REDACTED] will be subject to future testing at the discretion of the department of athletics. No notice of testing is required

I, [REDACTED] understand the rule in violation and the penalties assessed in accordance with this violation.

\_\_\_\_\_  
 [REDACTED] Date

I met with and reviewed this document with the student-athlete.

\_\_\_\_\_  
 Michael Thomas, Director of Athletics Date

cc: J. D. Brookhart, Head Football Coach



April 6, 2005

Dear [REDACTED]:

This document is to serve as notification of your violation of the University of Akron Athletic Department Drug Education and Testing Policy as stated in the Student-Athlete Handbook. The drug test performed on 3/24/05, was deemed positive for Ephedra. Penalties for the above violation are listed below:

First positive

- (a) The team physician, director of sports medicine, athletic director, and head coach will be notified. At the athletic director's discretion, the parents of a student-athlete who is under twenty-one years of age may be notified.
- (b) [REDACTED] will be suspended from all athletic activities for thirty days commencing 4/6/05.
- (c) [REDACTED] must also undergo a counseling program designated by the University of Akron. Documentation of the appointment must be provided to the Director of Athletics office.
- (d) At the conclusion of the suspension period, 5/6/05, [REDACTED] must pass a subsequent drug test to be eligible to return to athletic activities.
- (e) [REDACTED] will be subject to future testing at the discretion of the department of athletics. No notice of testing is required

I, [REDACTED], understand the rule in violation and the penalties assessed in accordance with this violation.

\_\_\_\_\_  
[REDACTED]

\_\_\_\_\_  
Date

I met with and reviewed this document with the student-athlete.

\_\_\_\_\_  
Michael Thomas, Director of Athletics

\_\_\_\_\_  
Date

cc: J. D. Brookhart, Head Football Coach

April 19, 2006

Dear [REDACTED]:

This document is to serve as notification of your violation of the University of Akron Athletics Department Drug Education and Testing Policy as stated in the Student-Athlete Handbook. The drug test performed on 4/14/06, was deemed positive for Marijuana. Penalties for the above violation are listed below:

First positive

- (a) The team physician, director of sports medicine, athletic director, and head coach will be notified. At the athletic director's discretion, the parents of a student-athlete who is under twenty-one years of age may be notified.
- (b) [REDACTED] will be suspended from all athletic activities for fourteen days commencing 4/19/06.
- (c) [REDACTED] must also undergo a counseling program designated by the University of Akron. Documentation of the appointment must be provided to the Director of Athletics office.
- (d) At the conclusion of the suspension period, 5/3/06, [REDACTED] must pass a subsequent drug test to be eligible to return to athletic activities.
- (e) [REDACTED] will be subject to future testing at the discretion of the department of athletics. No notice of testing is required

I, [REDACTED] understand the rule in violation and the penalties assessed in accordance with this violation.

\_\_\_\_\_  
[REDACTED]

\_\_\_\_\_  
Date

I met with and reviewed this document with the student-athlete.

\_\_\_\_\_  
Mack B. Rhoades, Director of Athletics

\_\_\_\_\_  
Date

cc: J.D. Brookhart, Head Football Coach

**CELEBREX**  
(CELECOXIB CAPSULES)

WSOC  
10/04

 **BEXTRA**  
valdecoxib tablets

Summa Health System

INSTANT REPORT

Patient name: UOFA, [redacted]
DOB: Age: D1 Sex: M
Ord. Physician: BOWMAN, M
Copy to: BOWMAN, M

M.R.N.: R000658403
Account#: R00000675660
Location: UNIVERSITY OF AKRON
Adm. Date: 10/21/04

Order Id : 82211569 FINAL
Date&Time Ordered: 10/21/04 16:20

COMMENTS:
x04-4089

DRUG SCREEN

Table with columns: TEST-NAME, RESULT, AB, NRML-RANGE, UNITS, PAV. Row 1: COLLECTED 10/21/04 16:20

\*\*URINE DRUG SCREEN\*\*

\*\*RESULT\*\* \*\*\*\*
Ephedrine/Pseudoephedrine present. Confirmed positive by Gas Chromatography.

This is result of cold medication listed

\*\*COMMENT\*\* see below

Unless reported present, the following were tested for but not detected in the urine specimen submitted: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Ethanol, Methadone, Opiates, Phencyclidine, Propoxyphene, and THC metabolites.

\*\*REVIEWED BY\*\* B. Boyd MT ASCP I

\* - new results

Department of Pathology and Laboratory Medicine
Akron City Hospital (I) St. Thomas Hospital (II)
525 E. Market St. 444 N. Main St.
Akron, Ohio 44309 Akron, Ohio 44310

Patient : UOFA, [redacted]
M.R.N. : R000658403
Location : UNIVERSITY OF AKRON
Ord. Phys: BOWMAN, M

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC



# Athletic Department Drug Control Program Athlete Signature Form

Crew Chief Bob Herold  
 Male \_\_\_\_\_ Female X  
 Sport WSOC  
 Occasion random  
 Date 10/21  
 Athlete Representative (print) \_\_\_\_\_  
 \_\_\_\_\_  
 Urine Donor Validator (print) \_\_\_\_\_

Name (print) [REDACTED]  
 Social Security # [REDACTED]  
 Athlete's Number [REDACTED]  
 Date of Birth [REDACTED]  
 Phone Contact [REDACTED]  
 Address Contact [REDACTED]  
 [REDACTED]

Time of Notification 9:10 (am) (pm)  
 Time of Arrival 9:20 (am) (pm)

**DIRECTIONS:** List each medication used recently. Include over-the-counter as well as prescription drugs.

Name of Medication	Used Today (Y/N)	Used Yesterday (Y/N)	Dosage, if used
Ibuprofen	Y		10 days
Amoxicillin	N	N	
Sudafed	Y	Y	
Nyquil	N	N	
Bendryll	N	N	Everyday
Birth Control	N	Y	

Comments: \_\_\_\_\_

Complete blanks, circle that which applies:

- 1a. The athlete selected code # [REDACTED] for his/her specimen bottles for (formal) (informal) testing.
- 1b. The athlete did not appear for the drug test.
- 2a. Under strict observation of the undersigned University of Akron official, the athlete delivered a urine specimen at 9:33 (a.m.) (p.m.).
- 2b. The athlete refused to give a urine specimen.
- 3. The athlete selected a specimen bottle, provided an adequate amount of urine and observed the capping and sealing process. The athlete's code number was secured on the specimen bottle.

All the above activities were conducted in the presence of The University of Akron crew member, the athlete and the identified witness.

