

## UNIVERSITY OF IDAHO DEPARTMENT OF ATHLETICS

### Substance-Abuse Policy and Mandatory Drug Testing Program for Student-Athletes

(Revised 1/07)

#### I. INTRODUCTION

The University of Idaho (UI) strongly believes that the use and abuse of illegal and/or banned drugs by a student-athlete:

- A. Is detrimental to the health and well-being (physical & psychological) of a student-athlete;
- B. Interferes negatively with the academic performance of a student-athlete;
- C. Is dangerous to the life and health of a student-athlete and his/her teammates during athletic competition and practice; and
- D. Compromises the integrity and spirit of intercollegiate athletics.

Thus, the Department of Athletics' policy is that the use and abuse of illegal and/or banned drugs will not be tolerated. Further, the abuse and illegal use of alcohol will not be tolerated. There is no intent to intrude upon the private lives of student-athletes. UI recognizes the addictive results of illicit drug use and, as provided in this policy, will encourage education, treatment, counseling, and rehabilitation for any student-athlete involved in this drug testing program.

#### II. PURPOSES

- A. Education - To educate UI student-athletes about the problems associated with drug use and abuse.
- B. Detection of Abuse - To detect student-athletes who may be involved in substance use or abuse through testing methods.
- C. Treatment and Rehabilitation - To assist in the treatment and rehabilitation of a student-athlete who tests positive for drug use as part of this program, so that the student-athlete may safely and fully participate in academics and athletics and to reduce personal, family, and social disruption.
- D. Discourage and Deter Drug Use - To discourage and deter the use of drugs by imposing significant sanctions on offenders.
- E. Promote the Health and Safety of Student-Athletes - To provide some level of assurance that every student-athlete participating in intercollegiate athletics is unimpaired by illegal or banned drugs.

1. Direct observation of drug use by a reliable informant;
2. Direct observation by coaches, athletic trainers, or team physicians of physical and mental deficiency or medically indicated symptomology of drug use, aberrant conduct, or unexplained absenteeism;
3. Common sense conclusions about observed or reliably described human behavior upon which practical people ordinarily rely (e.g., significant changes in behavioral patterns, athletic or academic performance, visual evidence of injection or "track marks"; with regards to anabolic steroids, significant weight gain and unusually aggressive behavior);
4. Police or court determination that the student-athlete has used or possessed prohibited drugs, or frequented a site where drug use was occurring;
5. A demonstrated history of use of prohibited drugs, either through prior legal convictions or prior positive tests for prohibited drugs through UI's, Western Athletic Conference's, and/or the NCAA's testing program or any other reliable testing program. Prior positive tests include any positive result including the results that fall into the "zero-tolerance" category described below. These are tests that fall below the established laboratory criteria for a positive test (e.g. 15 nanograms/ml for marijuana), but indicate a lower concentration level of the banned substance.

If a student-athlete is selected for testing based on "reasonable suspicion," the student-athlete shall be immediately escorted to the testing site by a member of the drug testing program committee or designee. The sample collected will be sent to the independent lab for analysis immediately. Procedures for collection and chain of custody can be found in Exhibit A.

- D. Voluntary Disclosure - A student-athlete may disclose use of a prohibited substance and avoid the UI first-time offender penalty by participating in the voluntary disclosure program. Disclosure may be made to any person on the Drug Testing Program Committee. In this instance, the head coach also shall be informed of disclosure. The Committee member being informed of the disclosure shall be obligated to inform the other Committee members and refer the student-athlete to the director of athletic training services for testing and referral to counseling and/or rehabilitation. Test results shall be reported to the Committee and counselor. If found positive for banned drug(s), the student-athlete shall be re-tested forty (40) days after receipt of the initial positive documentation. If documentation demonstrates a decrease in the drug(s) metabolite, the student-athlete shall continue counseling until released by the counselor. If documentation demonstrates an increase in the drug(s) metabolite, the student-athlete shall be declared a first-time offender and submit to actions/sanctions indicated in this program. This option is available to a student-athlete on a one-time basis during his/her time at UI prior to being notified of any test.

