



TAS / CAS

TRIBUNAL ARBITRAL DU SPORT
COURT OF ARBITRATION FOR SPORT
TRIBUNAL ARBITRAL DEL DEPORTE

CAS 2025/A/11375 X. v. Union Cycliste Internationale (UCI)

ARBITRAL AWARD

delivered by the

COURT OF ARBITRATION FOR SPORT

sitting in the following composition:

President: Dr. Vladimir Novak, Attorney-at-law in Brussels, Belgium

Arbitrators: Mr. Jeffrey G. Benz, Attorney-at-law and Barrister in London, United Kingdom

The Hon. Dr. Annabelle Bennett AC SC, Barrister in Sydney, Australia

in the arbitration between

X., Brazil

Represented by Messrs Marcelo Franklin, Nicholas Derydt and Swastik Pattanaiaik of Franklin Advogados Associados, Brazil

Appellant

and

Union Cycliste Internationale (UCI), Switzerland

Represented by Messrs Antonio Rigozzi and Patrick Pithon of Lévy Kaufmann-Kohler, Switzerland

Respondent

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I. PARTIES

1. X. (the “Athlete” or the “Appellant”) is a professional mountain bike (“MTB”) cyclist.
2. *Union Cycliste Internationale* (the “Respondent” or “UCI”) is the international federation governing cycling worldwide, with its registered seat in Aigle, Switzerland.
3. At the time of the alleged anti-doping rule violation (the “ADRV”), the Appellant was affiliated to the *Confederação Brasileira de Ciclismo* (the Brazilian Cycling Federation). He was a “License-Holder” within the meaning of the UCI Anti-Doping Rules (the “UCI ADR”¹), and was subject to the UCI ADR.
4. The Appellant and the Respondent are collectively referred to as the “Parties”.

II. FACTUAL BACKGROUND

5. Below is a brief summary of the relevant facts and allegations based on the Parties’ written submissions and evidence adduced. Additional facts and allegations found in the Parties’ submissions and evidence may be set out with the legal discussion that follows. While the Panel has considered all facts, allegations, legal arguments, and evidence submitted by the Parties in the present proceedings, the Award refers only to the submissions and evidence which the Panel considers necessary to explain its reasoning.

A. The Athlete Biological Passport

6. In January 2008, the UCI introduced the Athlete Biological Passport (“ABP”) Programme. The ABP is an individual electronic record collecting and monitoring test results as an “indirect” method of doping detection, which is intended to identify the effects of Prohibited Substances or Prohibited Methods on an athlete’s physiology (including an athlete’s blood profile) rather than identifying specific substances in samples given. The ABP is comprised of a haematological module and a steroidal module. The present matter relates to the haematological module.
7. An athlete’s ABP is comprised of multiple individual samples taken over time. The results are recorded in the Anti-Doping Administration and Management System which connects the results of those individual samples taken over time, and through which the Athlete Passport Management Unit (“APMU”) administers and manages the ABP Program. The Lausanne APMU is the responsible APMU in this case, and references to “APMU” should be read accordingly.

¹ The applicable version of the UCI ADR for this matter is the 2021 version, and references to “UCI ADR” should be read accordingly.

8. The ABP creates a longitudinal profile for athletes, with each sample being analysed in accordance with applicable WADA regulations and standards, including International Standard for Testing and Investigations (“ISTI”), International Standard for Results Management (“ISRM”) and applicable Testing Documents. Once a longitudinal profile is created, a statistical tool (the “Adaptive Model”) is applied.
9. The Adaptive Model processes data on an athlete’s biological markers – the Adaptive Model predicts an expected range of an athlete’s biological markers assuming normal physiological conditions. It is then possible to identify atypical values which shall then be referred to experts, in accordance with the applicable ABP Operating Guidelines. In this respect, a sample which does not meet pre-analytical, analytical or custodial standards (for example, if it is stored or transported at an incorrect temperature) will be deemed to be invalid and excluded from expert evaluations.

B. The Athlete’s ABP and the Expert Panel’s analysis

10. Between 10 September 2020 and 9 October 2022, 12 blood samples were collected from the Athlete at different times to create his longitudinal profile. Sample 3, 5, 6, and 8 were deemed invalid (the “Invalidated Samples”).
11. On analysis by the Adaptive Model, the Athlete’s haematological profile was flagged for abnormal data. Specifically:
 - a. The Athlete’s seventh sample (“Sample 7”) – collected in February 2022 – was flagged for a lower limit haemoglobin (“HGB”) and a higher limit reticulocyte (“RET”) percentage (“RET%”) which in turn affected his OFF Score – a blood profile score which is computed with reference to HGB and RET% – which was flagged for being a lower limit; and
 - b. The Athlete’s ninth sample (“Sample 9”) – collected in April 2022 – was flagged for an upper limit OFF Score and a lower limit RET%.
12. The Athlete’s ABP was submitted by the APMU for an initial expert review. It was the expert’s opinion that the abnormalities were the result of a Prohibited Substance and / or Prohibited Method, and that the abnormalities were highly unlikely to be the result of a normal physiological or pathological condition.
13. The Athlete’s ABP was therefore submitted by the APMU to an expert panel, constituting Dr Paixão, Dr Mørkeberg and Prof d’Onofrio (the “Expert Panel”). The Expert Panel also received Laboratory Documentation Packages (“LDPs”) for Sample 7 and Sample 9 and the ABP Documentation Package (which included the Athlete’s competition schedule). The Expert Panel issued its first opinion on 14 April 2023 (the “First Expert Opinion”), which concluded *“that it is highly likely that the abnormalities are the result of blood manipulation and that it is unlikely that the passport is the result of any other cause.”*

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14. On 12 May 2023, the UCI notified the Athlete of an Adverse Passport Finding (“ADPF”). The Athlete responded with a “Letter of Explanations” supported by an expert report by Prof Berto-Junior. The Athlete’s position was that his abnormal values resulted from haemorrhoids and related anaemia treatment.
15. Having considered the materials provided by the Athlete, the Expert Panel – in its second opinion issued on 9 August 2023 (the “Second Expert Opinion”) – confirmed its previous opinion *“that it is highly likely that a prohibited substance or prohibited method has been used and that it is highly unlikely that the passport is the result of any other cause.”*
16. On 6 November 2023, the UCI notified the Athlete of the conclusion of the Second Expert Opinion and provided him with a copy. The UCI asserted an ADRV and notified the Athlete of his provisional suspension. The Athlete was given until 26 November 2023 to agree to an “Acceptance of Consequences”.
17. On 26 November 2023, the Athlete responded with a “Second Letter of Explanations” which enclosed a second report by Prof Berto-Junior and nine exhibits (comprising statements as to the Athlete’s character).
18. On 27 March 2024, having reviewed the Athlete’s explanations and evidence of 26 November 2023, the Expert Panel issued its third opinion (the “Third Expert Opinion”), concluding that they *“confirm the opinion expressed [...] that it is highly likely that a prohibited substance or prohibited method has been used and that it is unlikely that the passport is the result of any other cause.”*
19. On 5 April 2024, the UCI provided to the Athlete the Third Expert Opinion. The UCI issued a revised proposal in return for an Acceptance of Consequence by no later than 15 April 2024.
20. On 15 April 2024, the Athlete declined to provide an Acceptance of Consequence and requested that the matter be referred to a UCI Anti-Doping Tribunal (the “UCI ADT”).

C. Proceedings before the UCI Anti-Doping Tribunal

21. During the course of the first instance proceedings before a UCI ADT, the Expert Panel – in its fourth opinion (the “Fourth Expert Opinion”) – withdrew its conclusion regarding the abnormalities identified in respect of Sample 7 on the basis that it *“cannot unanimously rule out the possibility that an acute blood loss with reactive stimulation of erythropoiesis, with intravenous iron or not, could be involved in the genesis of sample 7 as a possible alternative explanation of the values in that sample other than voluntary blood withdrawal.”* The Expert Panel’s opinion in relation to the abnormalities contained in Sample 9 was maintained.

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22. The UCI ADT heard the matter on 19 February 2025 and issued its decision on 26 March 2025 (the “Appealed Decision”) as follows:

“1. X. has committed an Anti-Doping Rule Violation.

2. X. is suspended for a period of Ineligibility of 4 years commencing on the date of this Decision. The period of provisional suspension served by X. since 6 November 2023 shall be credited against the period of ineligibility imposed.

3. The results obtained X. from 13 April 2022 until 6 November 2023 are disqualified.

4. X. is ordered to pay to the UCI:

a) the amount of CHF 2’500 for the costs of results management; and

b) the amount of USD 756 for costs of the documentation packages of the blood samples analysed for the ABP.

5. All other and/or further-reaching requests are dismissed.

6. This judgment is final and will be notified to:

a) X.;

b) the Brazilian NADO;

c) UCI; and

d) WADA.”

III. PROCEEDINGS BEFORE THE COURT OF ARBITRATION FOR SPORT

23. On 25 April 2025, the Athlete filed a Statement of Appeal pursuant to Article R47 of the Code of Sports-related Arbitration (the “Code”) at the Court of Arbitration for Sport in Lausanne, Switzerland (the “CAS”), against the Appealed Decision (the “Appeal”). The Appellant requested that the deadline to submit the Appeal Brief be extended to 26 May 2025 and that the Respondent produce the individual values of the Invalidated Samples.
24. On 30 April 2025, the Respondent agreed to the extension request.
25. On 26 May 2025, the Appellant submitted his Appeal Brief. The Respondent was invited to file its Answer within 20 days.
26. On 11 June 2025, the Respondent requested an extension of the deadline to file its Answer until 7 July 2025.

