

July 2006

**UNIVERSITY OF WISCONSIN-MADISON  
DIVISION OF INTERCOLLEGIATE ATHLETICS  
SCREENING PROGRAM FOR SUBSTANCE USE**

**2006-07**

**PURPOSE:**

- To provide an early detection system for abusers of substances. If substance abuse is not dealt with until problems with academic and athletic performance are apparent, the student-athlete often has many problems to overcome. Early detection and referral may reduce the number or extent of problems an abuser must overcome to return to full academic and athletic performance.
- To identify use and educate student-athletes. Substance use can adversely affect the health, academic and athletic performance. In addition, it can have manifestations in social and emotional behavior. The student-athlete, through individual counseling, can make a better decision concerning non-use of substances.
- To act as a deterrent of use. A student-athlete who will consider experimentation may choose not to use when faced with testing. It will provide the student-athlete with an additional reason not to succumb to peer pressure to use.
- To place an emphasis on the non-use of drugs in athletics. The student-athletes, their parents and the public can be assured that the Division adheres to high ideals in competition and is willing to take measures to insure those ideals.

**PROCEDURES:**

The Division of Intercollegiate Athletics through an ongoing educational program will continue to emphasize the health risks of all illegal and potentially harmful substances including alcohol and tobacco. This does not include all substances tested by the NCAA. The substances for which the student-athlete and others may be tested are as follows:

Amphetamines  
Cocaine  
Marijuana(THC & Derivatives)  
Anabolic Steroids  
Opiates  
Barbiturates

Specimens will be collected on a random basis through out the fall and spring semesters. The method of randomization will be determined by the Division's Drug Screening Committee to reflect consideration of the sport's potential for abuse and to reflect special concerns of the Division for emphasis to it's student-athletes. The randomization will be determined prior to the beginning of the fall semester from submitted team rosters, and will not reflect bias to any individual student-athlete. In addition, the Division may screen NCAA qualifiers to provide an educational experience concerning the collection process and provide information on the NCAA program.

D. Compliance:

1. After a first true positive test result, the student-athlete may be referred to a counseling and/or rehabilitation program by the Medical Team Physician. The student-athlete, if directed, will be expected to contact the program or a private state licensed treatment program within one week after being referred or provide a reasonable explanation to the Medical Team Physician for failure to do so. The student-athlete may be subjected to non-random follow-up testing as designated by the Medical Team Physician.
2. \*A second true positive test result in the student-athlete's career or failure to comply with the program (failure to contact the program or to follow the programs recommendations) as determined by the program staff and the Medical Team Physician will result in a minimum thirty (30) day suspension from all activity by the Director of Athletics.
3. \*A third true positive in the student-athlete's career will result in permanent suspension from all athletic activity and revocation of Division sponsored financial aid by the Director of Athletics.
4. Failure to comply with the screening program may result in the student-athlete's suspension or expulsion from athletic participation and/or cancellation of financial aid for the current year. Division of Intercollegiate Athletics action for failure to comply is subject to the due process guidelines and procedures established by the Division and the Athletic Board for all sports.

\*NOTE: Due to the frequency of random testing, if the athlete has not been notified of being positive on a previous test subsequent positives will not be counted until one month after the original notification has taken place.

**DISTRIBUTION, RECOMMENDATION AND INFLUENCING ILLICIT DRUG USE**

The University of Wisconsin-Madison Division of Intercollegiate Athletics will not tolerate its employees encouraging student-athletes to use illicit substances (i.e. any illegal drug or anabolic steroids). Any Division employee who distributes or recommends any student-athlete use illicit substances will be suspended immediately with intent to dismiss.

July 2006

UNIVERSITY OF WISCONSIN-MADISON  
DIVISION OF INTERCOLLEGIATE ATHLETICS

TESTING PROGRAM FOR SUBSTANCE USE

2006-07

ATHLETE STATEMENT OF UNDERSTANDING

I acknowledge that I have received a copy of the University of Wisconsin-Madison Division of Intercollegiate Athletics Testing Program for Substance Use ("Program"). I acknowledge that I have read this document and I understand the Program's procedures and requirements.

I understand that by deciding to participate in UW-Madison Intercollegiate Athletics during the 2006-07 academic year. I also specifically agree to provide urine samples under direct observation and to submit to testing for substance use, as provided by the Program. In return for the opportunity to participate in intercollegiate athletics, I am making this Statement of Understanding.