Person	Signature	Name (print legibly)	Date
U of Akron Crew Member	<u>Bob Herold</u>	<u>Bob Herold</u>	<u>10-21-04</u>
Athlete	[REDACTED]	[REDACTED]	<u>10-21-04</u>
Athlete Representative	[REDACTED]	[REDACTED]	[REDACTED]

Oct. 7. '04

[REDACTED] (+) test

result was from taking  
Day time tylenol and /  
Night

Dr. O'Donnell was  
contacted about this  
matter.

m

**CELEBREX**  
(CELECOXIB CAPSULES)

VB  
10/04



# Athletic Department Drug Control Program Athlete Signature Form

Crew Chief Marilyn Bowman  
 Male \_\_\_\_\_ Female X  
 Sport Volleyball  
 Occasion Random  
 Date 10/5  
 Athlete Representative (print) \_\_\_\_\_  
 Urine Donor Validator (print) \_\_\_\_\_

Name (print) \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Athlete's Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone Contact \_\_\_\_\_  
 Address Contact \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time of Notification 8:30 (am) (pm)

Time of Arrival 9:25 (am) (pm)

**DIRECTIONS:** List each medication used recently. Include over-the-counter as well as prescription drugs.

Name of Medication	Used Today (Y/N)	Used Yesterday (Y/N)	Dosage, if used
<u>Viox</u>	<u>N</u>	<u>N</u>	
<u>Nordet (Birth Control)</u>	<u>N</u>	<u>Y</u>	

Comments: over the counter cold medicine needed the  
fracture

Complete blanks, circle that which applies:

- 1a. The athlete selected code #  for his/her specimen bottles for (formal) (informal) testing.
- 1b. The athlete did not appear for the drug test.
- 2a. Under strict observation of the undersigned University of Akron official, the athlete delivered a urine specimen at \_\_\_\_\_ (a.m.) (p.m.).
- 2b. The athlete refused to give a urine specimen.
3. The athlete selected a specimen bottle, provided an adequate amount of urine and observed the capping and sealing process. The athlete's code number was secured on the specimen bottle.

All the above activities were conducted in the presence of The University of Akron crew member, the athlete and the identified witness.

Person	Signature	Name (print legibly)	Date
U of Akron Crew Member			
Athlete			<u>10-5-04</u>
Athlete Representative			

Summa Health System

INSTANT REPORT

Patient name: UOFA, [REDACTED]  
 DOB: Age: D1 Sex: M  
 Ord. Physician: BOWMAN, M  
 Copy to: BOWMAN, M

M.R.N.: R000657528  
 Account#: R00000674752  
 Location: UNIVERSITY OF AKRON  
 Adm. Date: 10/05/04

Order Id : 82051719 FINAL  
 Date&Time Ordered: 10/05/04 16:16

COMMENTS:  
 x04 -3820

D R U G S C R E E N

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
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COLLECTED 10/05/04 16:16

**\*\*URINE DRUG SCREEN\*\***

Drugs in Urine	Present				I
<b>**RESULT**</b>	<b>****</b>				I

Ephedrine/Pseudoephedrine Present.

Amphetamine Group Screened Positive by Immunoassay.  
 Ephedrine/Pseudoephedrine identified by Gas Chromatography

<b>**COMMENT**</b>	see below				I
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Unless reported present, the following were tested for but not detected in the urine specimen submitted: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Ethanol, Methadone, Opiates, Phencyclidine, Propoxyphene, and THC metabolites.

<b>**REVIEWED BY**</b>	N.O'Donnell PhD				I
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\* new results

Department of Pathology and Laboratory Medicine  
 Akron City Hospital (I) St. Thomas Hospital (II)  
 525 E. Market St. 444 N. Main St.  
 Akron, Ohio 44309 Akron, Ohio 44310

Patient : UOFA, [REDACTED]  
 M.R.N. : R000657528  
 Location : UNIVERSITY OF AKRON-  
 Ord. Phys: BOWMAN, M

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC





Athletic Department  
Drug Control Program  
Athlete Signature Form

Spring 05

Crew Chief Bill Dooddy  
Male  Female   
Sport FB  
Occasion random  
Date 3  
Athlete Representative (print) \_\_\_\_\_  
Urine Donor Validator (print) \_\_\_\_\_  
Time of Notification \_\_\_\_\_ (am) (pm)

Name (print) \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Athlete's Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone Contact (\_\_\_\_\_) \_\_\_\_\_  
Address Contact \_\_\_\_\_  
Time of Arrival \_\_\_\_\_ (am) (pm)

DIRECTIONS: List each medication used recently. Include over-the-counter as well as prescription drugs.

Name of Medication	Used Today (Y/N)	Used Yesterday (Y/N)	Dosage, if used

Comments: \_\_\_\_\_

Complete blanks, circle that which applies:

- 1a. The athlete selected code #  for his/her specimen bottles for (formal) (informal) testing.
- 1b. The athlete did not appear for the drug test.
- 2a. Under strict observation of the undersigned University of Akron official, the athlete delivered a urine specimen at 6:15 (a.m.) (p.m.).
- 2b. The athlete refused to give a urine specimen.
- 3. The athlete selected a specimen bottle, provided an adequate amount of urine and observed the capping and sealing process. The athlete's code number was secured on the specimen bottle.

All the above activities were conducted in the presence of The University of Akron crew member, the athlete and the identified witness.

Person	Signature	Name (print legibly)	Date
U of Akron Crew Member	<u>[Signature]</u>	<u>Bill Dooddy</u>	<u>3/24/05</u>
Athlete	_____	_____	<u>3/24/05</u>
Athlete Representative	_____	_____	

**Gribschaw, Mary Lu**

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**From:** Gribschaw, Mary Lu  
**Sent:** Thursday, April 07, 2005 11:26 AM  
**To:** Thomas, Michael J  
**Subject:** [REDACTED]

Mike,

I discussed with Marilyn and this is the process regarding [REDACTED] positive test. You can lift the suspension, however, he must cease taking all medication (what he indicated he was taking), and be retested in 30 days. He needs to meet with Bill Droddy to review what to take if he needs allergy medication. If he tests negative in 30 days the 1st positive will be revoked.

Mary Lu



Maple Family Physicians, Inc.  
828 East Aurora Road  
Macedonia, Ohio 44056  
330-468-3312  
Eugene S. Balkovec, D.O.  
Dale A. Balkovec, D.O.  
Scott A. Seifert, D.O.  
Gregory E. Yager, D.O.

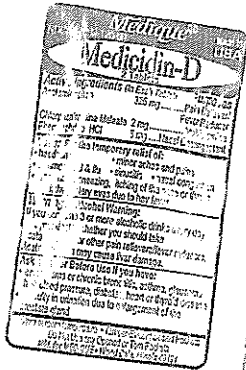
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Aller X  
Allegra &  
Adderall as needed

Aller X & Allegra  
both contain Ephedra



The University of Akron  
Michael J. Thomas  
Director of Athletics



\* Zonegran - (BD)

- took for 1st time on 3/24/05 (samples)
- still taking the samples
- eventually need prescription