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27. On 16 June 2025, the Appellant agreed with the extension request.
28. On 7 July 2025, the Respondent requested a further extension until 17 July 2025, which was granted by the CAS.
29. On 17 July 2025, the Respondent submitted its Answer.
30. On 18 July 2025, the CAS Court Office informed the Parties that the Panel appointed to decide the Appeal was constituted as follows:

President: Dr. Vladimir Novak, Attorney-at-law in Brussels, Belgium

Arbitrators: Mr. Jeffrey G. Benz, Attorney-at-law and Barrister in London, United Kingdom

The Hon. Dr. Annabelle Bennett AC SC, Barrister in Sydney, Australia.
31. On 23 July 2025, the Appellant requested a hearing by video conference. The Respondent did not consider a hearing to be necessary.
32. On 7 August 2025, the Panel ordered the Respondent to produce “*the individual values of HGB, OFF-Score, HCT, RET# and IRF of the Invalidated Samples*”.
33. On 14 August 2025, the Respondent produced the individual values of the Invalidated Samples.
34. On 1 September 2025, the CAS Court Office informed the Parties that a hearing would take place on 6 October 2025 at 12:00 CEST / 07:00 BRT by video conference.
35. On 8 September 2025, the CAS Court Office transmitted the Order of Procedure.
36. On 30 September 2025, the Parties returned their signed Order of Procedure.
37. On 6 October 2025, the hearing took place by video conference. The Panel was assisted by Francisco Mateo, CAS Counsel, and Joe Gaffney (in an administrative capacity with the consent of the Parties), and joined by the following participants:
 - For the Appellant:
 - X. (Appellant)
 - Mr Henrique Avancini (Witness)
 - Professor Dr Franz Burini (Expert)
 - Mr Marcelo Franklin (Counsel)

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- Mr Nicholas Derydt (Counsel)
 - Mr Swastik Pattanaiaik (Counsel)
 - Mr Hugo Loureiro (Translator)
 - For the Respondent
 - Professor Dr Paulo Paixão (Expert)
 - Dr Jakob Mørkeberg (Expert)
 - Mr Antonio Rigozzi (Counsel)
 - Mr Patrick Pithon (Counsel)
38. At the outset of the Hearing, the Parties confirmed they had no procedural issues or objections.
 39. During the Hearing, the Parties had ample opportunity to present their case, submit their arguments and answer the Panel’s questions.
 40. At the end of the Hearing, the Parties stated that they had no objections as to the procedure adopted by the Panel, its constitution, or its jurisdiction. The Parties confirmed that their right to be heard had been respected.
 41. On 23 October 2025, the Panel requested pursuant to Article R44.2 of the Code that by 29 October 2025 the Parties “*explain whether the case file contains any evidence (i) supporting, or (ii) contradicting the Athlete’s claim that the RET suppression observed in Sample 9 resulted from the Athlete’s iron treatment*” (the “Panel’s Follow-up Questions”).
 42. On 29 October 2025, the Appellant provided his response to the Panel’s Follow-up Questions.
 43. On 3 November 2025, the Respondent provided its response to the Panel’s Follow-up Questions.
 44. On 4 November 2025, the Respondent objected to the Appellant’s submission on the basis that it exceeded the scope of the Panel’s direction. The Respondent noted that “[s]hould the Panel be inclined to consider [the Athlete’s] new explanation based on the Parodi study or his new arguments regarding the UCI’s doping scenario, the UCI respectfully requests to be granted an opportunity to exercise its right to be heard, pursuant to Articles 182(3) and 190(2)(d) PILA, and expressly reserves all its rights in this respect.”

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45. On 5 November 2025, the Panel requested that by 10 November 2025 the Parties “*file a written submission strictly limited to respond to the counterparty’s latest submissions*” after which the evidentiary proceedings would be closed.
46. On 10 November 2025, the Parties requested a 7-day extension to file their responses, which was granted.
47. On 17 November 2025, the Athlete submitted its response. The Respondent requested an extension to 21 November 2025, which the Panel granted until 19 November 2025.
48. On 19 November 2025, the Respondent submitted its response.
49. On 20 November 2025, the Panel closed the evidentiary proceedings.

IV. SUBMISSIONS OF THE PARTIES

A. The Appellant’s submissions

50. The Appeal Brief contains the following requests for relief:

“The Appellant makes the following requests to CAS:

(i) That the UCI be ordered to present together with its Answer Brief the complete individual values in the Athlete blood samples 3, 5, 6, 8;

(ii) The right to a fair hearing with witnesses and experts;

(iii) That the appeal of X. is admissible;

(iv) That the decision of the UCI ADT be set aside;

(v) That Appellant X. ’s ineligibility sanction be eliminated, or in the alternative, reduced;

(vi) Reinstating the results obtained by X. from the date of Collection of Sample 9 (13 April 2022) until the day he was provisionally suspended (6 November 2023);

(vii) That Respondent shall bear all costs of the proceedings including a contribution towards Appellant’s Legal costs as compensation for unfair suspension;

(viii) The Appellant reserves the right to amend or refine the prayers for relief in further submission (if applicable) and to comment on new evidence brought by the Appellant.”

51. In summary, the Athlete’s primary position is that the abnormal values in his ABP result from haemorrhoids and treatment for anaemia. He submits that:

- His ABP and any abnormalities therein are not themselves sufficient to establish an ADRV – the Respondent must demonstrate that alternative explanations to doping can be excluded and it has failed to do so.
- The Athlete was prejudiced by the Invalidated Samples being excluded from the Expert Panel’s assessment.
- The increase “*or rather restoration*” of his HGB and decrease in RET in Sample 9 were an “*expected and desired outcome of the treatment*” received by the Athlete, per Prof Burini’s expert evidence. It is submitted that this is supported by scientific studies – in particular *Parodi et al.*² (the “Parodi Study”).
- The Athlete’s explanation was not refuted to the standard of comfortable satisfaction.
- In relation to Sample 7, there was a departure from applicable international standards.
- Reliance on *Damsgaard et al.*³ (the “Damsgaard Study”) to support the opinion that a doping scenario was likely is misplaced where there is no indication in the values isolated in the ABP of a supraphysiological and rapid HGB increase (which the *Damsgaard* Study describes as following a blood reinfusion).
- In light of the Athlete’s condition and treatment, the values isolated from the Athlete’s ABP are not sufficient and led to an “*incorrect conclusion*” (Page 7, Expert Report of Prof Burini) – analysis of other markers is necessary to make an accurate determination as to the likelihood of doping.

B. The Respondent’s submissions

52. The Respondent’s Answer contains the following request for relief:

“For the reasons set out above UCI respectfully requests the Panel to issue an arbitral award ruling as follows:

- (i) The appeal filed by X. and all of the prayers for relief contained therein are dismissed.*
- (ii) The Decision of the UCI Anti-Doping Tribunal of 26 March 2025 is upheld.*

² *Absolute Reticulocyte Count and Reticulocyte Hemoglobin Content as Predictors of Early Response to Exclusive Oral Iron in Children with Iron Deficiency Anemia*, Parodi et al. (2016).

³ *Effects of blood withdrawal and reinfusion on biomarkers of erythropoiesis in humans: Implications for anti-doping strategies*, Damsgaard et al. (2006).

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(iii) X. shall bear all arbitration costs incurred with the present proceedings, if any, and pay a significant contribution towards the costs incurred by UCI in connection with these proceedings.”

53. In summary, the Respondent submits that:

- The Athlete ‘Used’ a ‘Prohibited Method’ (i.e., blood manipulation) and committed an ADRV within the meaning of Article 2.2 of the UCI ADR – this follows abnormalities identified in Sample 9, for which it is submitted that doping is plausible and other potential explanations can be excluded.
- There are no departures from international standards with regards to Sample 9.
- The exclusion of the Invalidated Samples from the ABP has no bearing on the validity of the ABP or the ADRV.
- As to the Athlete’s submissions on the markers used by the Respondent to establish blood manipulation (and the additional markers that should be used):
 - This amounts to a criticism of the Analytical Method – such a challenge will only be admissible if it follows due notice being given to WADA (per Article 3.2.1 of the UCI ADR). As no such notification has been made, the arguments must be summarily dismissed.
 - The additional markers referred to are either not reliable or not relevant for anti-doping purposes.
 - No values have been submitted for those additional markers at the relevant time, such that the Athlete is unable to demonstrate how they would support his position.
- The Athlete’s alleged clinical position does not explain the abnormalities observed in Sample 9:
 - The Athlete’s evidence that he was suffering from iron deficiency anemia (“IDA”) is not supported by the values in the Athlete’s ABP.
 - Even if the Athlete were suffering from IDA, the abnormalities in his blood profile and more specifically Sample 9 are inconsistent with the physiological pattern of iron recovery.
 - The Athlete’s alleged condition and treatment do not explain the marked suppression in his RET% values (which reflects the physiological response typically associated with an artificially elevated haemoglobin mass – i.e., a pattern indicative of blood reinfusion), per the *Damsgaard* Study.

- Reliance on the *Parodi* Study is misguided as: (a) the study was carried out in relation to children suffering from IDA; (b) the participants in the study had very low baseline HGB levels; and (c) the study does not relate to RET% but to absolute RET counts (“ARC”).
- Blood manipulation around competitions in April 2022 is the only plausible and credible cause of the abnormal values observed in Sample 9 – not any clinical condition as the Athlete alleges:
 - The Expert Panel found – in four opinions – that the abnormalities in Sample 9 are characteristic of blood reinfusion.
 - The Athlete’s submission that his poor competition performances made doping implausible is both irrelevant and misguided.
 - The Respondent is required to establish the abnormalities observed cannot be plausibly explained by any other cause, and a doping scenario cannot be reasonably excluded.
 - It is highly likely that the Athlete Used a Prohibited Substance or a Prohibited Method and that Use is clearly consistent with a doping scenario.

V. JURISDICTION

54. The Appellant submitted that the CAS has jurisdiction of the Appeal pursuant to – *inter alia* – Article 72 of the UCI Constitution, Article 8.3.3 of the UCI ADR, Article 31 of the UCI Anti-Doping Tribunal Procedural Rules, as well as Article R47 of the Code.
55. Article 72 of the UCI Constitution provides as follows:
- “The Court of Arbitration for Sport in Lausanne, Switzerland, is the sole competent authority to adjudicate appeals, in cases stipulated by the present Constitution or the regulations established by the Management Committee, against sporting, disciplinary and administrative decisions taken in accordance with UCI rules. Any decision taken by the Congress or the Management Committee may be appealed to the Court of Arbitration for Sport in Lausanne, Switzerland”.*
56. Article 8.3.3 of the UCI ADR 2021 provides as follows:
- “Upon hearing the matter as provided for in its procedural rules, the UCI Anti-Doping Tribunal shall issue a written, reasoned decision in a timely manner, in accordance with the UCI Results Management Regulations. The decision may be appealed to CAS as provided in Article 13. [...]”.*
57. Article 31 of the UCI Anti-Doping Tribunal Procedural Rules provides as follows:

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“[...] Judgments are subject to appeals lodged with the Court of Arbitration for Sport, in accordance with Article 13 ADR. [...]”.

58. Article R47 of the Code provides as follows:

“An appeal against the decision of a federation, association or sports-related body may be filed with CAS if the statutes or regulations of the said body so provide or if the parties have concluded a specific arbitration agreement and if the Appellant has exhausted the legal remedies available to it prior to the appeal, in accordance with the statutes or regulations of that body.”