I understand and agree that my failure or refusal to cooperate or comply with the Program's requirements, including providing urine samples, may ultimately result in my suspension from participation in the University's intercollegiate athletics program and revocation of financial aid administered by the Division of Intercollegiate Athletics.

I hereby authorize the Team Physician to act as my physician for the limited purpose of conducting analysis of my urine for substance use, as provided by the Program.

I further authorize the Team Physician to disclose any positive test results only to the following persons and only under the circumstances provided in the Program: (a) counselors or other treatment agency to which I may be referred, (b) my sport's Coaches, (c) the Director of the Division of Intercollegiate Athletics, or those acting for the Director, and (d) my parents and Head Athletic Trainer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Printed Name

THE UNIVERSITY OF WISCONSIN - MADISON, BUSINESS SERVICES

PLEASE NOTE: THIS ORDER SHOWS SPECIFIC ADDRESSES FOR ORDER INQUIRY AND BILLING

**BILLING ADDRESS**  
 THE UNIVERSITY OF WISCONSIN-MADISON  
 ACCOUNTS PAYABLE  
 750 UNIVERSITY AVE  
 MADISON, WISCONSIN 53706-1490

**ORDER INQUIRY ADDRESS**  
**TELEPHONE: (608) 262-1526 - FAX: (608) 262-4467**  
 THE UNIVERSITY OF WISCONSIN-MADISON  
 PURCHASING SERVICES  
 750 UNIVERSITY AVE  
 MADISON, WISCONSIN 53706-1490

**PURCHASE ORDER NUMBER**

B658523 061096

SHOW THIS NUMBER ON ALL  
 SHIPMENTS AND CORRESPONDENCE.  
 INVOICES SUBMITTED WITHOUT  
 PURCHASE ORDER NUMBERS  
 WILL BE RETURNED

**BLANKET ORDER**

LAC J7N

A420250

DATE

07 01 2006

**VENDOR**

GENERAL MEDICAL LABORATORIES  
 36 S BROOKS ST  
 MADISON WI 53715

**DELIVERY ADDRESS**

UNIVERSITY OF WISCONSIN-MADISON

SHIP TO  
 UW ATHLETIC DEPT  
 DENNY HELWIG  
 1440 MONROE ST  
 MADISON, WI 53711 2080

CONTACT: LISA CLEMMONS 608-262-0354

F.O.B	TERMS	DELIVERY	ORDER TYPE	REFERENCE	STATE CONTRACT
V	N30		BA	07 9900	

ITEM	QUANTITY	UNIT	ITEM DESCRIPTION	COMMODITY CODE	UNIT PRICE	TOTAL
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01	1	TERM	Blanket Order for screening program for substance use by athletes as requested by the UW Athletics Sports Medicine Dept. not available on Materials Distribution Services, State or UW Contract.	96148000000		
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VENDOR NOTE: The ship-to department will call for product or service as needed.

NO SINGLE TRANSACTION OR RELEASE MAY EXCEED \$5,000.00.

NO CAPITAL EQUIPMENT, COMPRESSED AIR CYLINDERS, PAPER, PRINTING, ALCOHOLIC BEVERAGES, ETHYL ALCOHOL, CONTROLLED SUBSTANCES (DRUGS), OR FIREARMS MAY BE PURCHASED ON THIS ORDER.  
 blk

VENDOR NOTE: TECHNICAL QUESTIONS REGARDING THIS PURCHASE ORDER WILL BE ANSWERED BY THE CONTACT PERSON LISTED UNDER THE DELIVERY ADDRESS. HOWEVER, NO CHANGES TO THIS ORDER CAN BE MADE WITHOUT AUTHORIZATION FROM THE PURCHASING SERVICES DEPARTMENT.

THIS ORDER REPLACES B437216 061096

EFFECTIVE 7/1/2006 THRU 6/30/2007

FOR UNIVERSITY USE ONLY:

528 70000 A420250 0 3224

If any item(s) on this order is a hazardous chemical, as defined under 29CFR 1910.1200, provide one (1) copy of a Material Safety Data Sheet for each item with the shipped container and one (1) copy with the invoice.

