Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic commission

Specimen ID: S006205751 SPECIMEN ID NO.

☒ Urine ☐ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: [signature] Collection Date: 05/23/2015

Validator's Name: [signature] Donor's Gender: ☒ Male ☐ Female

Sport: PRO MMA UFC

Optional On site Specimen Assessment: Specific Gravity: 1.028 pH: 5.5

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X [signature] 05/23/2015

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X [signature] 05/23/2015, 7:50 am (pm)

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Conor McGregor —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X [signature] 23rd May 15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

Specimen ID: S008083149 SPECIMEN ID NO.

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Gurnsey Collection Date: 5/23/15

Validator's Name: Curtis Joy Donor's Gender: ☒ Male ☐ Female

Sport: Pro MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 5/23/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 5/23/15, 7:41 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Conor McGregor _____

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

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X _____ 5/23/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID: S006205785 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Sweeney Collection Date: 5/23/15

Validator's Name: Curtis Joy Donor's Gender: ☒ Male ☐ Female

Sport: PRO-MMA-UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 5/23/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 5/23/15, 7:41 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Conor McGregor _____

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

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X _____ 23rd May '15

Donor's Signature Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Partial Menu	Collection Date:	5/23/2015
Lab ID:	295840	Lab Receipt Date:	5/29/2015
Specimen ID:	S006205751	Report Date:	6/12/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Urine
Discipline:	Mixed Martial Arts	pH:	5.1
Container:	A Bottle 295840-1	Specific Gravity:	1.021
		LH:	4.3 mIU/mL

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4) and Diuretics and Other Masking Agents (S5) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
1600 ng/mL	3100 ng/mL	43 ng/mL	20 ng/mL	34 ng/mL	1.7	86 ng/mL	290 ng/mL

Vinod Nair — Vinod Nair — Friday, June 12, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	5/23/2015
Lab ID:	294953	Lab Receipt Date:	5/24/2015
Specimen ID:	S008083149	Report Date:	5/26/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 294953-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 24-May-2015 20:29
Red blood cells	4.49 10^6/uL
Hemoglobin	14.5 g/dL
Hematocrit	41.9 %
Mean corpuscular volume	93.3 fL
Mean corpuscular hemoglobin	32.3 pg
Mean corpuscular hb concentr.	34.6 g/dL
Reticulocyte percentage	0.96 %
Reticulocyte number	0.0431 10^6/uL
RDW Standard Deviation	41.3 fL
Immature Reticulocyte Fraction	8.8 %
Off-Score	86.2

Judy Field — Tuesday, May 26, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	5/23/2015
Lab ID:	294951	Lab Receipt Date:	5/24/2015
Specimen ID:	S006205785	Report Date:	6/2/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 294951-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.716 X:1	hGH Kit 1

Judy Field — Judy L. Field — Tuesday, June 02, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID

S007232259

SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Gwoosey

Collection Date: 6/1/15

Validator's Name: Jim Gwoosey

Donor's Gender: ☒ Male ☐ Female

Sport: PRO · MMA · UFC

Optional On site Specimen Assessment: Specific Gravity: 1.004 pH: 6.5

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 6/1/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 6/1/15 , 4:57 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Jeremy Stephens _____

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6-1-15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition

☐ Pre Fight ☐ Post Fight

Specimen ID: S007232275 SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Gurnsey Collection Date: 6/1/15

Validator's Name: Jim Gurnsey Donor's Gender: ☒ Male ☐ Female

Sport: Pro MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: 7

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 6/1/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 6/1/15, 4:40 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Jeremy Stephens _____

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

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X _____ 6-1-15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Specimen ID:

S007232283

SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Guensey

Collection Date: 6/1/15

Validator's Name: Jim Guensey

Donor's Gender: ☒ Male ☐ Female

Sport: Pro - MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: — pH: —

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X [signature] 6/1/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X [signature] 6/1/15 / 4:40 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Jeremy Stephens —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

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X [signature] 6-1-15

Donor's Signature Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Partial Menu	Collection Date:	6/1/2015
Lab ID:	296854	Lab Receipt Date:	6/4/2015
Specimen ID:	S007232259	Report Date:	6/12/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Urine
Discipline:	Mixed Martial Arts	pH:	7.5
Container:	A Bottle 296854-1	Specific Gravity:	1.005
		LH:	.3 mIU/mL