59. The Respondent did not challenge the jurisdiction of the CAS.

60. The Panel concludes that CAS has jurisdiction to entertain the present Appeal.

VI. ADMISSIBILITY

61. Article R49 of the Code provides as follows:

“In the absence of a time limit set in the statutes or regulations of the federation, association or sports-related body concerned, or in a previous agreement, the time limit for appeal shall be twenty-one days from the receipt of the decision appealed against”.

62. Article 13.2.5.1 of the UCI ADR provides as follows:

“Unless otherwise specified in these Anti-Doping Rules, appeals under Article 13.2.1 and 13.2.2 from decisions made by the UCI Anti-Doping Tribunal or UCI Disciplinary Commission shall be filed before the CAS within thirty (30) days from the day the appealing party receives notice of the decision appealed”.

63. The Appealed Decision was adopted on 26 March 2025. The Statement of Appeal was filed on 25 April 2025, and therefore within the 30 day deadline set out in UCI ADR.

64. The Appeal Brief was submitted within the extended deadline of 26 May 2025 and thus timely.

65. The admissibility was not contested by the Respondent.

66. Accordingly, the present Appeal is admissible.

VII. APPLICABLE LAW

67. Article R58 of the Code provides as follows:

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“The Panel shall decide the dispute according to the applicable regulations and, subsidiarily, to the rules of law chosen by the parties or, in the absence of such a choice, according to the law of the country in which the federation, association or sports-related body which has issued the challenged decision is domiciled or according to the rules of law that the Panel deems appropriate. In the latter case, the Panel shall give reasons for its decision.”

68. This matter is governed by the UCI ADR, which itself adopts the provisions of the WADA Code and International Standards. Swiss law applies subsidiarily.

VIII. MERITS

A. The UCI ADR

69. The Respondent alleges an ADRV under Article 2.2 of the UCI ADR (*“Use or Attempted Use by a Rider of a Prohibited Substance or a Prohibited Method”*), which provides as follows:

“2.2.1 It is each Rider’s personal duty to ensure that no Prohibited Substance enters his or her body and that no Prohibited Method is Used. Accordingly, it is not necessary that intent, Fault, Negligence or knowing Use on the Rider’s part be demonstrated in order to establish an anti-doping rule violation for Use of a Prohibited Substance or a Prohibited Method.

2.2.2 The success or failure of the Use or Attempted Use of a Prohibited Substance or Prohibited Method is not material. It is sufficient that the Prohibited Substance or Prohibited Method was Used or Attempted to be Used for an anti-doping rule violation to be committed.”

70. The comment to Article 2.2 of the UCI ADR provides as follows:

“It has always been the case that Use or Attempted Use of a Prohibited Substance or Prohibited Method may be established by any reliable means. As noted in the Comment to Article 3.2, unlike the proof required to establish an anti-doping rule violation under Article 2.1, Use or Attempted Use may also be established by other reliable means such as admissions by the Rider; witness statements, documentary evidence, conclusions drawn from longitudinal profiling, including data collected as part of the Rider Biological Passport, or other analytical which does not otherwise satisfy all the requirements to establish ‘Presence’ of a Prohibited Substance under Article 2.1.

For example, Use may be established based upon reliable analytical data from the analysis of an A Sample (without confirmation from an analysis of a B Sample) or from the analysis of a B Sample alone where the Anti-Doping Organization provides a satisfactory explanation for the lack of confirmation in the other Sample.”

71. The burden and standard of proof in respect of the ADRV is established by Article 3.1 of the UCI ADR as follows:

“The UCI shall have the burden of establishing that an anti-doping rule violation has occurred. The standard of proof shall be whether the UCI has established an anti-doping rule violation to the comfortable satisfaction of the hearing panel bearing in mind the seriousness of the allegation which is made. This standard of proof in all cases is greater than a mere balance of probability but less than proof beyond a reasonable doubt. Where these Anti-Doping Rules place the burden of proof upon the Rider or other Person alleged to have committed an anti-doping rule violation to rebut a presumption or establish specified facts or circumstances, except as provided in Articles 3.2.2 and 3.2.3, the standard of proof shall be by a balance of probability”

72. Article 3.2 of the UCI ADR provides as follows:

“Facts related to anti-doping rule violations may be established by any reliable means, including admissions.

The following rules of proof shall be applicable in doping cases:

3.2.1 Analytical methods or Decision Limits approved by WADA after consultation within the relevant scientific community or which have been the subject of peer review are presumed to be scientifically valid. Any Rider or other Person seeking to challenge whether the conditions for such presumption have been met or to rebut this presumption of scientific validity shall, as a condition precedent to any such challenge, first notify WADA of the challenge and the basis of the challenge. The initial hearing body, appellate body or CAS, on its own initiative, may also inform WADA of any such challenge. Within ten (10) days of WADA’s receipt of such notice and the case file related to such challenge, WADA shall also have the right to intervene as a party, appear as amicus curiae or otherwise provide evidence in such proceeding. In cases before CAS, at WADA’s request, the CAS panel shall appoint an appropriate scientific expert to assist the panel in its evaluation of the challenge.

3.2.2 WADA-accredited laboratories, and other laboratories approved by WADA, are presumed to have conducted Sample analysis and custodial procedures in accordance with the International Standard for Laboratories. The Rider or other Person may rebut this presumption by establishing that a departure from the International Standard for Laboratories occurred which could reasonably have caused the Adverse Analytical Finding.

3.2.3 If the Rider or other Person rebuts the preceding presumption by showing that a departure from the International Standard for Laboratories occurred which could reasonably have caused the Adverse Analytical Finding, then the UCI shall

have the burden to establish that such departure did not cause the Adverse Analytical Finding.

3.2.4 Departures from any other rules set forth in these Anti-Doping Rules, UCI Regulations, any International Standard or other anti-doping rule or policy set forth in the Code shall not invalidate analytical results or other evidence of an anti-doping rule violation, and shall not constitute a defense to an anti-doping rule violation; provided, however, if the Rider or other Person establishes that a departure from one of the specific UCI Regulations or International Standard provisions listed below could reasonably have caused an anti-doping rule violation based on an Adverse Analytical Finding, an Adverse Passport Finding or whereabouts failure, then the UCI shall have the burden to establish that such departure did not cause the Adverse Analytical Finding or the whereabouts failure:

- (i) a departure from the UCI Testing & Investigation Regulations or International Standard for Testing and Investigations related to Sample collection or Sample handling which could reasonably have caused an anti-doping rule violation based on an Adverse Analytical Finding or an Adverse Passport Finding, in which case the UCI shall have the burden to establish that such departure did not cause the Adverse Analytical Finding;*
- (ii) a departure from the UCI Results Management Regulations, UCI Testing & Investigations Regulations, International Standard for Results Management or International Standard for Testing and Investigations related to an Adverse Passport Finding which could reasonably have caused an anti-doping rule violation, in which case the UCI shall have the burden to establish that such departure did not cause the anti-doping rule violation;*
- (iii) a departure from the UCI Results Management Regulations or International Standard for Results Management related to the requirement to provide notice to the Rider of the B Sample opening which could reasonably have caused an anti-doping rule violation based on an Adverse Analytical Finding, in which case the UCI shall have the burden to establish that such departure did not cause the Adverse Analytical Finding;*
- (iv) a departure from the UCI Results Management Regulations or International Standard for Results Management related to Rider notification which could reasonably have caused an anti-doping rule violation based on a whereabouts failure, in which case the UCI shall have the burden to establish that such departure did not cause the whereabouts failure.”*

B. The standard of proof

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73. This is a *de novo* appeal. The Respondent therefore bears the burden of proving to the “*comfortable satisfaction*” of the Panel that the Athlete committed an ADRV.
74. The “*comfortable satisfaction*” standard is well-known in the CAS practice (CAS 2009/A/1912-1913, §56) and withstood the scrutiny of the Swiss Federal Tribunal (Swiss Federal Tribunal, 2nd Civil Division, Judgment of 31 March 1999, 5P.83/1999, c. 3.d). Accordingly, the Panel will apply the “*comfortable satisfaction*” standard as provided in the UCI ADR and consistently applied in many cases concerning allegations of blood manipulation and other serious forms of doping.
75. There are, however, instances where applicable rules of procedural fairness require an athlete to substantiate and explain why facts submitted by the anti-doping organisation are wrong (including, for instance, where an anti-doping organisation must prove negative facts): this duty of cooperation arises in so-called instances of a “*Beweisnotstand*”. A *Beweisnotstand* exists here, where the Athlete asserts the abnormalities in his ABP arise from his medical condition, and treatment of the same.
76. As to the nature and the extent of the Appellant’s responsibility to explain and substantiate how the abnormalities in his ABP are explained by his diagnoses, the Panel first notes that §§83-85 of the Appeal Brief reflect a misunderstanding of the principles described at first instance *viz.*, the duty of cooperation.
77. In CAS 2011/A/2384, the Panel explained the duty of cooperation arises in “*cases in which a party is faced with a serious difficulty in discharging its burden of proof [...]. A cause for the latter may be that the relevant information is in the hands or under the control of the contesting party and is not accessible to the party bearing the burden of proof [or] by its very nature, the alleged fact cannot be proven by direct means. This is the case whenever a party needs to prove “negative facts”.*” (§102, *ibid.*).
78. The Swiss Federal Tribunal, having considered the duty of cooperation, found that while the contesting party must substantiate and explain in detail why it deems the facts submitted by the other party to be wrong, the duty does not amount to a reallocation of the burden of proof (§§103-105, *ibid.*).
79. The duty of cooperation was also considered in CAS 2017/A/5045 (at §109). The principles explained in CAS 2011/A/2384 were applied as follows:

“The Panel finds that, in the present matter, the IAAF is confronted with a “Beweisnotstand”, because, in order to discharge its burden of proof, it must show – in principle – that not only the doping scenario is plausible, but that all potential explanations other than doping – have to be excluded to the applicable standard of proof. Such proof of “negative facts”, however, is impossible. It is for this very reason that the Athlete cannot limit herself to (simply) contesting the doping scenario, but is under an obligation to cooperate in the fact finding, i.e. must submit in detail alternative (natural)

scenarios to explain the blood values. It is, thus, up to the Athlete to submit and substantiate any alternative explanations for the blood values that the Panel must balance with the doping scenario.”

80. The principles described in CAS 2011/A/2384 and CAS 2017/A/5045 are neither at stake, nor are they meaningfully challenged in the Appeal Brief. They nonetheless set the scene for the discussion of whether the Respondent has met the burden of proof and whether the abnormalities in the ABP are explained by the Athlete’s evidence.

