A DO

University of Colorado at Boulder

Department of Intercollegiate Athletics

Sports Medicine 368 UCB Boulder, Colorado 80309-0368 303-492-3801

Fax: 303-492-4217



February 7, 2006



Dear

This letter should serve as official written notice of your positive drug test that was completed on January 24, 2006. This test was done as a result of having reasonable suspicion of your use of marijuana. The test results from Aegis labs were received and indicated a cannabinoid level of 41 ng per milliliter. As per our policy this falls between the screening and confirmation levels and, thus, stipulates the following ramifications:

- 1. You will be subject to random drug testing from this date forward to include summer, until such time as is deemed necessary by the head athletic trainer.
- 2. You must enter into a drug and alcohol counseling program. The extent and duration of this program will be at the discretion of the head athletic trainer in conjunction with the drug and alcohol counselors at Wardenburg Health Center.
- 3. You will be suspended for the first contest next fall per the guidelines in the drug and alcohol policy.

Please feel free to contact me or our athletic director with any questions regarding this matter.

Sincerely,

Steve Wi

Steve Willard Head Athletic Trainer

Mike Bohn Director of Athletics

AEGIS SCIENCES CORPORATION 345 Hill Avenue Nashville, TN 37210

Ph: (615)255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

Client:

740 - University of Colorado

Report To:

Steve Willard

University of Colorado Dal Ward Center 100 Stadium Dr

Boulder, CO 80309

Reason:

Reasonable Cause

Specimen Type:

Urine

SSN:

Donor ID:

Laboratory ID:

Collected:

01/24/06 00:00

Received:

01/26/06 10:45

Completed:

01/30/06 14:05

Reported:

01/30/06 14:12

Analyses Ordered:

00304E - Profile-ZTDT 4

Drug Class	Result	<u>Quantitation</u>	Screen Cutoff	Confirm <u>Cutoff</u>
Amphetamines	NONE DETECTE		1000 ng/mL 250 ng/mL	100 ng/mL 100 ng/mL
Ecstasy Amphetamine Class	NONE DETECTE	_	5000 ng/mL	5000 ng/mL
Cannabinoids (Marijuana)	POSITIVE		20 ng/mL	
Carboxy-THC	POSITIVE	41		5 ng/mL
Cocaine Metabolite	NONE DETECTE	D	100 ng/mL	50 ng/mL
Opiates	NONE DETECTE	D	100 ng/mL	100 ng/mL
Nitrites	NONE DETECTE	D	200 mcg/mL	200 mcg/mL
Chromate	NONE DETECTE	D	50 mcg/mL	50 mcg/mL
Specific Gravity	NORMAL		1.004	

Certified by: Patrick Campbell

Date: 01/30/06

END OF REPORT

AEGIS SCIENCES CORPORATION 345 Hill Avenue Nashville, TN 37210 Ph: (615)255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

Client:

740 - University of Colorado

Report To:

Steve Willard

University of Colorado Dal Ward Center

100 Stadium Dr Boulder, CO 80309

Reason: Specimen Type: Reasonable Cause

Urine

SSN:

Donor ID:

Laboratory ID:

Collected: Received:

04/03/06 00:00 04/05/06 10:57

Completed: Reported: 04/08/06 00:33

04/08/06 01:00

Analyses Ordered:

00304E - Profile-ZTDT 4

Drug Class	Result	Quantitation	Screen <u>Cutoff</u>	Confirm <u>Cutoff</u>
Amphetamines	NONE DETECTED		1000 ng/mL	100 ng/mL
Ecstasy	NONE DETECTED		250 ng/mL	100 ng/mL
Amphetamine Class	NONE DETECT	ED	5000 ng/mL	5000 ng/mL
Cannabinoids (Marijuana)	NONE DETECTED		20 ng/mL	5 ng/mL
Cocaine Metabolite	POSITIVE		100 ng/mL	
Benzoylecgonine	POSITIVE	559		50 ng/mL
Opiates	NONE DETECT	ED	100 ng/mL	100 ng/mL
Nitrites	NONE DETECT	ED	200 mcg/mL	200 mcg/mL
Chromate	NONE DETECTED		50 mcg/mL	50 mcg/mL
Specific Gravity	NORMAL		1.004	