To the extent required by law, the Anti-kickback Act (41 USC 51 et seq) applies to this procurement.

**TAX EXEMPTIONS**

We are a State of Wisconsin agency, and as such, exempt from all federal, state and local taxes, Wis. DOR ES 40706

Federal Registration No 39-73-1021-K on file with Internal Revenue Service, Milwaukee

DEPARTMENT

**CONTINUING ORDER REQUISITION**

FY	FUND	ACCOUNT	UNIT	DIV.	DEPT.	ACT	CLASS	BLDG. NO.	\$ AMOUNT	BLANKET ORDER PERIOD
7	528	0000	A	42	0250	0	3224		<i>6700</i>	FROM 07-01-2006 TO 06-30-2007

No. B658523  
REPLACES REQUISITION NO.  
B437216

SUGGESTED VENDOR NO. 061096  
  
GENERAL MEDICAL LABORATORIES  
36 S BROOKS ST  
MADISON WI 53715

**DELIVER TO:**  
UW ATHLETIC DEPT  
DENNY HELWIG  
1440 MONROE ST  
MADISON, WI 53711 2080

DEPT. HEAD PERSON *[Signature]*  
DEAN OR DIRECTOR *[Signature]* DATE  
AUTHORIZED INST. APPROVAL DATE

CALL FOR ADDITIONAL INFO LISA CLEMMONS 262-0354

ITEM #	QUANTITY	UNIT	ITEM DESCRIPTION	COMM CODE	UNIT PRICE	TOTAL PRICE
01	1	TERM	Blanket Order for screening program for substance use by athletes as requested by the UW Athletics Sports Medicine Dept. not available on Materials Distribution Services, State or UW Contract.  VENDOR NOTE: The ship-to department will call for product or service as needed.  NO SINGLE TRANSACTION OR RELEASE MAY EXCEED \$5,000.00.  NO CAPITAL EQUIPMENT, COMPRESSED AIR CYLINDERS, PAPER, PRINTING, ALCOHOLIC	96148000000	<del>5500.00</del>	5,500.00 <i>6500.00</i>

TERM ENTRY  
JUN 12 2006

F.O.B.	TERMS	DELIVERY	REFERENCE	BID NO.	WAIVER NO.	BULLETIN NO.	RECORDED
V	N30		BA		9900	IA	TERM ENTRY COMPLETED

FILE COPY

Fiscal Year	Fund	Organization	Legacy Req Nbr	Expense Amount	Description	Invoice Number	Legacy Vo Nbr
2004	528	420250	B051450	3,661.73	GENERAL MEDICAL LABS	40656043004	20856AD
2004	528	420250	B051450	648.15	GENERAL MEDICAL LABS	4065653104	21522AF
2004	528	420250	B051450	724.15	GENERAL MEDICAL LABS	40656013104	17835AC
2004	528	420250	B051450	1,319.73	GENERAL MEDICAL LABS	40656633104	19851AD
2004	528	420250	B051450	1,668.65	GENERAL MEDICAL LABS	40656103103	14858AL
<b>2004 Total</b>				<b>8,022.41</b>			
2005	528	420250	B051450	42.00	GENERAL MEDICAL LABS	40656063004	10663AE
2005	528	420250	B270281	557.68	GENERAL MEDICAL LABS	40656103104	13536AC
2005	528	420250	B270281	66.00	GENERAL MEDICAL LABS	4065673104	11305AE
2005	528	420250	B270281	365.30	GENERAL MEDICAL LABS	4065653105	17929AH
2005	528	420250	B270281	378.00	GENERAL MEDICAL LABS	4065683104	12175AK
2005	528	420250	B270281	846.00	GENERAL MEDICAL LABS	40656123104	14708AI
2005	528	420250	B270281	1,251.00	GENERAL MEDICAL LABS	4065643005	17252AU
2005	528	420250	B270281	1,663.13	GENERAL MEDICAL LABS	113004	14128AY
2005	528	420250	B270281	536.30	GENERAL MEDICAL LABS	4065633105	16588AL
2005	528	420250	B270281	846.00	GENERAL MEDICAL LABS	4065693004	12738AF
<b>2005 Total</b>				<b>6,551.41</b>			
2006	528	420250	B437216	1,501.15	GENERAL MEDICAL LABS	40656113005	13471AC
2006	528	420250	B437216	1,377.00	GENERAL MEDICAL LABS	4065609305	12378AG
2006	528	420250	B437216	730.15	GENERAL MEDICAL LABS	40656123105	13912AF
2006	528	420250	B437216	46.15	GENERAL MEDICAL LABS	4065683105	11717BM
2006	528	420250	B437216	510.00	GENERAL MEDICAL LABS	4065613106	14489AC
2006	528	420250	B437216	828.00	GENERAL MEDICAL LABS	4065633106	15606AC
2006	528	420250	B437216	2,781.60	GENERAL MEDICAL LABS	4065622806	15020AB
2006	528	420250	B437216	1,348.40	GENERAL MEDICAL LABS	40656103105	12842AH
2006	528	420250	B437216	24.00	GENERAL MEDICAL LABS	40656053106	16844AB
2006	528	420250	B437216	2,208.50	GENERAL MEDICAL LABS	4065643006	16185AD
<b>2006 Total</b>				<b>11,354.95</b>			
2007	528	420250	B658523	912.95	GENERAL MEDICAL LABS	40656113006	13001AH
2007	528	420250	B658523	1,128.50	GENERAL MEDICAL LABS	40656103106	12442AI
2007	528	420250	B658523	796.75	GENERAL MEDICAL LABS	4065613107	14118AE
2007	528	420250	B658523	759.55	GENERAL MEDICAL LABS	40656123106	13381AE
2007	528	420250	B658523	1,347.75	GENERAL MEDICAL LABS	4065693006	11892AF
<b>2007 Total</b>				<b>4,945.50</b>			
<b>Grand Total</b>				<b>30,874.27</b>			