C. The ADRV

81. The Respondent relies on the abnormalities identified in Sample 9, and the four reports of the Expert Panel in which it was unanimously concluded that *“it is highly likely that a prohibited substance or prohibited method has been used and that it is unlikely that the passport is the result of any other cause”* (page 11, Fourth Expert Opinion).
82. Once the Adaptive Model flagged abnormalities in the Athlete’s ABP, the APMU submitted the Athlete’s ABP for an initial review by an independent expert. The expert concluded that the ABP was indicative of likely doping, prompting referral to the Expert Panel. The Expert Panel unanimously held the opinion *“that it is highly likely that the abnormalities are the result of blood manipulation and that it is unlikely that the passport is the result of any other cause.”* (page 3, First Expert Opinion).
83. The Respondent notified the Athlete, and invited him to provide explanations. The Athlete provided his explanations, which were accompanied by a report from Prof Berto-Junior and a number of exhibits. These were submitted to the Expert Panel, which not only reaffirmed its initial conclusion but also went further, this time opining that it was *“highly unlikely that the passport is the result of any other cause [than blood manipulation]”* (emphasis added) (page 5, the Second Expert Opinion).
84. The Respondent then asserted an ADRV against the Athlete.
85. The Athlete presented additional explanations (and further evidence, including a further report from Prof Berto-Junior) in relation to the abnormalities in Sample 7 and Sample 9. The Athlete here alleged that the Expert Panel was not acting impartially.
86. The Expert Panel issued the Third Expert Opinion, in which it concluded:
- “[...] In our view, none of the arguments provided by the Athlete has offered any credible alternative explanation for the abnormalities observed in the profile with samples 7 (collected on 21.02.2022), indicating blood loss or withdrawal, and with sample 9 (collected on 13.04.2022), indicating a typical OFF phase.*

We, therefore, confirm the opinion expressed in our Joint Expert Opinion that it is highly likely that a prohibited substance or prohibited method has been used and that it is unlikely that the passport is the result of any other cause.”

87. The Athlete adduced further evidence, providing a third report (on this occasion by Prof Burini). In response, the Respondent submitted the Fourth Expert Opinion, in which the Expert Panel maintained its unanimous opinion in relation to the abnormalities in Sample 9: *“we remain of the unanimous view that none of the arguments provided by the Athlete has offered any credible alternative explanation for the abnormalities observed in sample 9 [...] we confirm the opinion expressed in our Joint Expert Opinion that it is highly likely that a prohibited substance or prohibited method has been used and that it is unlikely that the passport is the result of any other cause.”* (Page 11).
88. However, the Expert Panel at this stage withdrew its conclusion regarding the abnormalities identified in respect of Sample 7 on the basis that it *“cannot unanimously rule out the possibility that an acute blood loss with reactive stimulation of erythropoiesis, with intravenous iron or not, could be involved in the genesis of sample 7 as a possible alternative explanation of the values in that sample other than voluntary blood withdrawal.”* (Page 9).
89. In summary, the Respondent’s ADRV claim is grounded in: (i) abnormalities flagged by the scientifically validated Adaptive Model; and (ii) five expert assessments (i.e., the initial expert review, and the four Expert Reports), testimony before the UCI ADT, and testimony before this Panel.
90. In response, the Athlete submits that:
 - the method and data used by the UCI to establish the ADRV are insufficient;
 - in any event, the abnormalities can be explained with reference to normal pathology, and his treatment for hemorrhoids and anemia, and that this explanation is not refuted by the UCI or the Expert Panel to the standard of *“comfortable satisfaction”*;
 - a doping scenario is not plausible; and
 - there were a number of procedural issues (which it is submitted is tantamount to a failure to adhere to International Standards) which led to the ADRV.

1. The method and data used by the Respondent

91. The Athlete makes several submissions as to the sufficiency of the method and data used by the Respondent to establish the ADRV.

92. Before considering the detail of those submissions, the Panel first notes the use of the ABP as a doping detection method is one of the “*any reliable means*” by which an ADRV may be established under the UCI ADR (see, in particular, Article 3.2.1 and the comments to Articles 2.2 and 3.2, respectively).
93. Article 3.2.1 of the UCI ADR provides that: “[a]nalytical methods or decision limits approved by WADA after consultation within the relevant scientific community and which have been the subject of peer review”, such as ABP, “are presumed to be scientifically valid”.
94. Moreover, the reliability of ABP as a means of evidence has been confirmed by the CAS on several occasions (see, e.g., CAS 2019/A/6254: “*The ABP is, and has been generally accepted as, a reliable mean of evidence to assist in establishing ADRV*”; see similarly CAS 2018/A/5520; see also CAS 2019/A/6226: “*The Panel acknowledges as undisputed that the ABP profile is a method of proving blood doping and not an ADRV in and of itself [...]. However, the Panel is convinced that [...] an ABP profile is a reliable and accepted means of evidence in establishing an ADRV*”; and CAS 2017/O/5398: “*The ABP system is to be presumed valid, unless convincing arguments are made that a specific element of the system does not operate satisfactorily*”).

2. ABP as evidence

95. The Athlete submits in his Appeal Brief that “*the ABP is not, of itself, sufficient to establish an ADRV and that it is also a matter for the interpretation of the ABP by experts*” and that the abnormalities identified cannot establish an ADRV (§75, Appeal Brief).
96. The Respondent agrees with the principle of the Athlete’s submission (§§75-77, Answer), though adds – as is well recognised in CAS jurisprudence, including the jurisprudence identified at §94 above – that the ABP is nonetheless a reliable means of evidence which is a matter for interpretation by experts.
97. The Respondent adds that, as a matter of CAS jurisprudence, the fundamental requirements for asserting an ADRV on the basis of an ABP are that “[...] *all experts – independent from each other – come to the conclusion that doping is a plausible and likely explanation for the abnormal variation and that there is no other plausible cause ascertained with a significant degree of probability.*” (CAS 2010/A/2174, §4.4.2 (b)).
98. The Panel notes that the ABP and the abnormal values obtained by the Adaptive Model are the necessary starting point as a matter of doping control procedure (i.e., it precedes referral by the APMU to experts), and as a matter of the Expert Panel’s analysis. Dr Mørkeberg testified that the Adaptive Model is akin to an “*initial statistical assistant*”, but cannot “*answer everything*”.

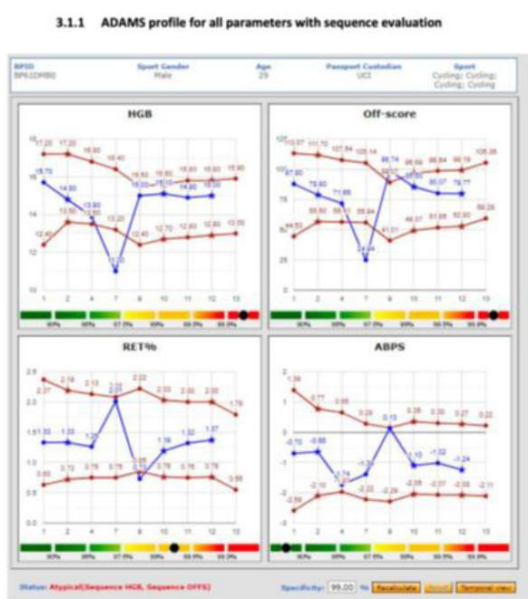
99. Having analysed the values contained in the Athlete's ABP, the Expert Panel in the First Expert Opinion came to a unanimous view on the likelihood that the values reveal a doping scenario, and that it was unlikely the values in the ABP were explicable by any other means.
100. Having considered the explanations and evidence proffered by the Athlete, the Expert Panel's analysis and conclusions were generally maintained in its Second Expert Opinion and Third Expert Opinion (save that the Second Expert Opinion concluded that it was "*highly unlikely that the passport is the result of any other cause.*").
101. While the Fourth Expert Opinion came to withdraw its position regarding the abnormal values of Sample 7, the Expert Panel's position on Sample 9 was maintained. The Panel notes the evidence of Dr Paixão and Dr Mørkeberg at the hearing that while they did not find it highly likely that Sample 7 was explicable by doping, they were of the view that doping was still a likely explanation. In this regard, the Respondent submitted that the Athlete was given the "*benefit of the doubt*" in relation to the blood loss shown in Sample 7. While evidence was given at the hearing in relation to Sample 7, the Respondent did not make a positive case that Sample 7 evidenced an ADRV.
102. The Respondent instead focused on Sample 9, and advanced the position that the Athlete committed an ADRV based on the abnormalities present therein, and the Expert Panel's analysis of the same.

3. The effect of the Invalid Samples on the ABP as evidence

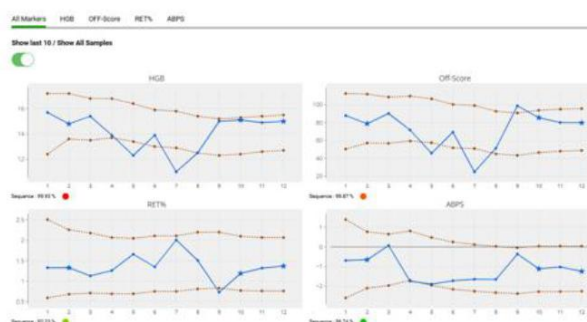
103. At the outset, the Panel notes that the Athlete does not contend that his ABP is invalid because of the number of valid and / or invalid samples and / or the proportion of valid samples to invalid samples which comprise his ABP.
104. It is submitted by the Athlete that the Invalid Samples affect the evidentiary value of the ABP, primarily because this causes a greater confounding factor as the Adaptive Model would have focused on the trend between Sample 7 and Sample 9 which may not present an accurate picture of the Athlete's profile (and affects particularly the calculation of the OFF-score).

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105. The Panel notes that the Fourth Expert Opinion addressed these submissions, in which the Expert Panel – having requested a copy of the Athlete’s profile with all samples validated – explained that *“it is evident that the inclusion of all sample results would actually have resulted in the HGB and OFF-score in sample 5 being atypical. For the %RET no changes to the number of atypical findings would have occurred. The HGB and OFF-score values in sample 7 and the %RET and OFF-score values in sample 9 would still have fallen outside the Athlete’s 99% normal range.”* (Page 4).