## V. CONSENT FORM

All student-athletes shall be asked to execute the Consent to Participate in Drug Testing Program form (Exhibit B). Consent to participate in this program is required as a prerequisite to participation in any intercollegiate athletics activity and/or receipt of athletic financial aid.

## VI. CONDUCT AND METHODOLOGY OF PROGRAM; CONFIDENTIALITY

The drug testing program shall generally conform to the procedures described in Exhibit A. A positive test will be defined as one that indicates concentration levels consistent with those established by the NCAA. The positive concentration level for THC (marijuana) is 15 nanograms/ml.

Test results shall be known only by the student-athlete, members of the Drug Testing Program Committee; counseling or rehabilitation program personnel; the director of athletics; the team physician; and other UI employees with a reasonable need to know. All testing fees will be the responsibility of UI.

A positive test may be appealed to the Director of Athletics or his designee.

## VII. UI ACTIONS/SANCTIONS

The following actions/sanctions represent the sanctions established by UI:

### Positive Drug Test

If a student-athlete tests positive on a drug test administered by UI, Western Athletic Conference (WAC), or the NCAA, he/she shall be subject to the actions/sanctions specified in this policy unless the WAC or NCAA test occurred within forty (40) days of a positive drug test administered by UI.

## Zero-Tolerance

If a student-athlete's test result does not reach an established level to count as a positive test, but does indicate a smaller concentration level of the banned substance [e.g. 1 to 14 nanograms/ml of THC (marijuana)] the student will be subject to the following actions:

1. UI drug testing committee and head coach are notified of the result.
2. The student-athlete will be offered counseling by the team physician.
3. The student-athlete is subject to monthly re-tests for one (1) calendar year.

## VIII. GENERAL POLICIES

- A. The conditions of this substance-abuse policy and drug testing program begin upon signature of this document.
- B. If a student-athlete reports to the testing site and subsequently leaves the site without permission from the drug testing administrator, he/she shall be considered an offender.
- C. A student-athlete who is required to receive counseling will provide written notification via hand-delivery of the counseling appointment not later than one week in advance of the appointment to the Director of Athletic Training Services. All costs associated with counseling and rehabilitation will be covered by UI. Any need for a time change must be made within 48 hours of the receipt of written notification. The first counseling session must occur no later than 3 weeks after notification of the positive test. Failure to report for counseling may result in the student-athlete being charged for the cost of the counseling session. Further, after a student-athlete misses two counseling sessions, he/she will be charged with a positive test result penalty for any subsequent missed counseling session in addition to being charged for the cost of the missed session.
- D. Conviction of a student-athlete for the sale, purchase, transfer or possession of illegal drugs may result in automatic and immediate dismissal from his/her team and the loss or non-renewal of all athletically-related financial aid.
- E. Offenders shall be subjected to re-tests to determine continued abuse or non-use. An increase in drug(s) metabolite from the most recent test indicates usage and therefore a subsequent offense. A decrease in drug(s) metabolite from the most recent test will not be considered a positive test.
- F. A student-athlete failing to report for drug testing after notification, or failing to follow testing protocol, or attempting to alter the integrity (ie. masking agent, foreign substances, etc.) or validity of sample, or refusing to provide a sample shall constitute a positive drug test. The offender shall be considered in violation of this Drug Policy and will be subjected to the sanctions contained herein.
- G. The application of all of these general policies may be appealed to the Director of Athletics.

- Complete the **Specimen Log Book** and **Specimen Identification Form**.
- Instruct the student-athlete to remove any obstructive clothing; the student-athlete will then randomly select a saliva collection swab
- During the saturation process as described on the procedure card provided, a saliva RDS kit will be randomly selected by the student-athlete.
- The expiration date will be checked to verify it is still current and the package will be inspected for damage.
- The RDS kit will be removed from its foil pouch just prior to use. It will be coded with the specimen ID number and dated by the student-athlete.
- The specimen collection swab will be inserted into the test kit as per the procedure card instructions provided with the kit.
- After a total of five minutes, all results will be interpreted.
- A negative is indicated by lines appearing in the specific drug window and in the control window
- A positive (non-negative) is indicated by no line appearing in a specific drug window.