\* Medicidin - D

- \* Dayquil
- Nightquil
- Tylenol Sinus

**Warnings / Precautions**  
Ask a Doctor Before Use if you are: • taking medicines or supplements  
When Using this product:  
• symptoms may occur • avoid alcoholic beverages  
• use caution when driving a motor vehicle or operating machinery  
• possibly may occur, especially in children  
Do not use:  
• with any other product containing acetaminophen  
• if numbness, dizziness, or sleepiness occur, discontinue use  
and consult a doctor.  
• if more than 7 days of symptoms do not improve within 7 days or  
if more than 3 days for fever unless directed by a doctor.  
• if taking a prescription medicine, consult your doctor (DANCO) (which  
change for depression, psychosis or emotional conditions, or  
Parkinson's disease), or for 2 weeks after stopping the DANCO drug.  
If you do not have your prescription drug, consult your doctor.  
• if you are pregnant, planning to become pregnant, or breastfeeding,  
ask your doctor before taking this product.  
Stop Using and Ask a Doctor If:  
• symptoms do not improve • new symptoms occur  
• rash or hives develop or pain worsens • numbness or swelling in present  
Do not exceed recommended dosage.  
If you have or suspect you have a liver condition, ask a health professional before use.  
Keep out of reach of children. In case of overdose, get medical help  
or contact a Poison Control Center right away. Prompt medical  
attention is critical for adults as well as for children even if you do not  
show any signs or symptoms.  
**Directions:** Do not use more than directed.  
Adults and children 12 years and older:  
Take 2 tablets every 4 hours. Do not take more than 12 tablets in 24  
hours, unless directed by a doctor.  
Children under 12 years: Do not give to children under 12 years of  
age unless directed by a doctor.

LOT: 9573 Exp: 4-2005

Department of Athletics

Akron, OH 44325-5201  
(330) 972-7080 Fax: (330) 972-5473

E-mail: mthomas@uakron.edu

**CELEBREX**  
(CELECOXIB CAPSULES)

Football  
FALL '05

**BEXTRA**  
valdecoxib tablets





# Athletic Department Drug Control Program Athlete Signature Form

Crew Chief B Dreddy  
 Male  Female   
 Sport FB  
 Occasion random  
 Date 10/16  
 Athlete Representative (print) \_\_\_\_\_  
 \_\_\_\_\_  
 Urine Donor Validator (print) \_\_\_\_\_  
 \_\_\_\_\_  
 Time of Notification \_\_\_\_\_ (am) (pm)

Name (print) \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Athlete's Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone Contact ( \_\_\_\_\_  
 Address Contact \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Time of Arrival \_\_\_\_\_ (am) (pm)

**DIRECTIONS:** List each medication used recently. Include over-the-counter as well as prescription drugs.

Name of Medication	Used Today (Y/N)	Used Yesterday (Y/N)	Dosage, if used
IBIPROFEN	Y	Y	3 TABLETS
BENEDRYL			
ALLERGA			

Comments: \_\_\_\_\_  
\_\_\_\_\_

Complete blanks, circle that which applies:

- 1a. The athlete selected code # [redacted] for his/her specimen bottles for (formal) (informal) testing.
- 1b. The athlete did not appear for the drug test.
- 2a. Under strict observation of the undersigned University of Akron official, the athlete delivered a urine specimen at 7 (a.m.) (p.m.)
- 2b. The athlete refused to give a urine specimen.
3. The athlete selected a specimen bottle, provided an adequate amount of urine and observed the capping and sealing process. The athlete's code number was secured on the specimen bottle.

All the above activities were conducted in the presence of The University of Akron crew member, the athlete and the identified witness.

Person	Signature	Name (print legibly)	Date
U of Akron Crew Member		BHI Dreddy	10/16/05
Athlete	[redacted]	[redacted]	10/16/05
Athlete Representative			

**CELEBREX**  
(CELECOXIB CAPSULES)

Football  
sp. '06

---

**BEXTRA**  
valdecoxib tablets



Summa Health System

INSTANT REPORT

Patient name: UOFA, [redacted]
DOB: Age: D3 Sex: M
Ord. Physician: BOWMAN
Copy to: BOWMAN

M.R.N.:R000680746
Account#: R00000699905
Location: UNIVERSITY OF AKRON-
Adm. Date: 04/14/06

Order Id : A0142225 FINAL
Date&Time Ordered: 04/14/06 20:40

COMMENTS:
X-06-1622

DRUG SCREEN

TEST-NAME RESULT AB NRML-RANGE UNITS PAV
COLLECTED 04/14/06 18:50

\*\*URINE DRUG SCREEN\*\*

\*\*RESULT\*\* \*\*\*\* I
THC metabolite positive. Total cannabinoids screened positive
by Immunoassay (50 ng/ml positive threshold). THC metabolite
(Delta 9-Carboxy THC) confirmed positive by Gas Chromatography
/Mass Spectrometry (15 ng/ml positive threshold).

\*\*COMMENT\*\* see below I

Unless reported present, the following were tested for but not
detected in the urine specimen submitted: Amphetamines, Barbiturates,
Benzodiazepines, Cocaine, Ethanol, Methadone, Opiates, Phencyclidine,
Propoxyphene, and THC metabolites.

\*\*REVIEWED BY\*\* B.Boyd MT ASCP I

\* - new results

Department of Pathology and Laboratory Medicine
Akron City Hospital(I) St. Thomas Hospital(II)
525 E. Market St. 444 N. Main St.
Akron, Ohio 44309 Akron, Ohio 44310

Patient : UOFA, [redacted]
M.R.N. : R000680746
Location : UNIVERSITY OF AKRON-
Ord. Phys: BOWMAN

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC



# Athletic Department Drug Control Program Athlete Signature Form

Crew Chief Bill Drodgy  
 Male  Female   
 Sport FB  
 Occasion random  
 Date 4-14  
 Athlete Representative (print) \_\_\_\_\_  
 \_\_\_\_\_  
 Urine Donor Validator (print) \_\_\_\_\_  
 \_\_\_\_\_  
 Time of Notification \_\_\_\_\_ (am) (pm)

Name (print) \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Athlete's Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone Contact \_\_\_\_\_  
 Address Contact off  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Time of Arrival \_\_\_\_\_ (am) (pm)

**DIRECTIONS:** List each medication used recently. Include over-the-counter as well as prescription drugs.

Name of Medication	Used Today (Y/N)	Used Yesterday (Y/N)	Dosage, if used

Comments: \_\_\_\_\_  
\_\_\_\_\_

Complete blanks, circle that which applies:

- 1a. The athlete selected code #  for his/her specimen bottles for (formal) (informal) testing.
- 1b. The athlete did not appear for the drug test.
- 2a. Under strict observation of the undersigned University of Akron official, the athlete delivered a urine specimen at 6:00 (a.m.) (p.m.).
- 2b. The athlete refused to give a urine specimen.
- 3. The athlete selected a specimen bottle, provided an adequate amount of urine and observed the capping and sealing process. The athlete's code number was secured on the specimen bottle.

All the above activities were conducted in the presence of The University of Akron crew member, the athlete and the identified witness.