Graphs with Sample 3, 5, 6 and 8 invalidated



Graphs without Sample 3, 5, 6 and 8 invalidated

106. In his Appeal Brief, the Athlete sought production of the individual values of the Invalidated Samples. The Panel directed that these values be produced and the Respondent did so on 14 August 2025.
107. At the hearing, Prof Burini gave testimony that the HGB and RET% values of the Invalidated Samples, when considered with Sample 7 and Sample 9, supported the position that the Athlete’s profile was consistent with haemorrhoids and iron treatment. In particular, Prof Burini’s evidence was that Sample 8 shows a progressive improvement on the Athlete’s medical condition, and a usual response to iron therapy (i.e., HGB increasing, RET% at a ‘normal’ level). Prof Burini explained that an increase of one to two g/dL of HGB might be expected over three weeks as a consequence of iron treatment.
108. Dr Paixão and Dr Mørkeberg, when asked by the Panel whether the Invalidated Samples affect their view, confirmed – in line with the Fourth Expert Opinion – that they do not. Dr Paixão explained that Sample 8, though invalidated, in fact supports the conclusion

that blood manipulation occurred. He testified that Sample 8 showed a normal response to iron therapy approximately 20 days after treatment commenced, with HGB increasing and RET% remaining within normal values. This is in contrast to Sample 9, where the Athlete's RET% was suppressed, and hence Sample 9 would have remained an outlier for high OFF score value even if Sample 8 were not invalidated.

109. The Panel recalls evidence contained in the Fourth Expert Report that “*Abnormal increases of the OFF score take place when HGB is high and reticulocytes are low, as it occurs when the HGB mass is abnormally increased due to ceased administration of an Erythropoiesis Stimulating Agent (ESA) or after an inappropriate and illicit transfusion of blood or concentrated RBCs into a non-anemic subject* [Damsgaard et al., 2006; Morkeberg et al., 2009].” (Page 10, Fourth Expert Report).
110. Accordingly, the Panel considers that the Invalidated Samples do not affect the evidentiary value of the ABP. They were excluded for the purpose of protecting the integrity of the ABP – this is based on the science which is explained in the Fourth Expert Opinion (Page 4) and Robinson et al. (2016), and established practice. Furthermore, as was explained at the hearing and in the Fourth Expert Opinion (Page 9), it is clear that there is no confounding effect.

4. The limitations of the biomarker parameters in the ABP and alternatives proposed

111. Prof Burini opines that the Athlete's case “*perfectly illustrates*” the “*scientific limitations*” in the present anti-doping practices (Page 2). In particular, Prof Burini emphasises that “[n]o single biomarker or algorithm is sufficient for definitive conclusions about doping. A comprehensive panel of markers, including those mentioned but not analyzed in X.'s case, is necessary for accurate assessment.” (Page 4).
112. In respect of these additional markers, Prof Burini refers to “*Free Hemoglobin in Plasma (one of the main indicators of intravascular hemolysis - elevated in cases of autologous blood transfusion); Haptoglobin (low levels indicate binding of haptoglobin with free hemoglobin); Indirect Bilirubin (increased due to hemoglobin degradation); Hemosiderin (urinary - presence indicates significant hemolysis). Additionally, when discussing indicators of iron metabolism, we cannot omit Hepcidin, an indicator also described in scientific literature by groups of authors cited by the UCI/WADA expert panel.*” (Page 8).
113. The Appeal Brief explains that – by this evidence and the Athlete's submissions – the Athlete is not challenging the validity of ABP “*as a whole*” (such that the procedure in Article 3.2.1 of the UCI ADR ought to have been followed). Rather, it is submitted that “*certain markers are relevant to ascertaining that the alleged “abnormal” values were a product of his medical context of anemia and the additional markers could show the*

difference between Iron metabolism from iron therapy induced recovery and iron metabolism from blood transfusion.” (§107).

114. As to the quality and relevance of these markers, the Panel notes that the Expert Panel explained “*the markers mentioned by Prof. Burini have been shown in different blood 5 doping studies to have shortcomings and therefore not applicable for the blood passport*” (Page 3, Fourth Expert Opinion). As summarised in the Answer:

“• *Free Hemoglobin Plasma: Although free hemoglobin can rise briefly after a transfusion, it returns to baseline within 24 hours, making it unreliable for antidoping detection given the sample timing.*

• *Haptoglobin: Studies show that haptoglobin levels remain unchanged after blood reinfusion, limiting its value as a marker for blood manipulation.*

• *Hemosiderin: There is no scientific evidence or studies that support the use of hemosiderin as a reliable marker for blood doping, making its relevance here highly questionable.*

• *Hepcidin: Although hepcidin has shown some promise as a marker, it is influenced by many non-prohibited factors, such as infections and oral iron supplements. These confounders make it unsuitable for specific anti-doping detection.” (§94).*

115. At the hearing, Prof Burini emphasized on a number of occasions the “*frailties*” of the ABP, and the risk of false positives where normal or pathological physiology can “*mimic*” doping patterns. Prof Burini’s evidence was that complementary clinical data beyond ABP biomarkers, including ferritin and other iron-status metrics, was necessary to distinguish pathology from manipulation. He explained in this respect that HGB/ferritin trajectories are central in disease and treatment scenarios.

116. While §107 of the Appeal Brief avers otherwise, it is clear that Prof Burini’s evidence and the Athlete’s position amounts to a challenge of the established practice of the methodology used by the Expert Panel in coming to its opinion that blood manipulation occurred based on the values contained in the ABP. The Panel therefore agrees with §§92-93 of the Answer: such a challenge would only have been admissible if it met the procedural requirements of Article 3.2.1 of the UCI ADR. The UCI ADR required the Athlete direct his challenge against WADA at the relevant time. The Athlete did not do so. The Athlete’s submissions and Prof Burini’s evidence on this point must be dismissed.

5. The Athlete’s diagnoses and treatment

117. At the hearing, the Athlete gave evidence about his condition during the relevant period, and maintained that he did not commit any ADRV – it was instead submitted that the values present in Sample 9 were explicable by the Athlete’s physiological condition and

treatment of the same. The Athlete testified that he discovered hemorrhoids in 2020 which worsened by the end of 2021, leading to iron supplementation from February 2022 and surgery in June 2022. He alleged that he had consistently declared his anemia and treatment on doping control forms throughout this period. He categorically denied doping or blood reinfusion, stating that his poor sporting performances during April 2022 demonstrated no competitive advantage. The Athlete also testified that the proceedings to clear his name had come at considerable personal cost.

118. The Athlete was also supported by the evidence of Mr Avancini, who testified that he had known the Athlete for approximately 15 years and confirmed that the Athlete's sporting performance during the relevant period in 2022 was poor, with the Athlete appearing stressed and of low motivation. He stated that the Athlete had informed him about his hemorrhoid condition and medical treatment, and that the Athlete's results during this period were not consistent with someone who had gained a competitive advantage through doping.

6. Are the abnormalities in the ABP explained by the Athlete's alleged diagnoses?

119. It is the Athlete's primary contention that his profile is consistent with treatment for anemia and altered iron metabolism caused by haemorrhoids.
120. The Panel is grateful for the testimony of the Athlete. However, the Panel is mindful that CAS jurisprudence has long acknowledged the limited weight of protestations of innocence (primarily in the context of attempts to establish the origin of Prohibited Substances – see, by way of example, CAS 2010/A/2268; CAS 2023/A/9916 – but for reasons which apply more generally). The testimony of the Athlete is therefore not sufficient of itself to make good his case that no ADRV was committed or to discharge his duty of cooperation outlined at 77 to 80 above in relation to his case that the abnormalities observed in the Athlete's ABP are explicable by the alleged diagnoses.
121. The Panel summarises the timeline of the Athlete's diagnoses and his doping control attendances, as follows:
- On 17 December 2020, the Athlete was diagnosed with grade 3 or 4 haemorrhoids.
 - The Athlete had recurrent episodes of bleeding ("*twice a day*").
 - On 8 February 2022, the Athlete was diagnosed with anaemia following a private test which presented low ferritin levels (at 12 ng/ml).
 - On 21 February 2022, when the Athlete underwent doping control for the collection of Sample 7, he declared on the DCF that he started treatment of "*Noripurum 100mg*" with three caps per day, last taken on 20 February 2022 and that he "*lost blood when [he] use[s] the bathroom*".

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- Between 17 February 2022 to the end of March 2022, the Athlete entered a period of rest and suspended training and competition.
 - On 11 March 2022, when the Athlete underwent doping control for the collection of Sample 8, he disclosed use of multiple medications and supplements, including “*Noripurum, Injetavel*”.
 - On 2, 3, and 10 April 2022, the Athlete participated in competitions.
 - On 13 April 2022, when the Athlete underwent doping control for the collection of Sample 9, he declared that he had lost some blood as a result of haemorrhoids, he was taking “*Noripurum, 1 comprimido 3x/dia*” and that this was last taken on 12 April 2022.
 - On 2 June 2022, the Athlete underwent a THD surgical procedure.
122. Prof Burini’s evidence is that the profile is “*an expected and desired outcome of the treatment in question*” (Page 9). Prof Burini maintained this evidence at the hearing.
123. Prof Burini’s expert report describes his view that the abnormalities identified in Sample 9 (*i.e.*, upper limit OFF Score and a suppression of RET%) are explained by his diagnoses (and the treatment of the same, in particular by way of iron supplementation) as follows:
- “*Low levels of Hemoglobin (Hb) associated with high levels of Reticulocytes (young form of red blood cells) are commonly found in situations of blood loss (hemorrhages) or blood draws.*” (Page 6).
 - “*When the factors related to anemia are corrected, as in the case in question (intensive intravenous iron therapy for clinical stabilization of the patient and surgical intervention to stop the causal factor of bleeding), normalization of Hb levels and iron metabolism was observed. These manifestations are also commonly observed in cases of autologous blood transfusion. Thus, without the proper clinical context of his treatment and progress, the Athlete was unjustly accused of doping.*” (*ibid.*).
 - “*Adding to the peculiar scenario in question, besides the elevation of Hemoglobin levels (actually normalization, it should be emphasized, meaning there was anemia which was treated), is the “High Off-Score” (Appendix V) of the Athlete’s Biological Passport, or what has been described as High Off-Score.*” (*ibid.*).
124. It is the Respondent’s position that there is no indication of IDA in Sample 9 and the explanation is therefore inadequate. This follows the Expert Panel’s analysis that:

“[...], as stated in our previous report, the value of Mean Corpuscular Volume (MCV, abbreviated to VCM in the report in Appendix 1 of Prof. Burini) and of Mean Hemoglobin Content and Concentration (MCH and MCHC, abbreviated to HCM and CHCM in the reports) fall within the ranges indicated as normal in the report (and corresponding to the values generally recognized in the literature), indicating that the diagnosis of iron deficiency anemia – that we found unconvincing in our previous response – Is not established. As already described, iron deficiency anemia is typically characterized by microcytosis, therefore reducing MCV and MCH.” (Page 7, Fourth Expert Opinion).

