



OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]
*** EMPLOYEE ID NO. :** [REDACTED]
REASON FOR TEST: OTHER :NOT GIVEN
COLLECTION DATE: 04-May-05
COLLECTION SITE: UNIVERSITY OF CINCINNATI
 216 SHOEMAKER CT
 CINCINNATI, OH 45221

TESTING LABORATORY: AEGIS
 345 HILL AVE
 NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his /her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	200 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	50 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METHADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYTHENE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT: SEE COMMENTS
COMMENT : VERIFIED POSITIVE FOR MARIJUANA (26 NG/ML).
 THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
 TELEPHONE INTERVIEW WITH THE DONOR.
 DILUTE URINE.
DONORS ID FOR COLLECTION: [REDACTED]

MRO REPORT DATE: 10-May-05

Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number

5651 Frist Boulevard, Suite 306
Hermitage, Tennessee 37076
P.O. Box 293175
Nashville, Tennessee 37229-3175
615-316-0100 FAX 615-872-0088

May 16, 2005

Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your first referral to the Intervention Process therefore you must complete the following requirements.

- Complete a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- Complete twenty (20) hours of community service by June 1, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process will result in immediate suspension from the [REDACTED] program until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation today, you have waived your right to an appeal. The sanctions of this letter are effective immediately.

Sincerely,



Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC

May 31, 2005

Mr. Bill Walker
University of Cincinnati
Athletic-Sports Medicine
Assistant Athletic Director
216 Shoemaker Center
Cincinnati Ohio, 45221

Dear Mr. Walker,

This letter is in response to your request for [REDACTED] to have an alcohol and drug assessment after he tested positive for marijuana on a random urine screen that was taken May 4, 2005.

[REDACTED] reported that he first used marijuana in high school with friends as a sophomore in High School. He denied regular use of marijuana in high school and no use since he has been at the University of Cincinnati. He shared that he smoked marijuana with a few high school friends the weekend prior to the drug screen, adding that was the first time he had smoked marijuana as a University of Cincinnati student. He reports he regrets his decision to smoke marijuana that weekend with his friends. He reported use of alcohol on an occasional basis with friends. He denies symptom that would indicate a problem with marijuana or alcohol.

I did not recommend the one hour education class through the Wellness Program since he is [REDACTED] years old. However, I did tell him it may be a requirement through the Athletic Department. I would recommend continued random urine screens.

Please call me with any questions you may have at 556-1380.

Sincerely,

Nancy A. Finch LSW LPCC



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

May 13, 2005

Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC

CONFIDENTIAL
URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]
*EMPLOYEE ID NO. : [REDACTED]
REASON FOR TEST: OTHER :NOT GIVEN
COLLECTION DATE: 04-Oct-05
COLLECTION SITE: UNIVERSITY OF CINCINNATI
216 SHOEMAKER CT
CINCINNATI, OH 45221
TESTING LABORATORY: AEGIS

I have reviewed the above individual's custody and control form, evaluated his /her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
COCAINE METABOLITE	SEE COMMENTS	300 NG/ML	150 NG/ML
OPIATES	NEGATIVE	300 NG/ML	300 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
MARIJUANA, THC	NEGATIVE	50 NG/ML	15 NG/ML
NITRITES (ADULTERANT, MCG/ML)	NEGATIVE	200 NG/ML	200 NG/ML
CHROMATE (ADULTERANT, MCG/ML)	NEGATIVE	50 NG/ML	50 NG/ML

FINAL RESULT: SEE COMMENTS

COMMENT: POSITIVE FOR COCAINE (GREATER THAN 2,000 NG/ML).
VERIFICATION ATTEMPTED. DONOR NOT ACCESSIBLE.
DONORS ID FOR COLLECTION: [REDACTED]

MRO REPORT DATE: 11-Oct-05


Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

5651 Frist Boulevard, Suite 306
Hermitage, Tennessee 37076
P.O. Box 293175
Nashville, Tennessee 37229-3175
615-316-0100 FAX 615-872-0088

*Employee ID No. was provided by donor at time of collection and this may or may not be donor's social security number

Walker, William (walkerwf)

From: [REDACTED]
Sent: Thursday, October 13, 2005 11:03 AM
To: Walker, William (walkerwf)
Subject: First attempt did not get to you

Bill, The first attempt to send this to you did not make it. Here is a copy-paste of the two messages. I will hold off on deleting the actual e-mail correspondence.

<< my answer >>

[REDACTED]

Thank you for taking the time to follow-up, I appreciate you taking the initiative to contact me. I agree with your decision. It was clear by last week that although you may still have some desire to [REDACTED] you were not prepared to do everything required to be a [REDACTED]

Yes, it would be appropriate that you return the T-shirt, shorts and sweat top, thanks for offering. You could put them in a bag and leave them with [REDACTED] at the front desk in [REDACTED] if we aren't in when you stop by.

Good luck to you, do well in school and make sure that you graduate. While you may have other interests at this time, if you do not finish your degree, there will come a time that you regret that. It may be difficult to finish, but it will be worth it eventually. Hear me now, thank me later.

[REDACTED]

University of Cincinnati
Cincinnati, OH 45221-0021

[REDACTED]

----- Original Message -----

From: [REDACTED]
To: [REDACTED]
Sent: Sunday, October 09, 2005 10:10 PM
Subject: Re: [REDACTED]

[REDACTED] I am sure you have been expecting this e-mail. I wanted to
| inform

you that I am officially done with [REDACTED]. I thought I could come back to it from having sometime off to recover both mentally and physically. The drive that I once had for [REDACTED] is no longer there. If I am to [REDACTED] or do anything in particular I want it to be for myself and not for someone

else: this is what I was trying to cover up.

| The sweat shirt, short, and T-shirt I can return if you wish. I will
| wash
| them of course.

| I am truly sorry to put you through this rollercoaster. I have put
| myself
| in the same rollercoaster of uncertainty. I wish there was another way, but life is a rollercoaster.

| Again, I am truly sorry for the headache.

| [REDACTED] -

[REDACTED]

University of Cincinnati

Cincinnati, OH 45221-0021





OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]

EMPLOYEE SSN/ID NO.: [REDACTED]

REASON FOR TEST: RANDOM

COLLECTION DATE: 30-Nov-06

COLLECTION SITE: UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT

TESTING LABORATORY: AEGIS
345 HILL AVE
NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his/her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

PROFILE-ZTBT 4:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	250 NG/ML	500 NG/ML
AMPHETAMINE CLASS	5000 NG/ML	5000 NG/ML
COCAINE METABOLITE	100 NG/ML	50 NG/ML
OPiates	100 NG/ML	100 NG/ML
MARIJUANA, THC	20 NG/ML	5 NG/ML
NITRITES (ADULTERANT, MCG/ML)	200 NG/ML	200 NG/ML
CHROMATE (ADULTERANT, MCG/ML)	50 NG/ML	50 NG/ML