Person	Signature	Name (print legibly)	Date
U of Akron Crew Member		Bill Drodgy	4/14/06
Athlete			
Athlete Representative			

NAME: [REDACTED]

DR.:

APPOINTMENT DATE: 10/11

INJURY:

(+) for darvocet  
stays in bloodstream  
72 hrs and is  
possible 5-7 days  
after

found the metabolites  
in his urine.

re-test 10/15

**CELEBREX**  
(CELECOXIB CAPSULES)

Football  
SP. Fall 06

**BEXTRA**  
valdecoxib tablets



# Athletic Department Drug Control Program Athlete Signature Form

Crew Chief Bill Droddey  
 Male  Female   
 Sport FB  
 Occasion random  
 Date 10/1/06  
 Athlete Representative (print) \_\_\_\_\_  
 \_\_\_\_\_  
 Urine Donor Validator (print) \_\_\_\_\_  
 \_\_\_\_\_  
 Time of Notification \_\_\_\_\_ (am) (pm)

Name (print) \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Athlete's Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone Contact \_\_\_\_\_  
 Address Contact \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Time of Arrival \_\_\_\_\_ (am) (pm)

**DIRECTIONS:** List each medication used recently. Include over-the-counter as well as prescription drugs.

Name of Medication	Used Today (Y/N)	Used Yesterday (Y/N)	Dosage, if used
PARBACET	N	Y	1
SINUS medicine	Y	Y	3 aday

Comments: \_\_\_\_\_  
\_\_\_\_\_

Complete blanks, circle that which applies:

- 1a. The athlete selected code #  for his/her specimen bottles for (formal) (informal) testing.
- 1b. The athlete did not appear for the drug test.
- 2a. Under strict observation of the undersigned University of Akron official, the athlete delivered a urine specimen at 7:15 (a.m.) (p.m.)
- 2b. The athlete refused to give a urine specimen.
- 3. The athlete selected a specimen bottle, provided an adequate amount of urine and observed the capping and sealing process. The athlete's code number was secured on the specimen bottle.

All the above activities were conducted in the presence of The University of Akron crew member, the athlete and the identified witness.

Person	Signature	Name (print legibly)	Date
U of Akron Crew Member		Bill Droddey	10/1/06
Athlete	<input type="checkbox"/>		
Athlete Representative	<input type="checkbox"/>		

Summa Health System

INSTANT REPORT

Patient name: UOFA, [redacted]  
DOB: Age: D1  
Ord. Physician: BOWMAN, M  
Copy to: BOWMAN, M

Sex: M

M.R.N.: R000688642  
Account#: R00000708643  
Location: UNIVERSITY OF AKRON-  
Adm. Date: 10/01/06

Order Id : A6011312  
Date&Time Ordered: 10/01/06 22:06

FINAL

COMMENTS:

X-06-4701.

D R U G S C R E E N

TEST-NAME	RESULT	AB	NRML.-RANGE	UNITS	PAV
COLLECTED 10/01/06 20:30					

**\*\*URINE DRUG SCREEN\*\***

**\*\*RESULT\*\***

\*\*\*\*

Norpropoxyphene positive. Propoxyphene group screened positive by Immunoassay (300 ng/ml positive threshold). Norpropoxyphene confirmed by Gas Chromatography/ Mass Spectrometry.

*darvocet opiod*

I

**\*\*COMMENT\*\***

see below

I

Unless reported present, the following were tested for but not detected in the urine specimen submitted: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Ethanol, Methadone, Opiates, Phencyclidine, Propoxyphene, and THC metabolites.

**\*\*REVIEWED BY\*\***

B.Boyd MT ASCP

I

\* - new results

Department of Pathology and Laboratory Medicine  
Akron City Hospital (I) St. Thomas Hospital (II)  
525 E. Market St. 444 N. Main St.  
Akron, Ohio 44309 Akron, Ohio 44310

Patient : UOFA, [redacted]  
M.R.N. : R000688642  
Location : UNIVERSITY OF AKRON-  
Ord. Phys: BOWMAN, M

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

**CELEBREX**  
(CELECOXIB CAPSULES)

Football  
Fall '06

**BEXTRA**  
valdecoxib tablets

Summa Health System

INSTANT REPORT

Patient name: UOFA, [REDACTED]  
DOB: [REDACTED] Age: D1  
Ord. Physician: BOWMAN, M  
Copy to: BOWMAN, M

Sex: M

M.R.N.: R000688640  
Account#: R0000708641  
Location: UNIVERSITY OF AKRON-  
Adm. Date: 10/01/06

Order Id : A6011307  
Date&Time Ordered: 10/01/06 21:56

FINAL

COMMENTS:

X-06-4701.

D R U G S C R E E N

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
COLLECTED 10/01/06 20:30					

**\*\*URINE DRUG SCREEN\*\***

**\*\*RESULT\*\***

\*\*\*\*

THC metabolite positive. Total cannabinoids screened positive by Immunoassay (50 ng/ml positive threshold). THC metabolite (Delta 9-Carboxy THC) confirmed positive by Gas Chromatography /Mass Spectrometry (15 ng/ml positive threshold).

I

**\*\*COMMENT\*\***

see below

I

Unless reported present, the following were tested for but not detected in the urine specimen submitted: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Ethanol, Methadone, Opiates, Phencyclidine, Propoxyphene, and THC metabolites.

**\*\*REVIEWED BY\*\***

B.Boyd MT ASCP

I

**\* - new results**

Department of Pathology and Laboratory Medicine  
Akron City Hospital (I) St. Thomas Hospital (II)  
525 E. Market St. 444 N. Main St.  
Akron, Ohio 44309 Akron, Ohio 44310

Patient : UOFA, [REDACTED]  
M.R.N. : R000688640  
Location : UNIVERSITY OF AKRON-  
Ord. Phys: BOWMAN, M



# Athletic Department Drug Control Program Athlete Signature Form

Crew Chief Bill Drodgy  
 Male  Female \_\_\_\_\_  
 Sport FB  
 Occasion random  
 Date 10/1/06  
 Athlete Representative (print) \_\_\_\_\_  
 \_\_\_\_\_  
 Urine Donor Validator (print) \_\_\_\_\_  
 \_\_\_\_\_  
 Time of Notification \_\_\_\_\_ (am) (pm)

Name (print) \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Athlete's Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone Contact \_\_\_\_\_  
 Address Contact \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Time of Arrival \_\_\_\_\_ (am) (pm)

**DIRECTIONS:** List each medication used recently. Include over-the-counter as well as prescription drugs.

Name of Medication	Used Today (Y/N)	Used Yesterday (Y/N)	Dosage, if used

Comments: \_\_\_\_\_  
\_\_\_\_\_

Complete blanks, circle that which applies:

- 1a. The athlete selected code #  for his/her specimen bottles for (formal) (informal) testing.
- 1b. The athlete did not appear for the drug test.
- 2a. Under strict observation of the undersigned University of Akron official, the athlete delivered a urine specimen at 8:30 (a.m.) (p.m.)
- 2b. The athlete refused to give a urine specimen.
- 3. The athlete selected a specimen bottle, provided an adequate amount of urine and observed the capping and sealing process. The athlete's code number was secured on the specimen bottle.

All the above activities were conducted in the presence of The University of Akron crew member, the athlete and the identified witness.