125. As such, it is the Expert Panel’s view that *“[t]here is a lack of diagnostic elements supporting iron deficiency anemia (normal MCV and MCH in both private tests and ABP passport samples) despite the presence of depletion of martial deposits... The continuous normality of MCV and MCH across all samples from the ABP and those provided by the Athlete himself, clearly exclude the presence of true iron-deficient erythropoiesis.” (Page 9, Fourth Expert Opinion).*
126. As to the Expert Panel’s positive analysis of Sample 9, it is said that *“[t]his sample presents a picture of suppression of reticulocytes with high hemoglobin value. The explanations provided by Prof. Burini are completely unsatisfactory in this case.... The significant increase in HGB and the suppression of reticulocytes are indicative of blood manipulation, such as blood reinfusion, rather than a natural recovery from anemia.” (ibid.)*
127. More specifically, the Expert Panel explains that *“Abnormal increases of the OFF score take place when HGB is high and reticulocytes are low, as it occurs when the HGB mass is abnormally increased due to ceased administration of an 25 Erythropoiesis Stimulating Agent (ESA) or after an inappropriate and illicit transfusion of blood or concentrated RBCs into a non-anemic subject [Damsgaard et al., 2006; Morkeberg et al., 2009]. We unanimously confirm that the increase in HGB from 11 to 15 g/dl from sample 7 to sample 9, the simultaneous drop in %RET, and the abnormal increase in the OFF score in sample 9 cannot be explained, as Prof. Burini pretends, on “appropriate correction” of anemia.” (Pages 10 and 11, Fourth Expert Opinion).*
128. At the hearing, Prof Burini, Dr Paixão and Dr Mørkeberg assisted the Panel by giving evidence in hot tub format:
 - The experts were first asked to address the issue of blood loss leading to iron treatment. Prof Burini explained that the Athlete’s haemorrhoids (as identified by the Athlete in his DCO forms) were the cause of significant blood loss which occurred across a number of ‘minor’ acute episodes in the 60-day period between Sample 6 and Sample 7. Prof Burini further explained that various factors – including the Athlete’s training and diet – would have also affected his profile. Prof Burini’s evidence was that the bleeding episodes were not chronic.

- Dr Paixão and Dr Mørkeberg explained that it was not likely that haemorrhoids would cause these results. Dr Paixão testified that the drop in HGB which presented in the Athlete's ABP would correspond to a considerable volume of blood loss – his evidence being that this would be almost 1 litre of blood loss. The elevated RET% in Sample 7 would not be caused by chronic blood loss or a series of episodes. It could only have been caused by significant blood loss in the week or two prior to Sample 7. It was Dr Paixão's view that it is very difficult to accept such a significant episode would not lead to hospitalisation, but would require only iron supplementation. He further opined that there ought to have been some diagnostic process in the form of a colonoscopy or endoscopy performed. Prof Burini's response was that haemorrhoids is a clinical diagnosis.
- In response to a further question by the Panel about whether a series of acute episodes would have presented elsewhere in the evidence, Prof Burini again explained that various factors over the 60-day period would have affected the presentation of the Athlete's values, adding that manifestation of those episodes would be in the Athlete's ferritin levels, which are not included in the ABP. Dr Paixão explained that the smaller episodes would present as decreases in MCH (which are observed), but the size of the episodes observed would not be consistent with the blood loss seen in Sample 7.
- The experts were then asked to address whether iron supplementation could explain the haemoglobin increase observed in Sample 9. Prof Burini maintained that the restoration of HGB from the low levels in Sample 7 to normal levels in Sample 9 was consistent with the expected physiological response to iron therapy in a patient recovering from anemia caused by blood loss. He emphasised that when this condition is corrected through intensive iron therapy, normalisation of HGB naturally follows, and this trajectory – viewed in the context of the Athlete's medical treatment and surgical intervention – was entirely consistent with therapeutic recovery rather than blood manipulation.
- Dr Paixão and Dr Mørkeberg acknowledged that iron supplementation can increase HGB. However, they emphasised that the critical issue was not whether HGB could increase with iron therapy, but rather the pattern of RET% suppression that one could expect to be observed alongside that increase.
- Dr Paixão explained that whilst iron treatment would be expected to restore HGB, it should not result in RET levels falling below the Athlete's normal baseline. Dr Mørkeberg similarly testified that when the body resynthesises HGB to baseline levels following iron therapy, this process should not involve RET suppression; rather, previously elevated RET should return to normal baseline levels – it was observed in this regard that the Athlete's RET% was suppressed to half of his normalised levels in Sample 9.

- The experts were then asked to address the inverse relationship between HGB and RET. Prof Burini explained that an inverse relationship between HGB and RET is a well-established physiological principle. He testified that in pathological scenarios involving iron treatment, RET responds to HGB levels, and explained that the twelve samples of the Athlete's ABP demonstrated the expected inverse relationship throughout his treatment period. Prof Burini emphasised that the inverse relationship was a normal physiological response and that the pattern observed in the Athlete's profile was consistent with medical treatment rather than manipulation.
 - Dr Paixão and Dr Mørkeberg agreed that an inverse relationship between HGB and RET exists as a physiological principle. However, both experts drew a distinction between a normal inverse relationship and the degree of RET% suppression observed in Sample 9. It was maintained that whilst HGB and RET move inversely, the extent to which the Athlete's RET% was suppressed in his Sample 9 values exceeded what would be expected from natural recovery or iron therapy.
 - Prof Burini disagreed, explaining that the RET% values in Sample 9 represented the expected inverse response to HGB normalisation through iron therapy in the context of the Athlete's pathological condition, adding that RET production naturally decreases as the body's compensatory mechanism is no longer required, and this decrease can manifest as suppression relative to earlier elevated levels.
 - Dr Mørkeberg challenged this explanation. Dr Mørkeberg's evidence was that once HGB normalises following iron therapy, RET production should stabilise at normal baseline levels as well. There is no reason why RET would fall below that baseline level. The suppression of RET% to approximately 0.73% in Sample 9 – outside the Athlete's 99% range – was, in his view, inconsistent with physiological recovery and instead indicative of the body responding to a supraphysiological increase in red cell mass, such as would occur following blood reinfusion.
 - Dr Paixão agreed, testifying that whilst iron therapy increases HGB, it should not suppress RET% below normal levels. He explained that the pattern observed in Sample 9 – high HGB combined with marked RET% suppression – was characteristic of the body downregulating its own red blood cell production in response to an artificially elevated red cell mass. This constellation, he stated, was pathognomonic of blood manipulation rather than therapeutic recovery.
129. The Panel notes that while all of the experts in attendance agreed on the physiological principle of an inverse relationship between HGB and RET, and acknowledged that iron supplementation can increase HGB levels, they fundamentally disagreed on: (a) the cause of the Athlete's apparent blood loss; and (b) whether the degree of RET% suppression observed in Sample 9 could be explained by iron therapy in the context of the Athlete's physiological condition.

130. In assessing the hot tub testimony of the experts, the Panel considers that the testimony of Dr Paixão and Dr Mørkeberg was neutral, objective, and credible. Their answers to questions raised by the Panel were clear and helpful and their position was unequivocal – the Athlete’s values in Sample 9 highly likely result from doping and not from iron treatment, notably reiterating that iron treatment cannot cause the RET% suppression in Sample 9 while HGB has been stabilized. While the Panel was also grateful for the evidence of Prof Burini, his testimony appeared to the Panel to stray – at times – into advocating on behalf of the Athlete, as opposed to assisting the Panel’s understanding of the available evidence, and more generally speculating on the plausibility of RET% suppression as a result of iron treatment.
131. Given the importance of the question whether it is plausible that iron treatment may materially suppress RET% while HGB has been stabilized, the Panel requested that the Parties make a post-hearing submission to “*explain whether the case file contains any evidence (i) supporting, or (ii) contradicting the Athlete’s claim that the RET suppression observed in Sample 9 resulted from the Athlete’s iron treatment*”.
132. In response, the Respondent submitted that the Athlete provided no evidence in the case file supporting his claim that the RET suppression observed in Sample 9 resulted from iron treatment. The Respondent submitted that “*Dr. Burini’s statements at the hearing simply repeated his unsubstantiated claim that the Rider’s HGB value in Sample 9 was the result of an effective treatment and that the reduction of his RET value was the result of the natural process according to which “when hemoglobin raises, then reticulocytes decreases”*”.
133. The Respondent submitted that the Athlete had therefore failed to fulfil his duty of cooperation by properly substantiating his alternative explanation, and that the Panel must therefore dismiss the appeal on that basis. The Respondent further submitted that the case file contradicts the Appellant’s claim:
- Dr Mørkeberg and Dr Paixão gave evidence at the hearing that the expected physiological response would be a normalisation of RET values, not the suppression observed in Sample 9 – “*it is not merely “highly unlikely” but scientifically impossible that the Rider’s iron treatment could explain the abnormal values observed in Sample 9*”;
 - The Second Expert Opinion provided that that recovery of HGB due to oral iron treatment is never associated with suppression of RET, “[o]n the other hand, recovery of HB due to oral iron treatment is never associated with suppression of reticulocytes, as observed in sample 9, which is only caused by an excess of HB mass, such as after reinfusion of blood or red blood cells” (Page 2, Second Expert Report);

- The Expert Panel “*unanimously concluded that none of the Rider's arguments, including the alleged correction of anaemia through iron treatment, offered a credible alternative explanation for Sample 9 and that it was thus highly likely that a prohibited substance or method had been used and it was unlikely that the abnormal values were due to any other cause*” – the UCI here referred to pages 10 and 11 of the Fourth Expert Opinion.
- 134. The Athlete referred the Panel to the Parodi Study. That study had been referenced in Dr Berto Junior’s report dated 25 May 2022. It was submitted that the “*pattern of an initial reticulocyte rise followed by suppression as hemoglobin stabilizes was identified by Parodi et al. as a normal and reliable indicator of successful iron therapy. The same physiological sequence is observed in the Athlete's hematological profile, where a gradual increase and subsequent normalization of hemoglobin was accompanied by a corresponding suppression of reticulocytes once recovery from anemia was achieved.*”
- 135. It was further submitted that there is no dispute that iron therapy results in progressive HGB increase, and that the “*natural and inverse*” relationship between HGB and RET means that successful iron therapy therefore necessarily means that RET output naturally declines, and this “*cyclical interaction represents a normal hematological adjustment, not an indication of any prohibited manipulation.*”
- 136. The Athlete further submitted that the Damsgaard Study which was relied upon by the Expert Panel “*suggests that individual Hb variations exceeding 15% between consecutive samples collected shortly before competition should be treated as potential indicators of blood manipulation.*” In contrast, it was submitted that the Athlete’s HGB values did not exceed his established physiological range. Sample 9 corresponded precisely to his baseline HGB concentration, whilst his highest recorded value of 15.7 g/dL (from 2020) predates the disputed period. It was submitted that these results, together with the Athlete’s ferritin increase from 5 ng/mL to 113 ng/mL, demonstrate the normal kinetics of iron therapy. It was submitted in this regard that the Respondent’s reliance on the Damsgaard Study was misplaced.
- 137. In response, the Respondent submitted that:
 - Reliance on the Parodi Study was misplaced:
 - The Athlete’s reliance on the Parodi Study is premised on the Athlete having shown he suffered IDA, which he has not.
 - The data used as part of the study was ARC, not RET% (as used in the ABP).
 - The study concerned children with very low baseline HGB.
 - The study does not provide evidence that iron treatment causes RET suppression.