**IF NEGATIVE:**

- The results will be noted on the **Specimen Identification Form**, the kit and materials disposed of appropriately, and the student-athlete will be excused from the testing area.

**IF NON-NEGATIVE:**

- The results will be noted on the **Specimen Identification Form** and another sample obtained following the procedure above.

**If another non-negative is received or the test is for “Reasonable Suspicion”**

- The RDS kit will be sealed with the tamper resistant tape and Requisition forms will be signed creating a chain of custody documentation.
- The lab requisition form/chain of custody form and the specimen will be placed into a FedEx envelope and sealed with “tamper-tape” for shipment to the lab for confirmation. The student-athlete will be excused from the testing site.
- FedEx will be called for a courier pick-up.

Results - Test results shall be returned to the Director of Athletic Training Services and subsequently reported to the Drug Testing Program Committee. Documentation indicating confirmation for presence of drug metabolites shall be dated, so subsequent re-tests can proceed after forty (40) days.

EXHIBIT B

**University of Idaho  
Department of Intercollegiate Athletics**

**Consent to Participate in Drug Testing Program**

I hereby consent to participate in the University Of Idaho Department Of Athletics Mandatory Drug Testing Program for Student-Athletes. I have reviewed, understand, and have been provided with a copy of the document entitled "Substance-Abuse Policy and Mandatory Drug Testing Program for Student-Athletes," and I consent to and agree to comply with and abide by the terms and conditions of the policy and program.

This consent is provided freely, voluntarily, and knowingly. I have not been coerced, threatened or otherwise compelled into providing this consent. I understand that my refusal to provide this consent will render me ineligible to participate in any intercollegiate athletics activity at the University of Idaho and ineligible for athletic financial aid, but will not affect my ability to attend the University of Idaho if I am otherwise qualified to do so.

I understand that I may revoke this consent at any time by submitting a written request to the Director of Athletics. However, revocation of this consent will render me ineligible to participate in any intercollegiate athletics activity at the University of Idaho and, to the extent provided for in NCAA and other rules regulations, ineligible for athletic financial aid, though not affect my ability to attend the University of Idaho if I am otherwise qualified to do so.

I am 18 years of age or older, and I know of no reason why I cannot execute this document.

\_\_\_\_\_  
Print Name of Student-Athlete                      Sport                      \_\_\_\_\_

\_\_\_\_\_  
Signature of Student-Athlete                      Date                      \_\_\_\_\_

\_\_\_\_\_  
Witness (UI Employee)                      Date                      \_\_\_\_\_

Q: Athletics—General/Drug Testing Policy—Mandatory

University of Idaho

Substance-Abuse Policy and Drug Testing Program for Student-Athletes  
Specimen Log

Specimen I.D. Number	Date	Sport	Print Name	Signature
V-1600				
V-1601				
V-1602				
V-1603				
V-1604				
V-1605				
V-1606				
V-1607				
V-1608				
V-1609				
V-1610				
V-1611				
V-1612				
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V-1623				
V-1624				
V-1625				