Person	Signature	Name (print legibly)	Date
U of Akron Crew Member	<u>[Signature]</u>	<u>Bill Drodgy</u>	<u>10/1/06</u>
Athlete	_____	_____	<u>10/1/06</u>
Athlete Representative	_____	_____	_____



**CELEBREX**  
(CELECOXIB CAPSULES)

No penalty -  
WAS on Tylenol 3  
for an injury  
M

WSOC  
FALL '06

**BEXTRA**  
valdecoxib tablets

Summa Health System

INSTANT REPORT

Patient name: UOFA, [REDACTED]  
 DOB: Age: M24 Sex: M  
 Ord. Physician: DR BOWMAN  
 Copy to: DR BOWMAN

M.R.N.: R000657438  
 Account#: R00000700053  
 Location: UNIVERSITY OF AKRON  
 Adm. Date: 04/18/06

Order Id : A6031786 FINAL  
 Date&Time Ordered: 10/03/06 16:43

COMMENTS:

x06-4724

D R U G S C R E E N

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
COLLECTED 10/03/06 12:45					

**\*\*URINE DRUG SCREEN\*\***

Drugs in Urine	Present				I
<b>**RESULT**</b>	<b>***</b>				I
Morphine Present.					
Small amount present					

Note: This can also be a metabolite of Codeine

Opiate Group Screened Positive by Immunoassay.  
 Morphine identified by Gas Chromatography/Mass Spectrometry

<b>**COMMENT**</b>	see below				I
--------------------	-----------	--	--	--	---

Unless reported present, the following were tested for but not detected in the urine specimen submitted: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Ethanol, Methadone, Opiates, Phencyclidine, Propoxyphene, and THC metabolites.

<b>**REVIEWED BY**</b>	N.O'Donnell PhD				I
------------------------	-----------------	--	--	--	---

\* - new results

Department of Pathology and Laboratory Medicine  
 Akron City Hospital (1) St. Thomas Hospital (11)  
 526 E. Market St., 444 N. Main St.,  
 Akron, Ohio 44309 Akron, Ohio 44310

Patient : UOFA, [REDACTED]  
 M.R.N. : R000657438  
 Location : UNIVERSITY OF AKRON-  
 Ord. Phys: DR BOWMAN

KEY FOR ABNORMAL VALUES: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC



# Athletic Department Drug Control Program Athlete Signature Form

Crew Chief Bobi Herold  
Male  Female   
Sport WSOC  
Occasion random  
Date 10/3  
Athlete Representative (print) \_\_\_\_\_

Name (print) \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Athlete's Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone Contact \_\_\_\_\_  
Address Contact \_\_\_\_\_

Urine Donor Validator (print) \_\_\_\_\_

Time of Notification 10:30 (am) (pm)

Time of Arrival 10:35 (am) (pm)

**DIRECTIONS:** List each medication used recently. Include over-the-counter as well as prescription drugs.

Name of Medication	Used Today (Y/N)	Used Yesterday (Y/N)	Dosage, if used
<u>tylenol 3</u>			

Comments: \_\_\_\_\_

Complete blanks, circle that which applies:

- 1a. The athlete selected code #      for his/her specimen bottles for (formal) (informal) testing.
- 1b. The athlete did not appear for the drug test.
- 2a. Under strict observation of the undersigned University of Akron official, the athlete delivered a urine specimen at 10:40 (a.m.) (p.m.).
- 2b. The athlete refused to give a urine specimen.
3. The athlete selected a specimen bottle, provided an adequate amount of urine and observed the capping and sealing process. The athlete's code number was secured on the specimen bottle.

All the above activities were conducted in the presence of The University of Akron crew member, the athlete and the identified witness.

Person	Signature	Name (print legibly)	Date
U of Akron Crew Member	<u>Bobi Herold</u>	Bobi Herold	10/3/04
Athlete	_____	_____	10/3/06
Athlete Representative	_____	_____	

**CELEBREX**  
(CELECOXIB CAPSULES)

Football  
Sp. '07

---

 **BEXTRA**  
valdecoxib tablets

Sharma Health System

INSTANT REPORT

Patient name: UOFA, [redacted]  
DOB: [redacted] Age: D0  
Ord. Physician: M BOWMAN  
Copy to: M BOWMAN

Sex: N

M.R.N.: R000697675  
Account#: R00000718609  
Location: UNIVERSITY OF AKRON-  
Adm. Date: 04/26/07

Order Id : B2260700  
Date&Time Ordered: 04/26/07 07:54

FINAL

COMMENTS:

X-7136

D R U G S C R E E N

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
COLLECTED 04/25/07 17:50					
<b>**URINE DRUG SCREEN**</b>					
<b>**RESULT**</b>	<b>****</b>				
Ephedrine/Pseudoephedrine present. Gas Chromatography.	Confirmed positive by				I
<b>**COMMENT**</b>	see below				I
Unless reported present, the following were tested for but not detected in the urine specimen submitted: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Ethanol, Methadone, Opiates, Phencyclidine, Propoxyphene, and THC metabolites.					
<b>**REVIEWED BY**</b>	B. Boyd MT ASCP				I

\* - new results

Department of Pathology and Laboratory Medicine  
Akron City Hospital (I) St. Thomas Hospital (II)  
525 E. Market St. 444 N. Main St.  
Akron, Ohio 44309 Akron, Ohio 44310

Patient : UOFA, [redacted]  
M.R.N. : R000697675  
Location : UNIVERSITY OF AKRON-  
Ord. Phys: M BOWMAN



PRR07-08-17-48 Athletics Drug Testing 000038

## Athletic Department Drug Control Program Athlete Signature Form

Crew Chief Bill D  
 Male X Female \_\_\_\_\_  
 Sport Football  
 Occasion random  
 Date \_\_\_\_\_  
 Athlete Representative (print) \_\_\_\_\_

Name (print) \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Athlete's Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone Contact (\_\_\_\_\_) \_\_\_\_\_  
 Address Contact \_\_\_\_\_

Urine Donor Validator (print) \_\_\_\_\_

Time of Notification \_\_\_\_\_ (am) (pm)

Time of Arrival \_\_\_\_\_ (am) (pm)

**DIRECTIONS:** List each medication used recently. Include over-the-counter as well as prescription drugs.

Name of Medication	Used Today (Y/N)	Used Yesterday (Y/N)	Dosage, if used
<u>Decongestant</u>	<input checked="" type="checkbox"/>		

Comments: \_\_\_\_\_

Complete blanks, circle that which applies:

- 1a. The athlete selected code #        for his/her specimen bottles for (formal) (informal) testing.
- 1b. The athlete did not appear for the drug test.
- 2a. Under strict observation of the undersigned University of Akron official, the athlete delivered a urine specimen at 3:30 (a.m.) (p.m.).
- 2b. The athlete refused to give a urine specimen.
3. The athlete selected a specimen bottle, provided an adequate amount of urine and observed the capping and sealing process. The athlete's code number was secured on the specimen bottle.

All the above activities were conducted in the presence of The University of Akron crew member, the athlete and the identified witness.

Person	Signature	Name (print legibly)	Date
U of Akron Crew Member	<u>Bill Dredley</u>	<u>Bill Dredley</u>	<u>4/25/07</u>
Athlete	_____	_____	
Athlete Representative	_____	_____	

Aug. 29. 2007 10:54AM UNIV OF AKRON

PRR07-08-17-48 Athletics Drug Testing 000039  
No. 6787 P. 2

**Gribschaw, Mary Lu**

---

From: Gribschaw, Mary Lu  
Sent: Friday, November 22, 2002 3:52 PM  
To: Thomas, Michael J  
Subject: drug testing

Please review the recommendations listed below regarding the penalty phase of the drug testing policy. Kevin, Marilyn and I are recommending the following penalties. These categories are identical to the NCAA testing categories.