FINAL RESULT: SEE COMMENTS

COMMENT: POSITIVE FOR AMPHETAMINES.
IF MEDICAL DOCUMENTATION IS PROVIDED THE
PRECEDING RESULTS CAN BE REVISED.
DONORS ID FOR COLLECTION IS [REDACTED]

MRO REPORT DATE: 19-Dec-06


Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

*Employee ID No. was provided by donor at time of collection and this may or may not be donor's social security number

5651 Frist Boulevard, Suite 306
Hermitage, Tennessee 37076
P.O. Box 293175
Nashville, Tennessee 37229-3175
615-316-0100 FAX 615-872-0088

11



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

October 25, 2005

Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in black ink that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC
513-556-0575





OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]
 *EMPLOYEE ID NO.: [REDACTED]
 REASON FOR TEST: OTHER :NOT GIVEN
 COLLECTION DATE: 17-Oct-05
 COLLECTION SITE: UNIVERSITY OF CINCINNATI
 216 SHOEMAKER CT
 CINCINNATI, OH 45221

TESTING LABORATORY: AEGIS

I have reviewed the above individual's custody and control form, evaluated his /her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
COCAINE METADOLITE	NEGATIVE	300 NG/ML	150 NG/ML
OPIATES	NEGATIVE	300 NG/ML	300 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
MARIJUANA, THC	SEE COMMENTS	50 NG/ML	15 NG/ML
NITRITES (ADULTERANT, MCG/ML)	NEGATIVE	200 NG/ML	200 NG/ML
CHROMATE (ADULTERANT, MCG/ML)	NEGATIVE	50 NG/ML	50 NG/ML

FINAL RESULT: SEE COMMENTS

COMMENT : VERIFIED POSITIVE FOR MARIJUANA (18 NG/ML).
 THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
 TELEPHONE INTERVIEW WITH THE DONOR.
 DONORS ID FOR COLLECTION: [REDACTED]

MRO REPORT DATE: 21-Oct-05


 Renata E. Bluhm, MD, PhD, MROCC
 Certified Medical Review Officer

*Employee ID No. was provided by donor at time of collection and this may or may not be donor's social security number

5651 Frist Boulevard, Suite 306
 Hermitage, Tennessee 37076
 P.O. Box 293175
 Nashville, Tennessee 37229-3175
 615-316-0100 FAX 615-872-0088

✓. /



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

October 25, 2005



Dear [REDACTED]:

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your first referral to the Intervention Process therefore you must complete the following requirements.

- Complete a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- Complete twenty (20) hours of community service by December 1, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process will result in immediate suspension from the [REDACTED] program until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation today, you have waived your right to an appeal. The sanctions of this letter are effective immediately.

Sincerely,

A handwritten signature in black ink that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:



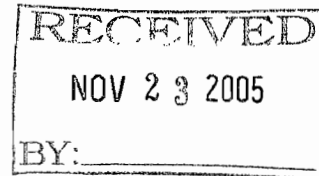
Bill Walker, ATC





REACH
Faculty, Staff, and Student Assistance Program
Edwards One, Suite 7130
University of Cincinnati
PO Box 210227
Cincinnati OH 45221-0227

Dear University of Cincinnati Athletic Department



November 17, 2005

This letter is to confirm that the staff at Reach on 11/17/05 completed a Substance abuse assessment on [REDACTED]. Based on his assessment, it was determined that he does not have any substance abuse problems or addictions. We recommended that he return to reach if he has any further issues or concerns with substance abuse.

Please feel free to contact us if you need any additional information.

Sincerely

Richard Wesley MSW Graduate Student

Richard Wesley
Connie Moody, MSW, LISW

A handwritten signature in cursive script that reads 'Connie Moody'.

Director, Reach

513-556-1222

CINCINNATI BEARCATS

Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

May 13, 2005

Dear [REDACTED]

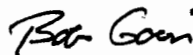
[REDACTED] has tested positive for marijuana use. This is his first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,



Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC



OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]

*** EMPLOYEE ID NO. :** [REDACTED]

REASON FOR TEST: OTHER :NOT GIVEN

COLLECTION DATE: 04-May-05

COLLECTION SITE: UNIVERSITY OF CINCINNATI
216 SHOEMAKER CT
CINCINNATI, OH 45221

TESTING LABORATORY: AEGIS
345 HILL AVE
NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his/her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL:	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	200 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	50 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METHADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	2000 NG/ML	2000 NG/ML
TRICYCLIC AMINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPHENE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT: SEE COMMENTS

COMMENT : VERIFIED POSITIVE FOR MARIJUANA (8 NG/ML).
THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
TELEPHONE INTERVIEW WITH THE DONOR.
DILUTE URINE.
DONORS ID FOR COLLECTION: [REDACTED]

MRO REPORT DATE: 10-May-05

Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number

5651 Frist Boulevard, Suite 306
Hermitage, Tennessee 37076
P.O. Box 293175
Nashville, Tennessee 37229-3175
615-316-0100 FAX 615-872-0088

May 13, 2005

Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

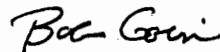
This is your first referral to the Intervention Process therefore you must complete the following requirements.

- Complete a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- Complete twenty (20) hours of community service by June 1, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process will result in immediate suspension from the [REDACTED] until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation today, you have waived your right to an appeal. The sanctions of this letter are effective immediately.

Sincerely,



Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC



May 23, 2005

Mr. Bill Walker
University of Cincinnati
Athletic-Sports Medicine
Assistant Athletic Director
216 Shoemaker Center
Cincinnati Ohio, 45221

Dear Mr. Walker,

This letter is in response to your request for [REDACTED] to have an alcohol and drug assessment after he tested positive for marijuana on a random urine screen that was taken on May 4, 2005.

[REDACTED] reported that he first used marijuana in High School at the age of seventeen, using it several times with friends. He denies use of marijuana on a regular basis, reporting this was the first time he has used marijuana since attending the University of Cincinnati. He does report occasional alcohol use with friends on a monthly basis. He denied symptoms that may be indicative of an alcohol or drug problem. Due to his age of [REDACTED], we did discuss the issue of underage drinking and the consequences that would follow if caught using alcohol.

He reports he is majoring in [REDACTED] and has a GPA of [REDACTED]. He hopes to play [REDACTED] next year for the University of Cincinnati. He realizes that he has put his [REDACTED] career in jeopardy by having a positive urine screen and regrets his choice to smoke with friends. He denies use since that time.