# UNIVERSITY OF IDAHO DEPARTMENT OF ATHLETICS

## SPECIMEN IDENTIFICATION FORM RAPID DRUG SCREEN

Notification Time: _____ Specimen Presentation Time: _____		Date: _____										
<b>Student-Athlete Information</b>	Name: _____ Sport: _____ Date of Birth: _____	<b>Specimen I.D. #:</b> _____										
<b>Reason for Testing</b>	Mandatory: _____ Random: _____ Reasonable Cause (specify): _____ _____ _____	<b>Verified By:</b> <input type="checkbox"/> Student ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Personally Known										
<b>Tests</b>	<table style="width: 100%; border: none;"> <tr><td>Marijuana</td><td style="text-align: right;">50 ng/ml</td></tr> <tr><td>Cocaine</td><td style="text-align: right;">300 ng/ml</td></tr> <tr><td>Opiates</td><td style="text-align: right;">300ng/ml</td></tr> <tr><td>Amphetamines</td><td style="text-align: right;">1000ng/ml</td></tr> <tr><td>Meth</td><td style="text-align: right;">1000 ng/ml</td></tr> </table>	Marijuana	50 ng/ml	Cocaine	300 ng/ml	Opiates	300ng/ml	Amphetamines	1000ng/ml	Meth	1000 ng/ml	<b>Temperature of the Specimen</b>  I have read the temperature of the specimen with in 4 minutes: <input type="checkbox"/> Yes <input type="checkbox"/> No  Temperature is within range of 32-39 C°/90-100 F° <input type="checkbox"/> Yes <input type="checkbox"/> No  If not, record temperature here: _____
Marijuana	50 ng/ml											
Cocaine	300 ng/ml											
Opiates	300ng/ml											
Amphetamines	1000ng/ml											
Meth	1000 ng/ml											
<b>Comments/ Current Drugs:</b>	<div style="border: 2px solid black; padding: 10px; min-height: 150px;"> <p style="font-weight: bold; margin: 0;">Staple Additional Materials Here</p> </div>											
<p><b>Student-Athlete Consent/Certification:</b> I certify that I voluntarily consented to the collection and screening of my urine specimen. It is fresh and has not been adulterated in any manner. I certify that I provided my urine specimen to the collector, and the specimen was screened in my presence. The information I provided on this form is correct to the best of my knowledge.</p> <hr/> <p>(Printed) STUDENT-ATHLETE NAME                  SIGNATURE OF STUDENT-ATHLETE</p>												
<p><b>Collector Certification:</b> I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification above.</p> <hr/> <p>(Printed) COLLECTOR'S NAME                          SIGNATURE OF COLLECTOR</p>												

NEGATIVE SCREEN: \_\_\_\_\_ SPECIMEN SENT TO LAB FOR TESTING: \_\_\_\_\_  
(Collector/Administrator) (Collector/Administrator)



University of Idaho Department of Athletics  
Drug Testing Program Report  
2004-2007

Last	First	Level	Initial (+) Date	Substance	Lab? Test Date	40 Day Test Date	Eval Date	ADIS Date	Disposition
		1	1/22/07	THC	Y	3/4/07	4/10/07	NR	Individual counseling, Left Team 3/07
		1	5/2/04	THC	Y	11/16/04	10/12/04		Left Team 12/04
		1	2/28/07	THC	Y	12/20/07	3/28/07		Left Team 4/07
									Monthly testing to 1/08

VD = Voluntary Disclosure  
BC = Backslide Clause  
NR = Not Required  
TBS= To Be Scheduled

In an effort to comply with Federal laws, the contents of this document are considered CONFIDENTIAL and intended only for those individuals whom the student-athletes have authorized to receive it.

University of Idaho Department of Athletics  
Drug Testing Program Report  
2004-2007

Last	First	Level	Initial (+) Date	Substance	Lab? neg	40 Day Test Date	Eval Date	ADIS Date	Disposition
		VD	5/23/07.	THC		6/30/07	6/18/07	NR	Individual counseling, monthly testing until 5/08

VD = Voluntary Disclosure  
BC = Backslide Clause  
NR = Not Required  
TBS= To Be Scheduled

University of Idaho Department of Athletics  
Drug Testing Program Report  
2004-2007

Last	First	Level	Initial (+) Date	Substance Amph.	Lab? Y	40 Day Test Date	Eval Date, Time	ADIS Date	Disposition
		NA	4/25/07			NA	NA	NA	Prescription needs for ADHD. No further action needed.

VD = Voluntary Disclosure  
BC = Backslide Clause  
NR = Not Required  
TBS= To Be Scheduled

In an effort to comply with Federal law, this report contains confidential and/or legally privileged information that is intended for a coach at UI and intended only for the use of those individuals who have been authorized to receive it.