Transaction Date

20040602  
20040618  
20040301  
20040430  
20031124

20040720  
20041123  
20040818  
20050615  
20040923  
20050120  
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20050418  
20041019

20051222  
20051025  
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20060420  
20060321  
20051117  
20060619  
20060518

20061221  
20061120  
20070223  
20070117  
20061018

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## Drug Testing Reporting Schedule Wednesday, 2007

6:00am	Men's Crew	Football	Football	Men's Crew	Women's Crew
6:15am	Volleyball	Football	Men's Soccer	Women's Track	Football
6:30am	Football	Football	Women's Hockey	Women's Track	Men's Crew
6:45am	Volleyball	Volleyball	Women's Tennis	Women's Track	Women's Track

\* UCLA Test



Date: (Two days before testing date)

Memo To: (Coaches name)

From: Doug Beard

Subject: Random Drug Testing

The student-athlete listed below has been selected for random drug testing on (Date of Test). Please inform your student-athlete to promptly report to the Visiting Team Media Center in the South Endzone located just past Gate D of the Fieldhouse. Parking is available in Lot 19 until 8:00am. Attached is a map to assist your student/athlete in finding the facility. His reporting time is listed below. **He must have his University picture ID.** Remind him that failure to report for drug testing will result in non-participation in all practices and events until he is reviewed by our team physician and is in compliance with the program.

The selected athlete and his reporting time are:

(Name of student/athlete and test time)

attachment

Cc: (Sports Administrators Name)

Barry Alvarez

Dennis Helwig

Dr. Greg Landry

Date: (Two days before test date)

Memo To: (Coaches name)

From: Doug Beard

Subject: Random Drug Testing

The student-athlete listed below has been selected for random drug testing on (Date of Test). Please inform your student-athlete to promptly report to the Visiting Team Media Center in the South Endzone located just past Gate D of the Fieldhouse. Parking is available in Lot 19 until 8:00am. Attached is a map to assist your student/athlete in finding the facility. Her reporting time is listed below. **She must have her University picture ID.** Remind her that failure to report for drug testing will result in non-participation in all practices and events until she is reviewed by our team physician and is in compliance with the program.