I recommend that he attend the one hour education group through the Wellness Program, he has been given the phone number to call and schedule a time to attend. Also continued random urine screens.

Please feel free to call me at 556-1380 if you should have questions.

Sincerely,

Nancy A. Finch LSW LPCC



REACH
Faculty, Staff, and Student Assistance Program
Edwards One, Suite 7130
University of Cincinnati
PO Box 210227
Cincinnati OH 45221-0227

June 14, 2005

Mr. Bill Walker
University of Cincinnati
Athletic-Sports Medicine
Assistant Athletic Director
216 Shoemaker Center
Cincinnati Ohio, 45221

Dear Mr. Walker,

This letter is in response to your request for [REDACTED] to have an alcohol and drug assessment after he tested positive for marijuana on a random urine screen that was taken he reported some time in May 2005. He reported this is the first time he has tested positive for marijuana in the three years that he has attended the University of Cincinnati.

He reports he started smoking marijuana in high school with friends, smoking it regularly until the first part of his freshman year in college, quitting prior to the start of the [REDACTED] season. He denies that he used marijuana from the beginning of his college career here until this past year. He reports that he began to use marijuana again because it helped him sleep at night. He reports [REDACTED] which makes it difficult for him to get comfortable at night and to fall asleep.

He is aware that he is in jeopardy of losing his athletic scholarship, which would end his college career. He is struggling with the fact that his [REDACTED] career is over. His identity has been that of a [REDACTED] and he no longer has a future in playing [REDACTED]. It will take time to adjust to the changes.

I am not aware of the medical services that are available to athletes who are injured. If there is a program that helps individuals with [REDACTED], this would be beneficial to [REDACTED]. In addition a medical evaluation to determine if a sleep aid would be helpful. He also needs to develop new coping mechanisms which are not self destructive. I have offered to see [REDACTED] on an individual basis to start to address these issues. We have scheduled a follow up appointment for June 20th.

Thank you for the referral. Please feel free to call me should you have any questions, my number is 556-1380.

Sincerely,

Nancy A Finch D LSW LPCC
Nancy A Finch LSW LPCC



OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL

URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]
*** EMPLOYEE ID NO. :** [REDACTED]
REASON FOR TEST: RANDOM
COLLECTION DATE: 11-May-05
COLLECTION SITE: UNIVERSITY OF CINCINNATI
216 SHOEMAKER CT
CINCINNATI, OH 45221
TESTING LABORATORY: AEGIS
345 HILL AVE
NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his /her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL:	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	200 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	50 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METHADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPHENE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT: SEE COMMENTS
COMMENT : POSITIVE FOR MARIJUANA (63 NG/ML).
VERIFICATION ATTEMPTED. DONOR NOT ACCESSIBLE.
DILUTE URINE
DONORS ID FOR COLLECTION: [REDACTED]

MRO REPORT DATE: 23-May-05

Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number



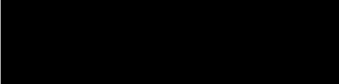
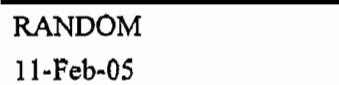
OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:


NAME: 
*EMPLOYEE ID NO. : 
REASON FOR TEST: RANDOM
COLLECTION DATE: 11-Feb-05
COLLECTION SITE: UNIVERSITY OF CINCINNATI
216 SHOEMAKER CT
CINCINNATI, OH 45221
TESTING LABORATORY: AEGIS

I have reviewed the above individual's custody and control form, evaluated his /her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

	RESULT/ SEE COMMENTS	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
OPIATES	NEGATIVE	300 NG/ML	300 NG/ML
PRENOCLODINE	NEGATIVE	25 NG/ML	25 NG/ML
MARIJUANA, THC	NEGATIVE	50 NG/ML	15 NG/ML
NITRITES (ADULTERANT, MCG/ML)	NEGATIVE	200 NG/ML	200 NG/ML
CHROMATE (ADULTERANT, MCG/ML)	NEGATIVE	50 NG/ML	50 NG/ML

FINAL RESULT: SEE COMMENTS

COMMENT : VERIFIED POSITIVE FOR PSEUDOEPHEDRINE (18600 NG/ML).
THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
TELEPHONE INTERVIEW WITH THE DONOR.
DONORS ID FOR COLLECTION IS 

MRO REPORT DATE: 23-Feb-05

Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

*Employee ID No. was provided by donor at time of collection and this may or may not be donor's social security number

5651 Frist Boulevard, Suite 306
Hermitage, Tennessee 37076
P.O. Box 293175
Nashville, Tennessee 37229-3175
615-316-0100 FAX 615-872-0088



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

June 7, 2005

Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your First referral to the Intervention Process therefore you must complete the following requirements.

- Complete a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- Complete twenty (20) hours of community service by June 24, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process will result in immediate suspension from the [REDACTED] until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation today, you have waived your right to an appeal. The sanctions of this letter are effective immediately.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC





Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

June 7, 2005



Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goen".

Bob Goen
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC
513-556-0575





Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

February 18, 2005

Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is her first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. She has waived her right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required, 9:00 pm curfew through March 3, 2005, and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC (513) 556-4352



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

February 18, 2005

Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your first referral to the Intervention Process therefore you must complete the following requirements.

- You must have a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- You will have a monitored 9:00 pm curfew through March 3, 2005.
- You must complete twenty (20) hours of community service by March 18, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process, will result in immediate suspension from the [REDACTED] until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation you have waived your right to appeal, therefore, the sanctions of this letter are effective immediately.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC ✓



OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]
 * EMPLOYEE ID NO. : [REDACTED]
 REASON FOR TEST: OTHER :NOT GIVEN
 COLLECTION DATE: 09-Feb-05
 COLLECTION SITE: UNIVERSITY OF CINCINNATI
 216 SHOEMAKER CT
 CINCINNATI, OH 45221

TESTING LABORATORY: AEGIS
 345 HILL AVE
 NASHVILLE, TN 37210


I have reviewed the above individual's custody and control form, evaluated his /her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL:	RESULT:	SCREEN CUTOFF:	CSMS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	300 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	20 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	300 NG/ML	300 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPHENE	NEGATIVE	300 NG/ML	300 NG/ML
METHAQUALONE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT: SEE COMMENTS
 COMMENT : VERIFIED POSITIVE FOR MARIJUANA.
 THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
 TELEPHONE INTERVIEW WITH THE DONOR.
 DONORS ID FOR COLLECTION IS [REDACTED]

MRO REPORT DATE: 14-Feb-05


 Renata E. Bluhm, MD, PhD, MROCC
 Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number

5651 Frist Boulevard • Suite 306
 (In Summit Medical Center)
 Hermitage, Tennessee 37078
 P.O. Box 271356
 Nashville, Tennessee 37227-1356
 615-310-0100 • FAX 615-872-0088

✓



REACH
Faculty, Staff, and Student Assistance Program
Edwards One, Suite 7130
University of Cincinnati
PO Box 210227
Cincinnati OH 45221-0227

March 13, 2005

Mr. Bill Walker
University of Cincinnati
Athletic-Sports Medicine
Assistant Athletic Director
216 Shoemaker Center
Cincinnati Ohio, 45221

Dear Mr. Walker,

This letter is in response to your request for [REDACTED] to have an alcohol and drug assessment after she tested positive for Marijuana on a urine screen that was taken on February 9, 2005.