- The Damsgaard Study supports the Respondent's position:
 - The study shows that HGB rises immediately after reinfusion, but this effect is temporary and will return to normal gradually in the following days. The absence of a supraphysiological spike of HGB in the Athlete's ABP is irrelevant as no values were obtained in the days immediately following the presumed reinfusion.
 - The study shows that RET responds more slowly and their suppression typically appears 10 to 15 days after reinfusion and persists even after HGB is returned to baseline levels. This accords with the Athlete's ABP, and is not reconciled with iron treatment.

138. In assessing the evidence, the Panel notes the following.

139. The Panel considers that the Parodi Study does not substantiate the Athlete's position that his medical condition explains the abnormal values in his ABP:

- The Parodi Study relates to children (aged between 6 months and 16 years) with IDA, whereas the Athlete is an adult who (on his own evidence) does not have IDA. The Panel has not been provided with an explanation as to why the Athlete's physiological response to treatment would be similar to or the same as the children who participated in the Parodi Study notwithstanding their differences in age and diagnosis.
- Furthermore, while the individual values of participants in the Parodi Study present the possibility that a patient receiving iron treatment for IDA might present a reduction in ARC, the Panel considers that this possibility is limited. The Panel refers in this regard to the patients' mean values set out at Figure 1 of the Parodi Study, which do not present that ARC was suppressed (even relative to relative to pre-treatment values).

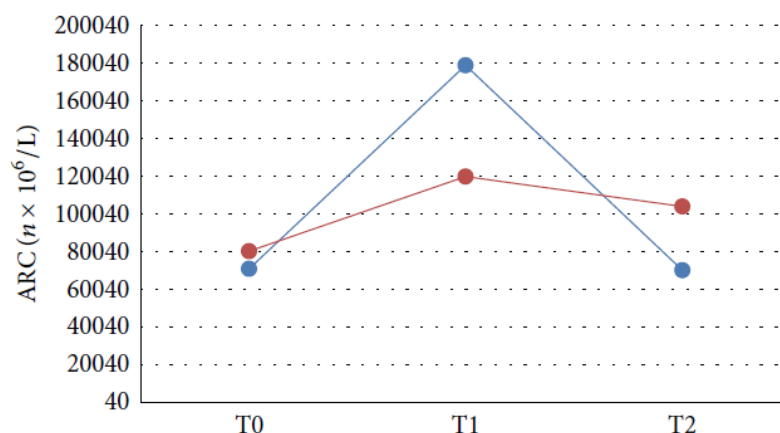


FIGURE 1: Trends of mean Hb, ARC, and CHr values (y-axis) in early responding patients (CERs + PERs) and not early responding patients (NERS) at T0: diagnosis, T1: within 7 days from the beginning of oral iron supplementation, and T2: at +30 from the onset of therapy (x-axis).

- In any event, the Parodi Study does not support the proposition that iron treatment might cause suppression in RET relative to the Athlete's *baseline* values (being the measure inherent in the values contained in the Athlete's ABP as processed by the Analytical Method, used by the Expert Panel and the UCI in order to establish an ADRV).
- Rather, the Parodi Study is – for present purposes – only capable of demonstrating the effect of thirty days of iron treatment on a patient's *pre-treatment* values (i.e., T0 in Table 2 of the Parodi Study). However, the pre-treatment values are not *baseline* values. The participants in the Parodi Study had “very low base [HGB] levels” pre-treatment (i.e., at T0) as a consequence of their IDA (page 2, the Parodi Study): the range of HGB pre-treatment is 4.5g/dL to 7.0g/dL, with a median level of 6.3g/dL. Accordingly, the pre-treatment value T0 already reflected a distorted picture during IDA rather than an undistorted *baseline*.
- The Panel considers that this is a particularly significant limitation. That is because of the importance of the suppression of RET% in Sample 9 to the Expert Panel's analysis and the Respondent's case, where the measure of ‘suppression’ is relative to: (i) the Athlete's HGB values in Sample 9 (this being indicated in the Athlete's high OFF score in particular); and (ii) the Athlete's expected range for RET% in accordance with the Adaptive Model, which assessed the Athlete's longitudinal profile including a period prior to the worsening of the Athlete's haemorrhoids or any consequent condition that is said to have existed.

140. As regards the Athlete's further submission following the hearing that the Respondent's reliance on the Damsgaard study is misplaced by virtue of the Athlete's HGB values, the Panel disagrees. The absence of a supraphysiological spike in HGB is explicable by the absence of any sample having been taken from the Athlete during the period that immediately followed any stimulus. The Panel also notes that the Athlete's submissions did not address the findings of the Damsgaard Study or the Expert Panel's application of those findings in relation to the marked suppression of RET% in Sample 9 of the Athlete's ABP.
141. In light of the foregoing, and the compelling analysis and evidence made available by the Respondent, the Expert Panel, the experts at the hearing, and the lack of any credible evidence to the contrary, the Panel is comfortably satisfied that the Respondent demonstrated that the Athlete's ABP results in Sample 9 cannot be explained by the Athlete's medical condition and ensuing treatment.

7. Plausibility of a doping scenario

142. Having dismissed the Athlete's explanation for the abnormalities, the Panel turns to the assessment of whether the Respondent has established plausibility of a doping scenario to the comfortable satisfaction of the Panel.
143. The Panel shares the understanding of CAS jurisprudence summarised by the Panel in CAS 2017/A/5045:
- "[...] even if all scenarios other than doping can be excluded (on a balance of probability), this does not suffice for the Panel to be comfortably satisfied that the Athlete committed blood manipulation. Instead, the use of a prohibited substance or method must – in addition – be a plausible and likely explanation of the values obtained for the Panel to positively assume that the Athlete doped. Such assessment must be made based on all evidence before the Panel."*
144. The Respondent submits – with reference to the Expert Panel's opinions – that the Athlete's ABP is indicative of blood manipulation in connection with the Athlete's participation in competitions in April 2022. In conjunction with the Athlete's schedule, the Expert Panel concluded that *"blood reinfusion is likely to have occurred several days e.g. before the competitions on the 2nd and 3rd of April 2022."* (Page 2, Fourth Expert Opinion). This follows the timeline observed in the Damsgaard Study.
145. In addition to his principal submission as to his medical conditions (and treatment for the same) being the cause of the abnormal values in his ABP, the Athlete makes a number of submissions as regards the plausibility of a doping scenario:
- The Athlete's relatively poor performances in the April 2022 competitions indicate no performance advantage which would indicate a doping scenario. At the hearing Mr Avancini testified to this.

- It would not make sense for the Athlete to withdraw blood when he suffers with bleeding episodes – it would be counter intuitive and would cause him to become weaker. In closing submissions, it was submitted that this would be very unlikely to give rise to a sporting advantage in the circumstances.
- The Respondent has not shown reinfusion or attempted reinfusion.

146. In its Answer, the Respondent responds as follows:

- Performance-enhancement is not a prerequisite to establishing an ADRV, and – in any event – blood withdrawal is not immediately intended to enhance performance but is part of a broader doping strategy. The Respondent further submits that there is not necessarily a correlation between competitive outcomes and doping and that poor performances may reinforce the plausibility of a doping scenario.
- The Athlete’s submission that someone who suffers from bleeding episodes would not engage in blood manipulation is speculative and irrelevant to the abnormalities observed in Sample 9.
- There is no requirement that the Respondent establishes the precise method used.

147. The Athlete’s Appeal Brief refers the Panel to CAS 2023/A/10180 in support of his submission that his relatively poor performances and the relative unimportance of his competition schedule are relevant to the assessment of whether a doping scenario is plausible. The Panel has considered CAS 2023/A/10180 and notes that while performances were considered to be relevant context to the alleged doping scenario, the Panel in that case considered a number of other factors to assess the plausibility of the alleged doping scenario (see §§126-132 of CAS 2023/A/10180). Of greater importance to the analysis of the Panel in that case were: (a) the weakness of the allegation advanced by World Athletics (§126); (b) that there was no sign in Ms Jeruto’s ABP of blood doping prior to or after the “*relatively meaningless race*” in which she took part (and performed below her usual standards)(§127); and (c) persuasive expert evidence based on scientific literature which discredited World Athletics’ alleged doping scenario (§§128-131). The Panel considers that these factors are not present in this Appeal, where – in particular – the Respondent has made specific allegations and adduced persuasive expert evidence based upon scientific literature, and the Athlete’s ABP indicated signs of blood doping in Sample 9.

148. At the hearing, the experts were asked when they thought the stimulus behind the values presented in Sample 9 must have occurred.

149. Dr Mørkeberg and Dr Paixão testified that the suppression of RET% is most significant between 10 to 14 days following blood reinfusion. In closing submissions, the Respondent identified that Sample 9 was taken on 13 April 2022; and the Athlete had raced on 2 April 2022, 3 April 2022, and 10 April 2022. In the Respondent’s submission,

this temporal alignment supported the inference that blood manipulation was undertaken as a strategic attempt to gain competitive advantage immediately before and during these competitions and hence supported the plausibility and likelihood of a doping scenario.