The selected athlete and her reporting time are:

(Name of student athlete and time of test)

attachment

Cc: (Sports Administrators Name)

Barry Alvarez

Dennis Helwig

Dr. Greg Landry

Date: (Two day before test)

Memo To: (Coaches name)

From: Doug Beard

Subject: Random Drug Testing

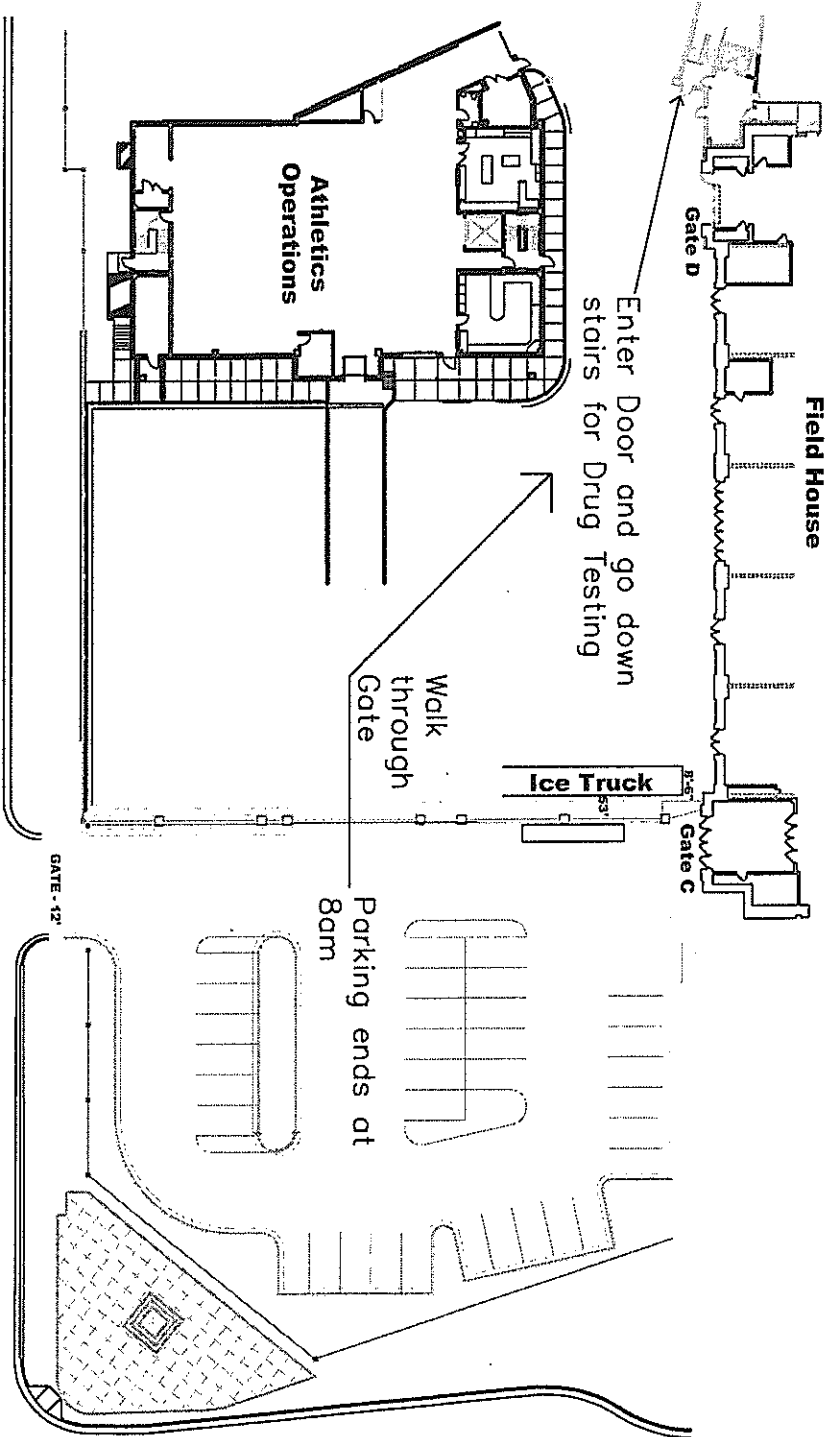
The student-athletes listed below have been selected for random drug testing on (Date of test). Please inform your student-athletes to promptly report to the Visiting Team Media Center in the South Endzone located just past Gate D of the Fieldhouse. Parking is available in Lot 19 until 8:00am. Attached is a map to assist your student/athletes in finding the facility. All reporting times are listed below. **They must have their University picture ID.** Remind them that failure to report for drug testing will result in non-participation in all practices and events until they are reviewed by our team physician and are in compliance with the program.