[REDACTED] arrived on time for her appointment. She reported she had smoked marijuana three weeks prior to testing positive on the urine screen and none since that time. She shared that she first used marijuana at the age of nineteen, smoking it three times during her lifetime. Reports alcohol use on a limited bases; however none during the [REDACTED] Season.

[REDACTED] denied symptoms that would indicate a problem with substances. I would recommend no further counseling at this time.

Please feel free to call me if you should have any questions at 556-1380.

Sincerely,


Nancy A. Finch LSW LPCC



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

May 12, 2005

[REDACTED]

Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in black ink that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc: [REDACTED]
Bill Walker, ATC



Office of the Athletic Director
Phone (513) 556-4603
Fax (513) 556-5059

May 12, 2005



Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC ✓
513-556-0575





OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]
*** EMPLOYEE ID NO. :** [REDACTED]
REASON FOR TEST: OTHER :NOT GIVEN
COLLECTION DATE: 04-May-05
COLLECTION SITE: UNIVERSITY OF CINCINNATI
216 SHOEMAKER CT
CINCINNATI, OH 45221
TESTING LABORATORY: AEGIS
345 HILL AVE
NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his/her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL:	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	200 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	50 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METHADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	2000 NG/ML	2000 NG/ML
TRICYCLIC AMINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPHENE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT: SEE COMMENTS

COMMENT : VERIFIED POSITIVE FOR MARIJUANA (6 NG/ML).
THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
TELEPHONE INTERVIEW WITH THE DONOR.
DILUTE URINE.
DONORS ID FOR COLLECTION: [REDACTED]

MRO REPORT DATE: 10-May-05

Renata E. Blahm, MD, PhD, MROCC
Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number

5651 Frist Boulevard, Suite 306
Hermitage, Tennessee 37076
P.O. Box 293175
Nashville, Tennessee 37229-3175
615-316-0100 FAX 615-872-0088

✓

CINCINNATI BEARCATS

Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

June 6, 2003

[REDACTED]

Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

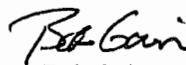
This is your first referral to the Intervention Process therefore you must complete the following requirements.

- You must have a chemical dependency assessment
- You must take the Drugs and Behavior course (30ADDC211) during the fall quarter.
- You will have a monitored 11:00 pm curfew through fall quarter.
- You must complete twenty (20) hours of community service by August 1, 2003.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process, will result in immediate suspension from the [REDACTED] until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation you have waived your right to appeal, therefore, the sanctions of this letter are effective immediately.

Sincerely,



Bob Goin
Director of Athletics

Cc: [REDACTED]


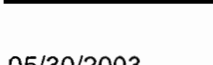
Bill Walker, ATC

OccNet

Health Alliance™

* CONFIDENTIAL *

BILL WALKER
UC ATHLETIC DEPT
216 SHOEMAKER CENTER
CINCINNATI, OH 45221

EMPLOYEE NAME : 
SOCIAL SECURITY # : 

COLLECTION DATE : 05/30/2003
TEST TYPE : Random -
TEST PROFILE : 9 panel

The Specimen was tested for the following drugs:

Amphetamine
Benzodiazepines
Cocaine
Opiates
Propoxyphene

Barbiturates
Cannabinoids
Methadone
Phencyclidine

TEST PROTOCOL :
LABORATORY : Health Alliance Laboratory Services


SPECIMEN # : N0717680
SAMPLE TYPE : Urine

COLLECTION SITE : On site

TEST RESULTS

RESULTS :  Marijuana

COMMENTS :

 MD 6-4-03
Eric Luessen MD

CINCINNATI BEARCATS

Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

February 18, 2005

Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is her first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. She has waived her right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required, 9:00 pm curfew through March 3, 2005, and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,



Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC (513) 556-4352 ✓



REACH
Faculty, Staff, and Student Assistance Program
Edwards One, Suite 7130
University of Cincinnati
PO Box 210227
Cincinnati OH 45221-0227

March 2, 2005

Mr. Bill Walker
University of Cincinnati
Athletics-Sports Medicine
Assistant Athletic Director
216 Shoemaker Center
Cincinnati Ohio, 45221

Dear Mr. Walker,

This letter is in response to your request for [REDACTED] to have an alcohol and drug assessment after she tested positive for marijuana on a urine screen that was taken on February 2, 2005. She tested negative on an additional screen that was taken on February 9, 2005.

[REDACTED] arrived on time for her appointment. Her responses to questions were vague. She reported that she was alone when she smoked marijuana on Wednesday "about a month ago". The next day was when she was asked to do a urine screen.

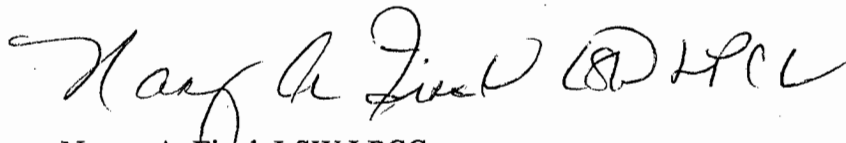
She reports that that was the first time she had smoked marijuana since entering the University of Cincinnati in 2003 and the last time. She reports first trying marijuana as a senior in High School, denied using it on a regular bases. Denies alcohol use. [REDACTED] denied having any other symptoms that may be indicative of a problem with substances.

Due to [REDACTED] vagueness during the assessment it is difficult to determine if she has a problem with marijuana. I wonder if her vagueness was out of fear of telling the truth, fearing there may be additional consequences.

At this point my recommendations would be to continue to do random urine screens. The University does not have an educational program for marijuana use. I have been told it is being developed and will hopefully be in place for the next school year. The recent events that [REDACTED] has been through may be the intervention that was needed for her to make changes in her behavior.

Please feel free to call me if you should have any questions at 556-1380.

Sincerely,

A handwritten signature in cursive script that reads "Nancy A. Finch LSW LPPC". The signature is written in black ink and is positioned above the typed name.