Category	First Positive	Second Positive
Diuretics	7 days	14 days
Masking agents	7 days	14 days
Street drugs	14 days	28 days
Stimulants	30 days	60 days

I have a list of all the drugs that fall under each category for you to review. Let me know when you get to this and I will give you a copy of the list.

Mary Lu

Aug. 29. 2007 10:54AM

UNIV OF AKRON

No. 6787

P. 3

Drug-Testing Consent – Division I  
Form 02-3d  
Page No. 4

### Attachment A

#### NCAA Banned Drugs

*\*Per NCAA Bylaw 30.5-(b), the director of athletics or the director of athletics' designee shall disseminate a copy of the list of banned drug classes to each student-athlete.*

Please note that the list of banned drugs is subject to change by the NCAA Executive Committee, and the institution and student-athlete shall be held accountable for all banned drug classes on the current list. Updates to the list of banned drugs can be found via the NCAA web site ([www.ncaa.org](http://www.ncaa.org)).

The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure.

No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

The following is the list of banned-drug classes, pursuant to NCAA Division I Bylaw 31.2.3.1.

~~\_\_\_\_\_~~

- |                     |   |                           |
|---------------------|---|---------------------------|
| amphenazole         | doxapram  | pentetazol                |
| amphetamine         | ephedrine   | phendimetrazine           |
| bemigride           | ethamivan   | phenmetrazine             |
| benzphetamine       | ethylamphetamine  | phenentermine             |
| bromantan           | fencamfamine  | phenylpropanolamine (PPA) |
| caffeine            | meclofenoxate   | pirotioxine               |
| chlorphentermine    | methamphetamine   | pirradol                  |
| cocaine             | methylene-dioxymethamphetamine (MDMA,<br>also known as Ecstasy) | prolintane                |
| cropropamide        | methylphenidate   | strychnine                |
| crothetamide        | nikethamide   | and related compounds *   |
| diethylpropion      | pemoline  |                           |
| dimethylamphetamine |   |                           |

(b) Anabolic Agents:

- |   |                               |                                   |
|---|-------------------------------|-----------------------------------|
| <del>anabolic steroids</del>                | <del>fluoxymesterone</del>    | <del>oxandrolone</del>            |
| <del>androstenediol</del>                   | <del>mesterolone</del>        | <del>oxymesterone</del>           |
| <del>androstenedione</del>                  | <del>methandienone</del>      | <del>oxymetholone</del>           |
| <del>boldenone</del>                        | <del>methenolone</del>        | <del>stanozolol</del>             |
| <del>clostebol</del>                        | <del>methyltestosterone</del> | <del>testosterone</del>           |
| <del>dehydrochloromethyl-testosterone</del> | <del>nandrolone</del>         | <del>and related compounds*</del> |
| <del>dehydroepiandrosterone (DHEA)</del>    | <del>norandrostenediol</del>  | <del>Other anabolic agents</del>  |
| <del>dihydrotestosterone (DHT)</del>        | <del>norandrostenedione</del> | <del>clenbutero</del>             |
| <del>dromostanolone</del>                   | <del>norethandrolone</del>    |                                   |
- Don't test*



Drug-Testing Consent – Division I  
Form 02-3d  
Page No. 5

(c) Substances Banned for Specific Sports:

Rifle:

[Redacted]

atenolol  
metoprolol

nadolol  
pindolol  
propranolol

timolol  
and related compounds \*

[Redacted]

acetazolamide  
bendroflumethiazide  
benzthiazide  
bumetanide  
chlorothiazide  
chlorthalidone  
ethacrynic acid

fumethiazide  
furosemide  
hydrochlorothiazide  
hydroflumethiazide  
methyclothiazide  
metolazone

polythiazide  
quinethazone  
spironolactone  
triamterene  
trichlormethiazide  
and related compounds \*

[Redacted]

heroin

marijuana<sup>2</sup>

THC (tetrahydrocannabinol)<sup>3</sup>

[Handwritten signature]

(f) Peptide Hormones and Analogues

chorionic gonadotrophin (HCG - human chorionic gonadotrophin)  
corticotrophin (ACTH)  
growth hormone (HGH, somatotrophin)  
*\*All the respective releasing factors of the above-mentioned substances also are banned.*  
erythropoietin (EPO)  
sermorelin

(g) Definitions of positive depends on the following:

<sup>1</sup> for caffeine-if the concentration in urine exceeds 15 micrograms/ml.  
<sup>2</sup> for testosterone-if the administration of testosterone or the use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine to greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.  
<sup>3</sup> for marijuana and THC-if the concentration in the urine of THC metabolite exceeds 15 nanograms/ml.  
\* The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Supplements

Nutritional supplements are not strictly regulated and may contain substances banned by the NCAA. For questions regarding nutritional supplements, please visit the National Center for Drug Free Sport Resource Exchange Center (REC) Web site ([www.drugfreesport.com/rec](http://www.drugfreesport.com/rec)).

## Appendix

ENACTED 11/17/02

### Drug Testing Procedures for Student-Athletes

- (A) Medical code
- (1) The presence in a student-athlete's urine of a substance and/or metabolite of such substance belonging to a class of drugs currently banned by the NCAA may be cause for loss of eligibility.
    - (a) Related compounds are included in the class due to their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.
    - (b) The current NCAA list of banned-drug classes is available from the NCAA and at [www.ncaa.org](http://www.ncaa.org).
  - (2) Evidence of the presence of a banned substance and/or metabolite will be from analysis of the student-athlete's urine and confirmation by gas chromatography/mass spectrometry by a university approved, licensed medical laboratory.
- (B) Organization
- (1) The athletics department has final authority over the procedures and implementation of the university of Akron drug-testing program.
  - (2) The NCAA executive committee has final authority over the procedures and implementation of the NCAA drug-testing program.
  - (3) An ad hoc committee convened by the university president or the president's designee will hear drug-testing reviews.
  - (4) All drug-testing results and reviews will be considered confidential educational records and all persons who handle such information will treat it as a confidential educational record at all times.
  - (5) Any drug-testing laboratory will be required to demonstrate, to the satisfaction of the university, proficiency in detection and confirmation of the banned substance categories on the NCAA list of banned-drug classes. The university reserves the right to conduct periodic quality control checks of the laboratory.