The selected athletes and their reporting times are:

(Names of athletes and their reporting times for test)

attachments

Cc: (Sport Administrators Name)  
Barry Alvarez  
Dennis Helwig  
Dr. Greg Landry



**25 North Breese Terrace  
Madison, WI 53711**

**CONFIDENTIAL**

Date

Name

Street Address

Madison, WI 537XX

Dear Name:

The urine sample you submitted on (Date of Test) was found to be positive for (see enclosed attachments). According to our policy you must make an appointment and visit Dr. Greg Landry within one week. Dennis Helwig can assist you in making this appointment or you may call Dr. Landry at home (831-3090) in the evening and leave a message for him to call you regarding some test results. Dr. Landry will determine follow-up that may include, but is not limited to: counseling, referral to a certified treatment program, periodic testing to insure non-use, notification of other administrators, your coach, and your parents to assist in your compliance with the program. Failure to contact or follow Dr. Landry's recommendations will result in a minimum thirty (30) day suspension from all athletic activity. If you feel that the test is incorrect or that there is a false positive, you must notify me within one week. Dr. Landry will then check with the lab to verify the results.

The use of these substances can affect the health of an athlete and thus reduce the ability for the athlete to reach full potential in the classroom and in sport. Competing for the University of Wisconsin carries with it the responsibility for non-use of illicit drugs. Our policy states that the second positive in an athlete's career will result in a thirty (30) day suspension from all athletic activity. A third positive in a career will result in permanent suspension and revocation athletic department-sponsored financial aid. It is important for you to realize that the sanctions outlined above are for positives found from our own random drug testing program, if you are ever found positive on an NCAA drug test you would receive a one year suspension from the NCAA.

(Name of athlete), I sincerely hope that you take advantage of the help offered to you and follow all recommendations presented to you.

Sincerely yours,

Doug Beard  
Senior Associate Athletic Director

attachments

xc Coach  
Dr. Greg Landry  
Dennis Helwig

**CONFIDENTIAL**

(Date)

Student Athlete Name

Address

City, State Zip

Dear Name:

The urine sample you submitted on (Date of Testing) was found to be positive for (see enclosed attachments). This is your **second positive by random testing**. According to our policy you must make an appointment and visit Dr. Greg Landry within one week of this notice. Dennis Helwig can assist you in making this appointment or you may call Dr. Greg Landry at home (831-3090), in the evening, and leave a message for him to call you regarding these test results. Dr. Landry will determine follow-up that may include, but is not limited to: counseling, referral to a certified treatment program, periodic testing to insure non-use, notification of other administrators, your coach, and your parents to assist in your compliance with the program. I strongly recommend that you follow all of Dr. Landry's recommendations outlined at your appointment. If you feel that the test is incorrect or that there is a false positive, you must notify me within one week. Dr. Landry will then check with the lab to verify the results.

(Name of athlete), substance use can adversely affect your health, academic and athletic performance. In addition, it can have manifestations in social and emotional behavior. Competing for the University of Wisconsin carries with it the responsibility for non-use of illicit drugs. Our policy states a second positive test by random testing in an athlete's career results in a 30 (thirty) suspension from all athletic activity. Please make an appointment through my assistant, Christine, at 262-8009 to discuss this issue. It is important for you to realize that the sanctions outlined above are for positives found from our own random drug testing program, if you are ever found positive on an NCAA drug test you would receive a one year suspension from the NCAA.

I sincerely hope that you take advantage of the help offered to you and follow all recommendations presented to you.

Sincerely yours,

Doug Beard  
Senior Associated Athletic Director

Attachments

xc (Coaches Name)  
Dr. Greg Landry  
Dennis Helwig

**Hand Delivered  
Confidential**

(Date)

(Name of student/athlete)

(Name of Sport Office)

Dear (Name of student/athlete):

The purpose of this letter is to inform you that you have been found noncompliant for the third time with the University of Wisconsin's Division of Intercollegiate Athletic Program's substance abuse policy. As a result of your noncompliance with this policy, you are immediately suspended permanently from all athletic participation at the University and your athletic department sponsored financial aid will also be revoked.

I regret having to share this information with you. As you know our medical staff and the coaches have invested significant time and effort in attempting to assist you with this situation and we had hoped that you would remain in compliance with the policy.

Sincerely,

Doug Beard  
Senior Associate Athletic Director