Nancy A. Finch LSW LPPC



OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]

*** EMPLOYEE ID NO.:** [REDACTED]

REASON FOR TEST: OTHER :NOT GIVEN

COLLECTION DATE: 03-Feb-05

COLLECTION SITE: UNIVERSITY OF CINCINNATI
216 SHOEMAKER CT
CINCINNATI, OH 45221

TESTING LABORATORY: AEGIS
345 HILL AVE
NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his /her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL:	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	300 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	20 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METHADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	300 NG/ML	300 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPRENE	NEGATIVE	300 NG/ML	300 NG/ML
METRAQUALONE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT: SEE COMMENTS

COMMENT : VERIFIED POSITIVE FOR MARIJUANA (5 NG/ML).
THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
TELEPHONE INTERVIEW WITH THE DONOR.
DONORS ID FOR COLLECTION IS [REDACTED]

MRO REPORT DATE: 16-Feb-05

Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number

5651 Frist Boulevard • Suite 308
(In Summit Medical Center)
Hermitage, Tennessee 37076
P.O. Box 271356
Nashville, Tennessee 37227-1356
615-316-0100 • FAX 615-872-0088

JV



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

February 18, 2005

Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your first referral to the Intervention Process therefore you must complete the following requirements.

- You must have a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- You will have a monitored 9:00 pm curfew through March 3, 2005.
- You must complete twenty (20) hours of community service by March 18, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process, will result in immediate suspension from the [REDACTED] program until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation you have waived your right to appeal, therefore, the sanctions of this letter are effective immediately.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC ✓

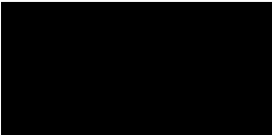


Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

April 21, 2005



Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc: [REDACTED]
Bill Walker, ATC

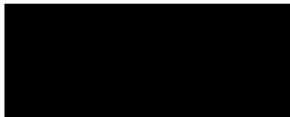


Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

April 21, 2005



Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your first referral to the Intervention Process therefore you must complete the following requirements.

- Complete a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- Complete twenty (20) hours of community service by May 18, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process will result in immediate suspension from the [REDACTED] until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation today, you have waived your right to an appeal. The sanctions of this letter are effective immediately.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:



Bill Walker, ATC



OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL

URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]
*** EMPLOYEE ID NO. :** [REDACTED]
REASON FOR TEST: RANDOM
COLLECTION DATE: 12-Apr-05
COLLECTION SITE: UNIVERSITY OF CINCINNATI
216 SHOEMAKER CT
CINCINNATI, OH 45221
TESTING LABORATORY: AEGIS
345 HILL AVE
NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his/her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL:	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	200 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	50 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METHADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPHENE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT: SEE COMMENTS
COMMENT : VERIFIED POSITIVE FOR MARIJUANA (10 NG/ML).
THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
TELEPHONE INTERVIEW WITH THE DONOR.
DILUTE URINE.
DONORS ID FOR COLLECTION: UCT33

MRO REPORT DATE: 19-Apr-05

Renata E. Blahm
Renata E. Blahm, MD, PhD, MROCC
Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number

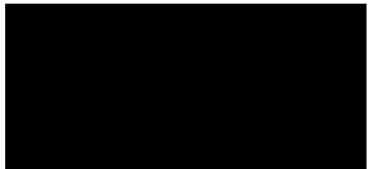
5651 Frist Boulevard, Suite 306
Hermitage, Tennessee 37076
P.O. Box 293175
Nashville, Tennessee 37229-3175
615-316-0100 FAX 615-872-0088

✓✓



Office of the Athletic Director
Phone (513) 556-4603
Fax (513) 556-5059

October 27, 2005



Dear [REDACTED]:

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your first referral to the Intervention Process therefore you must complete the following requirements.

- Complete a chemical dependency assessment. This assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- Complete twenty (20) hours of community service by December 1, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process will result in immediate suspension from the [REDACTED] program until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation today, you have waived your right to an appeal. The sanctions of this letter are effective immediately.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:



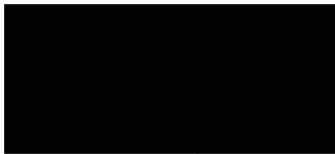
Bill Walker, ATC





Office of the Athletic Director
Phone (513) 556-4603
Fax (513) 556-5059

October 27, 2005



Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:



Bill Walker, ATC
513-556-0575





Office of the Athletic Director
Phone (513) 556-4603
Fax (513) 556-5059

October 27, 2005



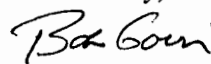
Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

Bob Goin
Director of Athletics

Cc: [REDACTED]
Bill Walker, ATC
513-556-0575



YOUR BUSINESS



OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]

EMPLOYEE SSN/ID NO. : [REDACTED]

REASON FOR TEST: RANDOM

COLLECTION DATE: 17-Oct-05

COLLECTION SITE: UNIVERSITY OF CINCINNATI
216 SHOEMAKER CT
CINCINNATI, OH 45221

TESTING LABORATORY: AEGIS SCIENCES CORPORATION
345 HILL AVENUE
NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his/her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.


This individual's drug test results are:

PROFILE-ZYDT 4:	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
ECSTASY	NEGATIVE	250 NG/ML	100 NG/ML
AMPHETAMINE CLASS	NEGATIVE	5000 NG/ML	5000 NG/ML
COCAINE METABOLITE	NEGATIVE	100 NG/ML	50 NG/ML
OPIAIDS	NEGATIVE	100 NG/ML	100 NG/ML
MARIJUANA, THC	SEE COMMENTS	30 NG/ML	5 NG/ML
NITRATES (ADULTERANT, MCC/ML)	NEGATIVE	200 NG/ML	200 NG/ML
CHROMATE (ADULTERANT, MCC/ML)	NEGATIVE	50 NG/ML	50 NG/ML

FINAL RESULT: SEE COMMENTS

COMMENT: VERIFIED POSITIVE FOR MARIJUANA (7 NG/ML).
THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
TELEPHONE INTERVIEW WITH THE DONOR.
DONORS ID FOR COLLECTION: UCT 49

MRO REPORT DATE: 25-Oct-05


Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

*Employee ID No. was provided by donor at time of collection and this may or may not be donor's social security number

5651 Frist Boulevard, Suite 306
Hermitage, Tennessee 37076
P.O. Box 293175
Nashville, Tennessee 37229-3175
615-316-0100 FAX 615-872-0088

✓✓



REACH
Faculty, Staff, and Student Assistance Program
Edwards One, Suite 7130
University of Cincinnati
PO Box 210227
Cincinnati OH 45221-0227

Dear University of Cincinnati Athletic Department

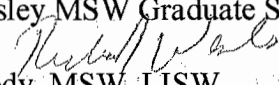
November 17, 2005

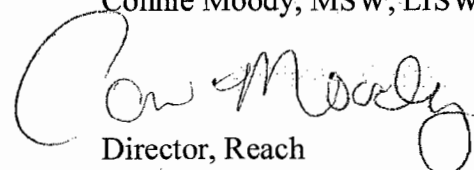
This letter is to confirm that the staff at Reach on 11/17/05 completed a Substance abuse assessment on [REDACTED]. Based on his assessment, it was determined that he does not have any substance abuse problems or addictions. We recommended that he return to reach if he has any further issues or concerns with substance abuse.