CHAIN OF CUSTODY FORM

Laboratory Corporation of America (Kent)  
21903 68th Ave S Kent, WA 98032 Lab - (253)395-4000  
CAP: 24648-01 CAP: 24648-01 CLIA: 50D0630157

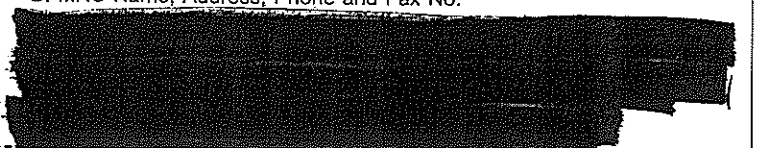


0650051754

SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No. 10305-9 UNIVERSITY OF IDAHO-ATHLETICS ATHLETICS DEPARTMENT MOSCOW, ID 83844-2302	B. MRO Name, Address, Phone and Fax No. 
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PATIENT NAME / ID : \_\_\_\_\_ COMMENTS : \_\_\_\_\_  
 COMPANY NAME : University of Idaho - Athletics LTA3311:58996,54848

C. Donor SSN or Employee I.D. No.  \_\_\_\_\_

D. Reason for Test:  Pre-Employment  Random  Reasonable Suspicion/Cause  Post Accident  Periodic  Other \_\_\_\_\_

E. Collection Site Address:  
 124 KAC  
 Moscow, ID 83844-2302

Collector Phone No. (208) 885-0212  
 Collector Fax No. (208) 885-0254

F. Donor Identification Verified By:  Photo I.D.  Employer Representative  Known

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F?  Yes  No, Enter Remark Below Split Specimen Collection  Yes  No

REMARKS:

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. ( ) \_\_\_\_\_ Evening Phone No. ( ) \_\_\_\_\_ Date of Birth / /

H. TEST(S) REQUESTED BY EMPLOYER:  795435 DRUG S., THC20, ALCOH.

803007

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST) \_\_\_\_\_ SIGNATURE OF DONOR \_\_\_\_\_ INITIAL \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector \_\_\_\_\_ Time of Collection \_\_\_\_\_ AM \_\_\_\_\_ PM  
 (PRINT) Collector's Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr.) \_\_\_\_\_

SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_  
 Name of Delivery Service Transferring Specimen to Lab \_\_\_\_\_

RECEIVED AT LAB:  Signature of Accessioner \_\_\_\_\_ Date (Mo/Day/Yr.) \_\_\_\_\_

Primary Specimen Bottle Seal Intact  Yes  No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_

FORM 590 5P BC (REVISED 3/01)

CONTAINER SEAL

Kent  
 0650051754



Kent

Kent

A

B SPLIT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE DONOR'S INITIALS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE DONOR'S INITIALS




NOTE POSITION OF BARCODE STARTS AT BOTTOM OF CONTAINER AS SHOWN HERE

# Scientific Testing Laboratories, Inc.










PROFESSIONAL DRUG AND ALCOHOL ABUSE TESTING FACILITIES

450 Southlake Boulevard • Richmond, VA 23236 • 804/378-9130

<b>CLIENT INFORMATION</b>	NAME UNIVERSITY OF IDAHO-ACTIVITY CENTER	SPECIMEN I.D. NUMBER  9386614
	ADDRESS 124 KIBBIE MOSCOW, ID 83844-2302 BARRIE STEELE MS, LAT, ATC PHONE 208-885-0212 ACCOUNT # 2614	

<b>DONOR</b>	NAME _____	VERIFIED BY: <input type="checkbox"/> PICTURE I.D. <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER
	SOCIAL SECURITY OR I.D. NUMBER _____	

CHECK THE APPROPRIATE TEST(S):

<b>T E S T S</b>	<input type="checkbox"/> 11. URAL GC/MS: 	<input type="checkbox"/> 14. URINE GC/MS: 	<input type="checkbox"/> 17. STEROIDS 
	<input type="checkbox"/> 12. _____ 	<input type="checkbox"/> 15. _____ 	<input type="checkbox"/> 18. _____ 
	<input type="checkbox"/> 13. _____ 	<input type="checkbox"/> 16. _____ 	<input type="checkbox"/> 19. _____ 