Certified by: Emily Dawson

Date: 04/08/06

END OF REPORT

DATE COLLECTED: 08/02/04 Page 1 of 1

DATE RECEIVED: 08/03/04 09:27 DATE REPORTED: 08/05/04 11:03

AEGIS ANALYTICAL LABORATORIES

345 HILL AVENUE

NASHVILLE, TN 37210

Telephone: (615) 255-2400 Facsimile: (615) 255-3030

CLIENT #:
AEGIS #:

INSTITUTION:

Steve Willard

University of Colorado

Dal Ward Center 100 Stadium Dr Boulder, CO 80309

(00304E) PROFILE - ZTDT 4

Specimen was analyzed for the following drugs and adulterants:

DRUG

THRESHOLD (ng/mL)

	SCREENING	CONFIRMATION	
Amphetamines	1000	100	
Cannabinoids (Marijuana)	20	5	
Cocaine Metabolite	100	50	
Opiates	100	50	
Ephedrine	5,000	5,000	
Norpseudoephedrine	5,000	5,000	
Phenylpropanolamine	5,000	5,000	
Pseudoephedrine	5,000	5,000	
Nitrites (Adulterant, mcg/mL)	200	200	
Chromate (Adulterant, mcg/mL)	50	50	

Positive results are reported only after confirmation by Gas Chromatography/Mass Spectrometry.

PROFILE RESULTS

REASON FOR TEST: Reasonable Cause

SPECIMEN: Urine

SPECIFIC GRAVITY: Normal (1.006 - 1.030)

TEST RESULTS: POSITIVE

Carboxy-THC: 27 ng/mL (Cannabinoids/Marijuana)



FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM (Do Not Use This Form For D.O.T. Collections)



TO BE COMPLETED BY COLLECTOR OR CLIENT REPRESENTATIVE-USE BLACK INK ant Name and No. 740 B. Designated Agent/MRO .eve Willard al Ward Center Steve Willard University of Colorado Dal Ward Center 100 Stadium:Dr Boulder, EO 80309 100 Stadium Dr Boulder, Ed 80509 **0**#740 C. Donor SSN MRO Faxa (303) 492-4217 or I.D. No. Please Print Clearly D. Reason for Test; 🖾 Pre-Hire □ Random 凶: Reasonable Cause Post Accident E. Specimen Type: Other XXI Urine □ Blood □ Hair Other F. Collection Site Address: University of Colorado Dal Ward Center Boulder, CO. 80 Collector Phone No.: (202) 492-3901 BOZOS Collector Fax No.: (303) 492-4217 G. Test(s) to be Performed: 955909 ▼図 00304E Profile-ZTDT 4 STEP 2: TO BE COMPLETED BY COLLECTOR Read urine specimen temperature within 4 minutes. Is temperature Specimen Collection: Single specimen between 90° and 100° F? 「西 Yes' 、□ No, Enter Remark REMARKS TEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy) TEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery OM:BOM SPECIMEN BOTTLE(S) RELEASED TO Signature of Collector Time of Collection 08/03/01 Airborne (PRINT) Collector's Name (First, MI, Last) Date (Mg./Day/Yr.) Name of Delivery Service Transferring Specimen to Lab ECEIVED AT LAB: **Primary Specimen** SPECIMEN BOTTLE(S) RELEASED TO: Signature of Accessioner Bottle Seal Intact Yes (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr No, Enter Remark Below MARKS P 5: TO BE COMPLETED BY DONOR time Phone No. Evening Phone No. _(tify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; that each specimen bottle used was sealed with a tamper-evident in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct. (PRINT) Donor's Name (First, MI, Last) ocordance with organization policy, should the results of the laboratory tests for the specimen identified by this form be confirmed positive, you may be Signature of Donor acted to ask about prescriptions and over-the-counter medications that you may have taken. Therefore, you may want to make a list of those ications as a "memory jogger." THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper of on the back rur copy (Copy 5). - DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU. 6: TO BE COMPLETED BY CLIENT OR CLIENT REPRESENTATIVE/MRO e reviewed the laboratory results for the specimen identified by this form in accordance with applicable requirements. My determination/verification is:

☐ Test Cancelled

'RINT) CLIENT REPRESENTATIVE/MRO NAME (FIRST, MI, LAST)

REMARKS

Signature of Client Representative/MRO