Please feel free to contact us if you need any additional information.

Sincerely

Richard Wesley MSW Graduate Student


Connie Moody, MSW, LISW


Director, Reach

513-556-1222





Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

May 4, 2005

Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your first referral to the Intervention Process therefore you must complete the following requirements.

- Complete a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- Complete twenty (20) hours of community service by June 10, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process will result in immediate suspension from the [REDACTED] program until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation today, you have waived your right to an appeal. The sanctions of this letter are effective immediately.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

April 21, 2005

[Redacted]

Dear [Redacted]

[Redacted] has tested positive for marijuana use. This is her first positive urine test for marijuana.

[Redacted] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. She has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [Redacted] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[Redacted]
Bill Walker, ATC



OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]
 * EMPLOYEE ID NO. : [REDACTED]
 REASON FOR TEST: RANDOM
 COLLECTION DATE: 27-Apr-05
 COLLECTION SITE: UNIVERSITY OF CINCINNATI
 216 SHOEMAKER CT
 CINCINNATI, OH 45221
 TESTING LABORATORY: AEGIS
 345 HILL AVE
 NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his/her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL:	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	200 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	50 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METHADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPHENE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT: SEE COMMENTS
 COMMENT : VERIFIED POSITIVE FOR MARIJUANA (19 NG/ML).
 THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
 TELEPHONE INTERVIEW WITH THE DONOR.
 DONORS ID FOR COLLECTION: [REDACTED]

MRO REPORT DATE: 02-May-05


 Renata E. Bluhm, MD, PhD, MROCC
 Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number

5651 Frist Boulevard, Suite 306
 Hermitage, Tennessee 37076
 P.O. Box 293175
 Nashville, Tennessee 37229-3175
 615-316-0100 FAX 615-872-0088

✓



REACH
Faculty, Staff, and Student Assistance Program
Edwards One, Suite 7130
University of Cincinnati
PO Box 210227
Cincinnati OH 45221-0227

May 12, 2005

Mr. Bill Walker
University of Cincinnati
Athletic-Sports Medicine
Assistant Athletic Director
216 Shoemaker Center
Cincinnati Ohio, 45221

Dear Mr. Walker,

This letter is in response to your request for [REDACTED] to have an alcohol and drug assessment after she tested positive for marijuana on a urine screen that was taken on April 27, 2005.

[REDACTED] reports she first tried marijuana a month ago, smoking it twice with friends prior to taking the urine screen. She denies that she has smoked it since that time. She does report use of alcohol on social occasions with friends. She denies symptoms that would indicate a problem with alcohol or marijuana. Due to her age of [REDACTED] we did discuss the legal ramifications if she is caught drinking. She is aware of the consequences.

She reports that she is majoring in [REDACTED] with the hopes of attending [REDACTED]. Her GPA [REDACTED] quarter was [REDACTED] her GPA fell [REDACTED] quarter, however she reports she is trying to improve her grades so she can keep the Academic Scholarship that she has been awarded. She also does not want to do anything to jeopardize her Athletic Scholarship for playing [REDACTED].

I have recommended to [REDACTED] that she attend the one hour education program on Alcohol Abuse that is offered by the Wellness Program. She has been given the phone number to call and schedule a time to attend. I also recommend continued random urine screens.

Please feel free to call me at 556-1380 if you should have questions.

Sincerely

A handwritten signature in cursive script that reads 'Nancy A. Finch LSW LPCC'.

Nancy A. Finch LSW LPCC

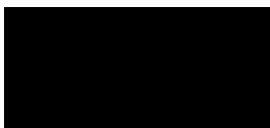


Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

May 19, 2005



Dear [REDACTED]:

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your first referral to the Intervention Process therefore you must complete the following requirements.

- Complete a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- Complete twenty (20) hours of community service by June 10, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process will result in immediate suspension from the [REDACTED] program until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation today, you have waived your right to an appeal. The sanctions of this letter are effective immediately.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:



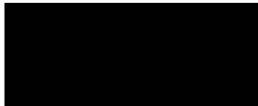
Bill Walker, ATC





Office of the Athletic Director
Phone (513) 556-4603
Fax (513) 556-5059

May 19, 2005



Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of assessment of his marijuana usage, treatment program if required, and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in black ink that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC
513-556-0575





OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME:	[REDACTED]
* EMPLOYEE ID NO. :	[REDACTED]
REASON FOR TEST:	OTHER :NOT GIVEN
COLLECTION DATE:	12-May-05
COLLECTION SITE:	UNIVERSITY OF CINCINNATI 216 SHOEMAKER CT CINCINNATI, OH 45221
TESTING LABORATORY:	AEGIS 345 HILL AVE NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his /her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL:	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	200 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	50 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METHADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPHENE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT:	SEE COMMENTS
COMMENT :	VERIFIED POSITIVE FOR MARIJUANA (6 NG/ML). THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED TELEPHONE INTERVIEW WITH THE DONOR. DONORS ID FOR COLLECTION: [REDACTED]

MRO REPORT DATE: 18-May-05

Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number

5651 Frist Boulevard, Suite 306
Hermitage, Tennessee 37076
P.O. Box 293175
Nashville, Tennessee 37229-3175
615-316-0100 FAX 615-872-0088

✓ ✓

CINCINNATI BEARCATS

Office of the Athletic Director

Phone (513) 556-4603
Fax (513) 556-5059

February 18, 2005

Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your first referral to the Intervention Process therefore you must complete the following requirements.

- You must have a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- You will have a monitored 9:00 pm curfew through March 3, 2005.
- You must complete twenty (20) hours of community service by March 18, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process, will result in immediate suspension from the [REDACTED] program until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation you have waived your right to appeal, therefore, the sanctions of this letter are effective immediately.