<b>REASON FOR TESTING</b>	<input type="checkbox"/> 1. RANDOM	<input type="checkbox"/> 3. PERIODIC MEDICAL	<input type="checkbox"/> 5. OTHER (Specify) _____
	<input type="checkbox"/> 2. POST-ACCIDENT	<input type="checkbox"/> 4. REASONABLE CAUSE _____	

**AGENT NAME / NUMBER** \_\_\_\_\_

**COMMENTS**

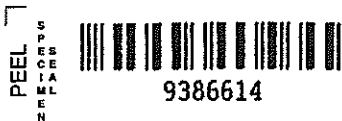
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CHAIN OF CUSTODY

<b>DONOR CONSENT / CERTIFICATION</b>	I certify that I voluntarily consent to the collection and testing of my specimen, that the specimen identified on this form is my own, it is fresh and has not been adulterated in any manner. I certify that I provided my specimen to the collector, that the specimen was sealed in my presence and that the information provided on this form and on the label affixed to the specimen is correct. I further authorize the laboratory to release the results of this testing to authorized personnel.		
	(PRINTED) DONOR'S NAME _____	SIGNATURE OF DONOR _____	DATE / / _____

<b>COLLECTOR CERTIFICATION</b>	I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification above, and that it bears the same identification number on this form and it has been collected, labeled and sealed in the donor's presence. I hereby release this specimen for transport to the laboratory.		
	(PRINTED) COLLECTOR'S NAME _____	SIGNATURE OF COLLECTOR _____	TIME / / DATE _____

<b>LABORATORY CERTIFICATION FOR LAB USE ONLY</b>	I certify that the specimen received with this form bears the same identification number on this form and was received in a sealed bag with the seal intact.		
	(PRINTED) LAB ACCESSIONER'S NAME _____	SIGNATURE OF ACCESSIONER _____	DATE / / _____



Donor ID # OR SS # \_\_\_\_\_  
Date / / \_\_\_\_\_ Donor's Initials \_\_\_\_\_



University of Idaho Department of Athletics  
Drug Testing Program Report  
2004-2007

Last	First	Level	Initial (+) Date	Substance	Lab?	Test Date	40 Day Eval Date	ADIS Date	Disposition
			2/20/04	fail to report	NA	NA	5/10/04	NR	monthly testing
			5/2/05	THC	Y	7/25/05	6/16/05	Ind. Counsel	monthly testing individual counseling quit team 5/06
			2/15/2005	THC	Y	X	X	X	Quit team
		1	2/2/07	THC	Y	3/14/07	3/19/07	7/20-21/07	Monthly testing until 3/08
			5/1/04	fail to report	NA	NA	3/10/04	NR	monthly testing
		2	4/20/04	THC	YS	summer	6/2/04	6/25-26/04	missed 1st year monthly testing exhausted eligibility 11/04
		1	10/1/04	THC	Y	11/21/05	1/24/05	NR	monthly testing
		1	2/11/05	Amabolics	Y	NA	3/7/05	NR	Periodic testing x one year exhausted eligibility 11/05
		1	1/29/04	THC	Y	X	3/9/04	NR	Monthly testing
		BC	6/10/04	THC	Y	X	Ind Counsel	6/25-26/04	continued monthly testing, Quit 2/05
		1	2/25/02	THC	Y	4/4/07	3/19/07	quit	Quit
		VD	1/26/05	THC		4/11/05	NA	NA	Never had rescreened, SA used as deterrent to test monthly
		1	11/21/06	THC	Y	1/1/07	6/27/07	7/2-21/07	Monthly testing until 6/08
		0	10/17/04	THC	N	NA	NA	NA	Exhausted eligibility 06

VD = Voluntary Disclosure  
 BC = Backslide Clause  
 NR = Not Required  
 TBS = To Be Scheduled  
  
 2004 - 8  
 2005 - 4  
 2006 - 1  
 2007 - 7

In an effort to comply with Federal law, this report contains confidential and/or legally privileged information that is intended for a coach at UI and intended only for the use of those individuals who have been authorized to receive it.