150. Prof Burini's position at the hearing was that the 10 to 14 day timing is simply coincidental, and emphasised that the question of how long it would take for stimulus to present in any given value of any given blood profile is a matter of individual variability. He testified that his expectation is that iron replacement therapy brings about an increase of 1g/dL to 2g/dL in a patient's HGB every 3 weeks. In this regard and with reference to the Athlete's HGB values, Prof Burini testified that the Athlete's profile is reflective of a good clinical response to treatment from March 2022.
151. The Panel considers that the Expert Panel has proffered unequivocal evidence – in their four unanimous and well-reasoned expert reports, and during the hearing – as to the likelihood of a doping scenario. While it is not strictly necessary that the Respondent establish the precise method used, it has been submitted with the support of expert testimony that blood reinfusion likely took place between 10 to 14 days prior to Sample 9 being taken (i.e., prior to a series of three competitions in which the Athlete participated). This is supported by the Expert Panel's unanimous opinion in relation to the Athlete's RET%, such opinion being supported by the Damsgaard Study.
152. On the other hand, Prof Burini's testimony focused on HGB and provided limited explanation of the marked suppression of RET% in Sample 9 – it was simply said that there was an inverse relationship between HGB and RET and the timeline by which stimulus is reflected in an athlete's profile is a matter of individual variability.
153. Testimony from Prof Burini that the timing of the Athlete's competitions and Sample 9 was "*coincidental*" is – without more – unconvincing.
154. Finally, the Panel does not regard the absence of performance-enhancement to be a relevant factor to the question of plausibility of a doping scenario. As the Respondent submits, there are a number of factors which affect an athlete's performance.
155. In light of the foregoing, based on all of the evidence made available to the Panel, the Panel is comfortably satisfied that doping is a highly likely explanation for the values found in the Athlete's ABP (Sample 9) and that these values cannot be explained by the Athlete's medical condition and treatment. Accordingly, the Panel finds that the Athlete has committed an ADRV.

8. Procedural issues

156. It is submitted by the Athlete that departures from International Standards could reasonably have caused the finding of an ADRV against him.

157. In this respect, the Athlete makes submissions as to the conduct of the Expert Panel in relation to the test dated 21 February 2022 (i.e., Sample 7) at §§62-96 of the Appeal Brief.
158. In light of the Fourth Expert Report, as acknowledged in the Respondent's opening statement at the hearing, Sample 7 is not in issue in relation to the ADRV. The dispute turns on Sample 9. Therefore, the Athlete's submissions in relation to procedural issues arising vis-à-vis Sample 7 do not need to be addressed by the Panel.

9. Sanction

159. Although the Appellant's prayer for relief seeks a reduction in the sanction, no detailed submissions are made in the Appeal Brief, and none were made at the hearing.
160. The Respondent similarly does not make detailed submissions on the sanction which is to be imposed. The Respondent's position is that *"the UCI ADT was right to impose a sanction of four years for the ADRV and a disqualification of all competitive results obtained by the ADRV and a disqualification of all competitive results obtained by the Rider from 13 April 2022"* (§66 of the Answer).
161. Article 10.2 of the UCI ADR provides as follows:

"The period of Ineligibility for a violation of Articles 2.1, 2.2 or 2.6 shall be as follows, subject to potential reduction or suspension pursuant to Article 10.5, 10.6 or 10.7:

10.2.1 The period of Ineligibility, subject to Article 10.2.4, shall be four (4) years where:

10.2.1.1 The anti-doping rule violation does not involve a Specified Substance or a Specified Method, unless the Rider or other Person can establish that the anti-doping rule violation was not intentional.

[Comment to Article 10.2.1.1: While it is theoretically possible for a Rider or other Person to establish that the anti-doping rule violation was not intentional without showing how the Prohibited Substance entered one's system, it is highly unlikely that in a doping case under Article 2.1 a Rider will be successful in proving that the Rider acted unintentionally without establishing the source of the Prohibited Substance.]

10.2.1.2 The anti-doping rule violation involves a Specified Substance, or a Specified Method and the UCI can establish that the anti-doping rule violation was intentional.

[...]

10.2.3 As used in Articles 10.2 and 10.3, the term "intentional" is meant to identify those Riders or other Persons who engage in conduct which they knew constituted an anti-doping rule violation or knew that there was a significant risk that the conduct might constitute or result in an anti-doping rule violation and manifestly disregard that

risk. An anti-doping rule violation resulting from an Adverse Analytical Finding for a substance which is only prohibited In-Competition shall be rebuttably presumed to be not “intentional” if the substance is a Specified Substance and the Rider can establish that the Prohibited Substance was Used Out-of-Competition. An anti-doping rule violation resulting from an Adverse Analytical Finding for a substance which is only prohibited In-Competition shall not be considered “intentional” if the substance is not a Specified Substance and the Rider can establish that the Prohibited Substance was Used Out-of-Competition in a context unrelated to sport performance.

[Comment to Article 10.2.3: Article 10.2.3 provides a special definition of “intentional” which is to be applied solely for purposes of Article 10.2.]”

162. Article 10.13 of the UCI ADR provides as follows:

“10.13 Commencement of Ineligibility Period

Where a Rider is already serving a period of Ineligibility for an anti-doping rule violation, any new period of Ineligibility shall commence on the first day after the current period of Ineligibility has been served. Otherwise, except as provided below, the period of Ineligibility shall start on the date of the final hearing decision providing for Ineligibility or, if the hearing is waived or there is no hearing, on the date Ineligibility is accepted or otherwise imposed.

10.13.1 Delays Not Attributable to the Rider or other Person

Where there have been substantial delays in the hearing process or other aspects of Doping Control, and the Rider or other Person can establish that such delays are not attributable to the Rider or other Person, the UCI may start the period of Ineligibility at an earlier date commencing as early as the date of Sample collection or the date on which another anti-doping rule violation last occurred. All competitive results achieved during the period of Ineligibility, including retroactive Ineligibility, shall be Disqualified.

[Comment to Article 10.13.1: In cases of anti-doping rule violations other than under Article 2.1, the time required for an Anti-Doping Organization to discover and develop facts sufficient to establish an antidoping rule violation may be lengthy, particularly where the Rider or other Person has taken affirmative action to avoid detection. In these circumstances, the flexibility provided in this Article to start the sanction at an earlier date should not be used.]

10.13.2 Credit for Provisional Suspension or Period of Ineligibility Served

10.13.2.1 If a Provisional Suspension is respected by the Rider or other Person, then the Rider or other Person shall receive a credit for such period of Provisional Suspension against any period of Ineligibility which may ultimately be imposed. If the

Rider or other Person does not respect a Provisional Suspension, then the Rider or other Person shall receive no credit for any period of Provisional Suspension served. If a period of Ineligibility is served pursuant to a decision that is subsequently appealed, then the Rider or other Person shall receive a credit for such period of Ineligibility served against any period of Ineligibility which may ultimately be imposed on appeal.”

163. There were no submissions made on behalf of the Athlete or evidence adduced that the ADRV was not intentional.
164. The Panel finds that the appropriate period of ineligibility to be imposed on the Athlete under the UCI ADR is four years, which shall start from the date of notification of this Award.
165. As per Article 10.13.2 of the UCI ADR, the Athlete’s period of provisional suspension shall be credited against the period of ineligibility imposed.
166. Articles 9, 10.01 and 10.10 of the UCI ADR provides as follows:

“9 Automatic Disqualification of Individual Results

An anti-doping rule violation in Individual Sports in connection with an In-Competition test automatically leads to Disqualification of the result obtained in that Competition with all resulting Consequences, including forfeiture of any medals, points and prizes.

10.1 Disqualification of Results in the Event during which an Anti-Doping Rule Violation Occurs

An anti-doping rule violation occurring during or in connection with an Event may, upon the decision of the ruling body of the Event, lead to Disqualification of all of the Rider's individual results obtained in that Event with all Consequences, including forfeiture of all medals, points and prizes, except as provided in Article 10.1.1.

Factors to be included in considering whether to Disqualify other results in an Event might include, for example, the seriousness of the Rider's anti-doping rule violation and whether the Rider tested negative in the other Competitions.

[Comment to Article 10.1.1: Whereas Article 9 Disqualifies the result in a single Competition in which the Rider tested positive (e.g., individual pursuit), this Article may lead to Disqualification of all results in all races during the Event (e.g., the UCI Track World Championships).]

10.1.1 If the Rider establishes that he or she bears No Fault or Negligence for the violation, the Rider's individual results in the other Competitions shall not be Disqualified, unless the Rider's results in Competitions other than the Competition in

which the anti-doping rule violation occurred were likely to have been affected by the Rider's anti-doping rule violation.

[...]

10.10 Disqualification of Results in Competitions Subsequent to Sample Collection or Commission of an Anti-Doping Rule Violation

In addition to the automatic Disqualification of the results in the Competition which produced the positive Sample under Article 9, all other competitive results of the Rider obtained from the date a positive Sample was collected (whether In-Competition or Out-of-Competition), or other anti-doping rule violation occurred, through the commencement of any Provisional Suspension or Ineligibility period, shall, unless fairness requires otherwise, be Disqualified with all of the resulting Consequences including forfeiture of any medals, points and prizes. ”

167. In light of the foregoing, the Panel considers it appropriate that the disqualification of the Athlete’s competitive results from 13 April 2022 to 6 November 2023 (i.e., the date of provisional suspension) be upheld.
168. In reaching this conclusion, the Panel has had due regard for the principle of fairness (being a principle not only referenced in Article 10.10 of the UCI ADR, but also a “general principle” which “must prevail when determining the length of a disqualification period” (CAS 2023/O/9401 43).

IX. COSTS

(...)

TRIBUNAL ARBITRAL DU SPORT
COURT OF ARBITRATION FOR SPORT
TRIBUNAL ARBITRAL DEL DEPORTE

ON THESE GROUNDS

The Court of Arbitration for Sport rules that:

1. The appeal filed by X. on 25 April 2025 against Union Cycliste Internationale with respect to the decision of the UCI Anti-Doping Tribunal under the UCI Anti-Doping Rules in the matter of proceedings *ADT 04.2024 UCI v. X.* is dismissed.
2. The decision of 26 March 2025 by the Single Judge in the UCI Anti-Doping Tribunal in the matter of proceedings *ADT 04.2024 UCI v. X.* is upheld.
3. (...).
4. (...).
5. All other motions or prayers for relief are dismissed.

Seat of arbitration: Lausanne, Switzerland
Date: 19 March 2026

THE COURT OF ARBITRATION FOR SPORT

Dr Vladimir Novak
President of the Panel

Jeffrey Benz
Arbitrator

The Hon. Justice Annabelle Bennett AC SC
Arbitrator