Sincerely,



Bob Goin
Director of Athletics

cc:

[REDACTED]
Bill Walker, ATC ✓



REACH
Faculty, Staff, and Student Assistance Program
Edwards One, Suite 7130
University of Cincinnati
PO Box 210227
Cincinnati OH 45221-0227

March 13, 2005

Mr. Bill Walker
University of Cincinnati
Athletic-Sports Medicine
Assistant Athletic Director
216 Shoemaker Center
Cincinnati Ohio, 45221

Dear Mr. Walker,

This letter is in response to your request for [REDACTED] to have an alcohol and drug assessment after she tested positive for marijuana on a urine screen that was taken on February 9, 2005.

[REDACTED] arrived on time for her appointment. She reported she had smoked marijuana three weeks prior to testing positive on the urine screen and none since that time. She reported that was the first time she had tried marijuana. She was with a group of friends who split a joint. Reports alcohol use on a limited bases; however none during the [REDACTED] Season.

[REDACTED] denied symptoms that would indicate a problem with substances. I would recommend no further counseling at this time.

Please feel free to call me if you should have any questions at 556-1380.

Sincerely,

A handwritten signature in cursive script that reads 'Nancy A. Finch LSW LPCC'.

Nancy A. Finch LSW LPCC



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

February 18, 2005

[Redacted]

Dear [Redacted]:

[Redacted] has tested positive for marijuana use. This is her first positive urine test for marijuana.

[Redacted] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. She has waived her right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required, 9:00 pm curfew through March 3, 2005, and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [Redacted] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in black ink, appearing to read "B Goin".

Bob Goin
Director of Athletics

cc:

[Redacted]
Bill Walker, ATC (513) 556-4352 ✓

YOUR BUSINESS



OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]

*** EMPLOYEE ID NO. :** [REDACTED]

REASON FOR TEST: OTHER :NOT GIVEN

COLLECTION DATE: 09-Feb-05

COLLECTION SITE: UNIVERSITY OF CINCINNATI
216 SHOEMAKER CT
CINCINNATI, OH 45221

TESTING LABORATORY: AEGIS
345 HILL AVE
NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his /her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL:	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	300 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	20 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METHADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	300 NG/ML	300 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPHENE	NEGATIVE	300 NG/ML	300 NG/ML
METHAQUALONE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT: SEE COMMENTS

COMMENT : VERIFIED POSITIVE FOR MARIJUANA. (120 ng/ml)
THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
TELEPHONE INTERVIEW WITH THE DONOR.
DONORS ID FOR COLLECTION IS [REDACTED]

MRO REPORT DATE: 16-Feb-05

[Signature]
Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number

5651 Frist Boulevard • Suite 306
(In Summit Medical Center)
Hermitage, Tennessee 37076
P.O. Box 271356
Nashville, Tennessee 37227-1356
615-316-0100 • FAX 615-872-0088

JV

CINCINNATI BEARCATS

Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

April 22, 2005

[REDACTED]

Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

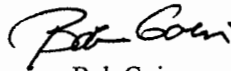
This is your second referral to the Intervention Process therefore you must complete the following requirements.

- Complete a chemical dependency assessment. That assessment will determine if a treatment program is required. You must complete all requirements prescribed.
- Complete twenty (20) hours of community service by June 1, 2005.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process will result in immediate suspension from the [REDACTED] program until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation today, you have waived your right to an appeal. The sanctions of this letter are effective immediately.

Sincerely,



Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC

CINCINNATI BEARCATS

Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

April 22, 2005

[REDACTED]

Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his second positive urine test for marijuana.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,



Bob Goin
Director of Athletics

Cc: [REDACTED]
✓ Bill Walker, ATC



OccuPatient™

Corporate and Industrial Medical Services

CONFIDENTIAL URINE DRUG TEST REPORT

UNIVERSITY OF CINCINNATI
DEPARTMENT OF ATHLETICS
216 SHOEMAKER CT
CINCINNATI, OH 45221

Reference is made to the urine drug test submitted by:

NAME: [REDACTED]

*** EMPLOYEE ID NO. :** [REDACTED]

REASON FOR TEST: RANDOM

COLLECTION DATE: 18-Apr-05

COLLECTION SITE: UNIVERSITY OF CINCINNATI
216 SHOEMAKER CT
CINCINNATI, OH 45221

TESTING LABORATORY: AEGIS
345 HILL AVE
NASHVILLE, TN 37210

I have reviewed the above individual's custody and control form, evaluated his /her drug test results, verified the test results and reviewed the documentation of prescriptions or other drug use as necessary.

This individual's drug test results are:

SAP-PANEL:	RESULT:	SCREEN CUTOFF:	GS/MS CUTOFF:
AMPHETAMINE	NEGATIVE	1000 NG/ML	500 NG/ML
BARBITURATES	NEGATIVE	300 NG/ML	200 NG/ML
BENZODIAZEPINES	NEGATIVE	300 NG/ML	300 NG/ML
MARIJUANA, THC	SEE COMMENTS	50 NG/ML	15 NG/ML
COCAINE METABOLITE	NEGATIVE	300 NG/ML	150 NG/ML
METHADONE	NEGATIVE	300 NG/ML	300 NG/ML
OPIATES	NEGATIVE	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	NEGATIVE	25 NG/ML	25 NG/ML
PROPOXYPHENE	NEGATIVE	300 NG/ML	300 NG/ML

FINAL RESULT: SEE COMMENTS

COMMENT : VERIFIED POSITIVE FOR MARIJUANA (74 NG/ML).
THE PROCESS OF VERIFICATION INCLUDED A DOCUMENTED
TELEPHONE INTERVIEW WITH THE DONOR.
DONORS ID FOR COLLECTION: [REDACTED]

MRO REPORT DATE: 21-Apr-05


Renata E. Bluhm, MD, PhD, MROCC
Certified Medical Review Officer

* Employee ID No. was provided by donor at time of collection- this may or may not be donor's social security number

✓✓

0813/04 UCX901	Banks pos - THC
9/22/2004 UCA1	Banks neg
11/1/2004 UC602	Banks neg
UC701	Banks neg



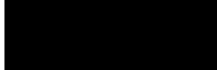
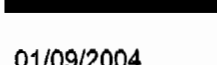
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BILL WALKER
UC ATHLETIC DEPT
216 SHOEMAKER CENTER
CINCINNATI, OH 45221

RECEIVED
FEB 06 2004
BY: _____

EMPLOYEE NAME : 
SOCIAL SECURITY # : 

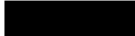
COLLECTION DATE : 01/09/2004
TEST TYPE : Random -
TEST PROFILE : 9 panel

The Specimen was tested for the following drugs:

Amphetamine
Benzodiazepines
Cocaine
Opiates
Propoxyphene

Barbiturates
Cannabinoids
Methadone
Phencyclidine

TEST PROTOCOL :
LABORATORY : Health Alliance Laboratory Services

SPECIMEN # : 
SAMPLE TYPE : Urine

COLLECTION SITE : UC Athletic Dept

TEST RESULTS

RESULTS : *Positive Cannabinoids*
Level: 53 NG/ML

COMMENTS :