(C) Causes for loss of eligibility

- (1) Each academic year the student-athlete shall sign a form prescribed by the university in which the student-athlete consents to be tested for the use of drugs prohibited by NCAA legislation. Failure to complete and sign the consent form prior to practice or competition in sports in which the NCAA conducts year-round drug testing and prior to competition in all other sports shall result in the student-athlete's ineligibility for participation (i.e., practice and competition) in all intercollegiate athletics.
  - (a) A non-recruited student-athlete in sports other than those involved in the NCAA's year-round drug-testing program may participate in preseason practice activities prior to the team's first contest or date of competition without signing the drug-testing consent form.
  - (b) The university shall administer the consent form individually, as it deems necessary, to each student-athlete (including recruited partial qualifiers and nonqualifiers) each academic year.
- (2) All student-athletes found to be positive for a banned substance and/or metabolite are subject to loss of eligibility consistent with university policies.
- (3) Student-athletes who fail to sign the notification form or signature form, fail to arrive at the collection station at the designated time without justification, fail to provide a urine sample according to protocol, leave the collection station before providing a specimen according to protocol, or attempt to alter the integrity or validity of the urine specimen and/or collection process will be subject to the same penalty as if the student-athlete had tested positive for a banned substance.
- (4) Under NCAA bylaw reference 10.2, athletic department staff members must inform the athletic director when they have knowledge that a student-athlete is using a substance on the list of banned drugs.

(D) Student-athlete selection

- (1) All student-athletes are subject to testing at any given time throughout the academic year, or other periods of official, organized practice and participation.
- (2) All student athletes are subject to NCAA testing at NCAA championships or in conjunction with post-season bowl events. Track and football student-athletes are subject to NCAA testing year-round.

- (3) Athletes will be randomly selected for drug-testing from the university's official team/squad roster.
  - (4) Student athletes listed on the team/squad list who have exhausted their eligibility or who have career-ending injuries will not be selected.
  - (5) Student athletes may also be tested individually or as part of a regularly scheduled test for just cause. This test will be used for student-athletes who demonstrate symptoms or behaviors that are indicative of substance abuse.
- (E) Student-athlete notification.
- (1) No advance notice of testing is required.
  - (2) An athletic department staff member will notify the student-athlete in writing of a drug test during an athletic department sponsored function such as: practice, weight training, study table, etc. Student-athletes selected for testing must read and sign the written notification form.
  - (3) Student-athletes selected for testing must report to the designated collection station immediately.
  - (4) An athletic department staff member must be in the collection station to certify the identity of the student-athletes selected for testing.
  - (5) Student-athletes selected for testing must present picture identification to enter the collection station. In the event the student-athlete does not have picture identification available, the athletic department will use the media guide to certify the student's identity.
- (F) Specimen collection procedures
- (1) Only those persons authorized by the collection station supervisor will be allowed in the collection station.
  - (2) The collection station supervisor may release a sick or injured student-athlete from the collection station or may release a student-athlete to return to competition or to meet academic obligations only after appropriate arrangements for having the student-athlete tested have been made and documented.
  - (3) Student-athletes selected for drug-testing, must sign in on arrival at the collection station.

- (4) The student-athlete will select a set of sealed, coded containers from a supply of such. A crew member will record the selected containers' code with the student-athlete's name. The student-athlete will initial the roster to authenticate that the code listed in the roster corresponds to that on the student athlete's coded collection container.
- (5) The collection station supervisor will then prepare three rosters: one listing the codes together with the names of the corresponding student-athletes, one with the code numbers used for the university's chain of custody, and another listing the codes for the selected specimen containers used for the laboratory's chain of custody. The roster containing the codes together with the names of the corresponding student-athletes will be given to the director of sports medicine.
- (6) The collector will monitor the furnishing of the specimen by observation in order to assure the integrity of the specimen until a specimen of at least 85 mL is provided.
- (7) Once a specimen (at least 85 mL) is provided, the student-athlete is responsible for keeping the collection container closed and controlled.
- (8) Fluids and food given to student-athletes who have difficulty voiding must be from sealed containers (certified by the collection station supervisor) that are opened and consumed in the station. These items must be caffeine- and alcohol-free and free of any other banned substances.
- (9) Incomplete specimen samples.
  - (a) If the specimen is incomplete, the student-athlete must remain in the collection station until the sample is completed unless other arrangements are made with the collection station manager. During this period, the student-athlete is responsible for keeping the collection beaker closed and controlled.
  - (b) If the specimen is incomplete and the student-athlete must leave the collection station for a reason approved by the collection station supervisor, the specimen must be discarded.
    - (i) Upon return to the collection station, the student-athlete will begin the collection procedure again.
- (10) Once a specimen (at least 85 mL) is provided, the collector who monitored the furnishing of the specimen by observation will sign that the specimen was directly validated and a crew member will check the pH of the urine in the presence of the student-athlete.

- (11) Adequacy of specimen provided.
  - (a) If the urine has a pH greater than 7.5 (with reagent strip) or less than 4.5 (with reagent strip), the specimen will be discarded by the student-athlete. The student-athlete must remain in the collection station until another specimen is provided. The student-athlete will provide another specimen according to the procedures in paragraph (F) above.
  - (b) The laboratory will test for specific gravity. If the urine has a specific gravity below 1.003, the lab will notify the director of sports medicine who will obtain another specimen from the student-athlete.
  - (c) If the urine has a specific gravity above 1.003 and the urine has a pH between 4.5 and 7.5 inclusive, the specimen will be processed and sent to the laboratory.
  - (d) If the laboratory determines that a student-athlete's specimen is inadequate for analysis, at the athletic department's discretion, another specimen may be collected.
  - (e) The laboratory will make final determination of specimen adequacy.
  - (f) If a student-athlete is suspected of manipulating specimens (e.g., via dilution), the athletic department will have the authority to perform additional tests on the student-athlete, not to exceed two separate consecutive negative tests.
- (12) A crew member will record the pH values.
- (13) The student-athlete will pour approximately 25 mL of the specimen from the "A container" into the "B container" in the presence of the crew member.
- (14) The student-athlete will place the cap on each vial in the presence of the crew member; the student athlete will then seal each vial in the required manner under the observation of the crew member.
- (15) Containers and forms sent to the laboratory shall not contain the name of the student-athlete.
- (16) All sealed specimens will be secured in a cooler for transfer to the laboratory's courier. The collection station supervisor will transfer the specimens to the courier for delivery to the laboratory.
- (17) The student-athlete and crew member will sign the signature form and master sheet certifying that the procedures were followed as

described in the protocol. Any deviation from the procedures must be described and recorded at that time. If deviations are alleged, the student-athlete will be required to provide another specimen.

- (18) After the collection has been completed, the specimens will be forwarded to the laboratory and all copies of all forms forwarded to the designated persons.
- (19) The specimens become the property of the athletic department.
- (20) Penalties for failure to comply.
  - (a) Failure to certify compliance with the collection process, to arrive at the collection station at the designated time without justification or to provide a urine specimen according to protocol is cause for the same action(s) as evidence of use of a banned substance. The collection station supervisor will inform the student-athlete of these implications (in the presence of witnesses) and record such. If the student-athlete is not available, the collection station supervisor will notify the athletic department. The student-athlete will be considered to have withdrawn consent and will be ineligible on that basis.

(G) Chain of custody

- (1) An athletic department staff member will deliver and record the code for each sample delivered to the courier. The courier will initial to indicate receipt of each sample.
- (2) A laboratory employee will initial that the shipping cooler has been received from the courier.
- (3) The laboratory will record whether the code and seal on each vial arrived intact.
- (4) If a specimen arrives at the laboratory with security seals not intact, the athletic department may collect another specimen.