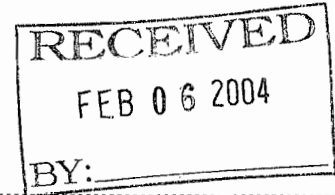

Eric Luessen MD 


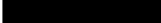
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BILL WALKER
UC ATHLETIC DEPT
216 SHOEMAKER CENTER
CINCINNATI, OH 45221



EMPLOYEE NAME : 
SOCIAL SECURITY # : 


COLLECTION DATE : 01/27/2004
TEST TYPE : Random -
TEST PROFILE : 9 panel

The Specimen was tested for the following drugs:

Amphetamine
Benzodiazepines
Cocaine
Opiates
Propoxyphene

Barbiturates
Cannabinoids
Methadone
Phencyclidine

TEST PROTOCOL :
LABORATORY : Health Alliance Laboratory Services

SPECIMEN # : 
SAMPLE TYPE : Urine

COLLECTION SITE : UC Athletic Dept

TEST RESULTS

RESULTS :

*Positive Cannabinoids
Level: 162 NG/ML*

COMMENTS :



James A Johnson DO

CINCINNATI BEARCATS

Office of the Athletic Director

Phone (513) 556-4603
Fax (513) 556-5059

February 11, 2004

[REDACTED]
Dear [REDACTED]

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

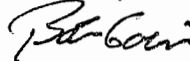
This is your first referral to the Intervention Process therefore you must complete the following requirements.

- You must have a chemical dependency assessment, to determine if a treatment program is required.
- You must complete twenty (20) hours of community service by June 1, 2004.
- You will have a monitored 11:00 pm curfew through the winter quarter.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process, will result in immediate suspension from the [REDACTED] program until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation you have waived your right to appeal, therefore, the sanctions of this letter are effective immediately.

Sincerely,



Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

February 11, 2004

[REDACTED]

Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required, have a monitored 11:00 pm curfew the through winter quarter, and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc: [REDACTED]
Bill Walker, ATC (513) 556-4352

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Health Alliance™

* CONFIDENTIAL *

BILL WALKER
UC ATHLETIC DEPT
216 SHOEMAKER CENTER
CINCINNATI, OH 45221

EMPLOYEE NAME :
SOCIAL SECURITY # :



COLLECTION DATE : 01/30/2004
TEST TYPE : Random -
TEST PROFILE : 9 panel

The Specimen was tested for the following drugs:

Amphetamine
Benzodiazepines
Cocaine
Opiates
Propoxyphene

Barbiturates
Cannabinoids
Methadone
Phencyclidine

TEST PROTOCOL :
LABORATORY : Health Alliance Laboratory Services

SPECIMEN # :
SAMPLE TYPE : Urine


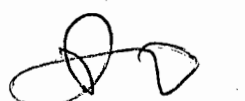
COLLECTION SITE : UC Athletic Dept

TEST RESULTS

RESULTS :

Positive Cannabinoids:
Quant: 29Ng/ml

COMMENTS :


James A Johnson DO 



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

June 9, 2003



Dear [REDACTED]

[REDACTED] has tested positive for marijuana use. This is his first positive urine test and in a meeting with [REDACTED] he has admitted to the marijuana use.

[REDACTED] is being referred to the Intervention Process in accordance with the Departments of Athletics' Alcohol, Tobacco and Other Drug Policy. He has waived his right to appeal the referral; therefore, the Intervention Process is effective immediately. This consists of; assessment of his marijuana usage, treatment program if required, take the Drugs and Behavior course (30ADDC211) during the fall quarter, have a monitored 11:00 pm curfew the through fall quarter, and complete twenty (20) hours of community service.

I have enclosed a copy of our Alcohol, Tobacco and Other Drug Policy for your information. Should you have any questions regarding this matter, please feel free to contact me at your convenience. In my absence you may call Bill Walker at the number listed below.

We have established a zero tolerance for substance abuse within the Department. I trust [REDACTED] understands the seriousness of the situation and will return to a full and productive role as a student-athlete at the University of Cincinnati.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc:

[REDACTED]
Bill Walker, ATC (513) 556-4352 ✓



Office of the Athletic Director

Phone (513) 556-4603

Fax (513) 556-5059

June 9, 2003

[REDACTED]
Dear [REDACTED]:

You have tested positive for marijuana use. You are being referred to the Intervention Process in accordance with the Department of Athletics' Alcohol, Tobacco and Other Drug Policy. I hope you understand that we will take positive action to help ensure your health and welfare.

This is your first referral to the Intervention Process therefore you must complete the following requirements.

- You must have a chemical dependency assessment
- You must take the Drugs and Behavior course (30ADDC211) during the fall quarter.
- You will have a monitored 11:00 pm curfew through fall quarter.
- You must complete twenty (20) hours of community service by August 1, 2003.

Refusal or failure to meaningfully participate in the evaluation, counseling, and urine screening process, will result in immediate suspension from the [REDACTED] program until such time as you do cooperate. It is imperative that you realize that following a second referral you will be subject to suspension and further restrictions.

Per our conversation you have waived your right to appeal, therefore, the sanctions of this letter are effective immediately.

Sincerely,

A handwritten signature in cursive script that reads "Bob Goin".

Bob Goin
Director of Athletics

Cc: [REDACTED]
Bill Walker, ATC ✓

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Health AllianceTM

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BILL WALKER
UC ATHLETIC DEPT
216 SHOEMAKER CENTER
CINCINNATI, OH 45221

EMPLOYEE NAME :
SOCIAL SECURITY # :



COLLECTION DATE : 05/30/2003
TEST TYPE : Random -
TEST PROFILE : 9 panel

The Specimen was tested for the following drugs:

Amphetamine
Benzodiazepines
Cocaine
Opiates
Propoxyphene

Barbiturates
Cannabinoids
Methadone
Phencyclidine

TEST PROTOCOL :
LABORATORY : Health Alliance Laboratory Services

SPECIMEN # :
SAMPLE TYPE : Urine



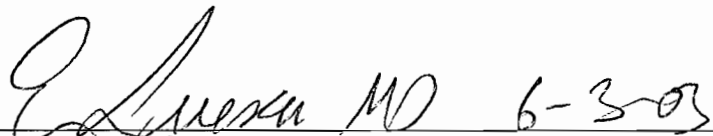
COLLECTION SITE : On site

TEST RESULTS

RESULTS :

⊕ marijuana

COMMENTS :


Eric Luessen MD 6-3-03