(H) Lab analysis

- (1) The laboratory will use a portion of specimen A for its initial analysis.
  - (a) Analysis will consist of sample preparation, instrument analysis and data interpretation.



- (2) For any specimen that indicates the presence of a banned substance or metabolite(s), the laboratory will use another portion of specimen A to re-test for banned substances and/or metabolite(s).
    - (a) Analysis will consist of sample preparation, instrument analysis and data interpretation.
  - (3) The laboratory will test any specimen that twice indicated the presence of a banned substance or metabolite(s) to confirm the amount of the banned substance or metabolite(s) present in the sample.
  - (4) The laboratory director or designated certifying scientist will review all results showing a banned substance and/or metabolite(s) in specimen A.
  - (5) The laboratory will hold and freeze the specimen A and specimen B containers for any specimens testing positive for banned substance(s) or metabolite(s).
- (I) Notification
- (1) Notification of specimen A positive test results
    - (a) For student-athletes who have a positive finding, the laboratory will contact the director of sports medicine by telephone as soon as possible. The director of sports medicine will make a written notation of the test results and may, in the director's discretion, request written notification from the lab.
    - (b) The laboratory will, during the telephone conversation, advise the athletic director that specimen B may be tested by an independent laboratory upon the student-athlete's request.
    - (c) The athletic department shall notify the student-athlete of the finding. Upon informing the student-athlete of the positive finding, the athletic department will notify the student, in writing, of the right to request that specimen B be tested and of the right to request a review of the accuracy of the positive finding. The student-athlete must respond to the athletic department in writing within seven days, indicating whether or not the student intends to request that specimen B be tested or to request a review of the accuracy of the positive finding.
  - (2) Specimen B testing
    - (a) The athletic department will act as follows in the event a student requests or declines to request that specimen B be tested:



- (i) If the student chooses to have specimen B tested, the student-athlete will be suspended from all intercollegiate athletic participation pending specimen B testing, in the interest of the student-athlete's safety and the safety of other participants in the sport.
  - (ii) If the student-athlete chooses to have specimen B tested, the athletic department shall declare the student-athlete ineligible and the department will withhold the student-athlete from all intercollegiate activity in accordance with the university drug education and testing policy upon notification of the specimen B positive finding.
  - (iii) If the student-athlete chooses to have specimen B tested, the athletic department shall declare the student eligible and the department will reinstate the student-athlete to all intercollegiate activity upon notification of the specimen B negative finding. The records from both tests will be kept confidential and the student will be treated as though the first positive never occurred.
  - (iii) If the student-athlete chooses not to have specimen B tested, the athletic department shall declare the student-athlete ineligible and the department will withhold the student-athlete from all intercollegiate activity in accordance with the university drug education and testing policy based upon the specimen A positive finding.
- (b) A laboratory other than the one that analyzed the student-athlete's specimen A will conduct specimen preparation and testing for specimen B analysis.
  - (c) To the extent possible, analysis of specimen B will be conducted according to the protocol set forth in paragraph (H)(1) to (H)(4) of this appendix.
  - (d) Specimen B findings will be final. The laboratory will inform the director of sports medicine of the results by telephone as soon as possible. The director of sports medicine will make a written notation of the test results and may, in the director's discretion, request written notification from the lab.
  - (e) A student-athlete who chooses to request that specimen B be tested will be required to pay the university, by cash or money order, for the cost of the testing in advance. In the event that the specimen B findings are negative, the university will cause the student to be reimbursed in full for the cost of the test.

(3) Notification of specimen B positive test results.

- (a) For student-athletes who have a specimen B positive finding, the laboratory will contact the director of sports medicine by telephone as soon as possible. The athletic department shall notify the student-athlete of the finding. At this point, normal NCAA eligibility procedures will apply.
- (b) Upon informing the student-athlete of the positive finding, the athletic department will notify the student, in writing, of the right to request a review of the accuracy of the positive finding.

(4) Review.

- (a) The student-athlete may request a review of the accuracy of a positive finding in a writing, including supporting evidence, directed to the university president within seven days from the date of notification of a positive finding. Pending the outcome of the review, the student-athlete will be suspended from all intercollegiate athletic participation in the interest of the student-athlete's safety and the safety of other participants in the sport.
- (b) At the time a student-athlete submits a written request for review of the accuracy of a positive finding to the university president, the student-athlete must provide the athletics department with a copy of the request for review.
- (c) The review of the positive finding must be based on one of the following:
  - (i) Evidence of procedural error; or
  - (ii) Evidence that refutes the positive finding.
- (d) All drug-testing results and reviews will be considered confidential educational records and all persons who handle such information will treat it as a confidential educational record at all times.
- (e) The committee may request the student's presence, if deemed necessary, at a review meeting to discuss the evidence presented.
- (f) The committee will notify the athletic director and student of the result of any appeal within seven days. This notification will be initiated by

“overnight/signature required” letter (marked “confidential”) to the student.

- (5) The following is a recommended statement concerning positive testing that results in a student-athlete’s ineligibility. If inquiries are received, this statement could be released:

“The student-athlete in question was found in violation of eligibility rules and has been declared ineligible.”

(J) Restoration of eligibility.

- (1) Before a student is considered for eligibility restoration, the athletic department will test the student-athletes for the presence of banned substances in order to be considered for eligibility restoration.
- (2) Student-athletes who are ineligible as a result of a positive drug test shall be subject to testing by the athletic department at any time during their period of ineligibility.
- (3) Student-athlete requests for reinstatement of eligibility will not be considered until after the student-athlete retests negative and the athletic director has received the results.

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**Department:** A7600003 Drug Testing Program **Budget Period:** 2007  
**Fund Code:** 10000 Unallocated Fund Bal - Akron **Program:** 5000  
**Manager Name:** Rodriguez, Mike Mr. **Class:** OPER  
**SpeedType:** 200671

	Budgeted	YTD Actuals	Remaining Balance	Percent of Budget
<b>Revenue:</b>				
<b>Expenses:</b>				
<b>Compensation:</b>	0.00	0.00	0.00	0.00
<b>Other Costs:</b>	4,587.14	3,667.50	919.64	79.95
<b>Totals:</b>	4,587.14	3,667.50	919.64	79.95

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**Budget Summary** | [Fund Summary](#) | [Detail](#)

**Department:** A7600003 Drug Testing Program **Budget Period:** 2006  
**Fund Code:** 10000 Unallocated Fund Bal - Akron **Program:** 5000  
**Manager Name:** Rodriguez, Mike Mr. **Class:** OPER  
**SpeedType:** 200671

	Budgeted	YTD Actuals	Remaining Balance	Percent of Budget
<b>Revenue:</b>				
<b>Expenses:</b>				
<b>Compensation:</b>	0.00	0.00	0.00	0.00
<b>Other Costs:</b>	4,527.76	2,940.62	1,587.14	64.95
<b>Totals:</b>	4,527.76	2,940.62	1,587.14	64.95

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