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4) and Diuretics and Other Masking Agents (S5) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
200 ng/mL	320 ng/mL	3.5 ng/mL	2.6 ng/mL	2.2 ng/mL	.85	<LOQ	22 ng/mL

Vinod Nair — Vinod Nair — Friday, June 12, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	6/1/2015
Lab ID:	296268	Lab Receipt Date:	6/2/2015
Specimen ID:	S007232275	Report Date:	6/2/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 296268-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i-2	Date: 2-Jun-2015 14:47
Red blood cells	4.91 10^6/uL
Hemoglobin	14.8 g/dL
Hematocrit	41.8 %
Mean corpuscular volume	85.1 fL
Mean corpuscular hemoglobin	30.1 pg
Mean corpuscular hb concentr.	35.4 g/dL
Reticulocyte percentage	1.05 %
Reticulocyte number	0.0516 10^6/uL
RDW Standard Deviation	36.0 fL
Immature Reticulocyte Fraction	9.0 %
Off-Score	86.5

Judy Field — Tuesday, June 02, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	6/1/2015
Lab ID:	296279	Lab Receipt Date:	6/2/2015
Specimen ID:	S007232283	Report Date:	6/10/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 296279-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.689 X:1	hGH Kit 1

Judy Field — Judy L. Field — Wednesday, June 10, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID: S007232325 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Gwensey Collection Date: 6/7/15

Validator's Name: Jim Gwensey Donor's Gender: ☒ Male ☐ Female

Sport: Pro-MMA-UFC

Optional On site Specimen Assessment: Specific Gravity: 1.018 pH: 5.5

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 6/7/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 6/7/15, 12:50 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Dennis Bermudez —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6/7/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID: S007232226 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey Collection Date: 6/7/15

Validator's Name: Jim Guernsey Donor's Gender: ☒ Male ☐ Female

Sport: PRO. MMA. UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 6/7/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 6/7/15, 12:33 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Dennis Bermudez _____

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6/7/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID: S007232218 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Gwinnsey Collection Date: 6/7/15

Validator's Name: Jim Gwinnsey Donor's Gender: ☒ Male ☐ Female

Sport: MMA UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 6/7/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 6/7/15, 12:33 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Dennis Bermudez —

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6/7/15

Donor's Signature Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Partial Menu	Collection Date:	6/7/2015
Lab ID:	297263	Lab Receipt Date:	6/8/2015
Specimen ID:	S007232325	Report Date:	6/15/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Urine
Discipline:	Mixed Martial Arts	pH:	5.5
Container:	A Bottle 297263-1	Specific Gravity:	1.021
		LH:	15.9 mIU/mL

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4) and Diuretics and Other Masking Agents (S5) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
1900 ng/mL	1200 ng/mL	34 ng/mL	11 ng/mL	29 ng/mL	2.6	230 ng/mL	270 ng/mL

Vinod Nair — Vinod Nair — Monday, June 15, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

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560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	6/7/2015
Lab ID:	297235	Lab Receipt Date:	6/8/2015
Specimen ID:	S007232226	Report Date:	6/9/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 297235-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 8-Jun-2015 13:19
Red blood cells	4.53 10^6/uL
Hemoglobin	14.7 g/dL
Hematocrit	42.2 %
Mean corpuscular volume	93.2 fL
Mean corpuscular hemoglobin	32.5 pg
Mean corpuscular hb concentr.	34.8 g/dL
Reticulocyte percentage	1.19 %
Reticulocyte number	0.0539 10^6/uL
RDW Standard Deviation	42.0 fL
Immature Reticulocyte Fraction	9.2 %
Off-Score	81.5

Judy Field — Tuesday, June 09, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	6/7/2015
Lab ID:	297237	Lab Receipt Date:	6/8/2015
Specimen ID:	S007232218	Report Date:	6/12/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 297237-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.358 X:1	hGH Kit 2

Judy Field — Certified By

Judy Z. Field — Signature

Friday, June 12, 2015 — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID: S006205819 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey

Validator's Name: Jim Guernsey

Collection Date: 6/6/15

Donor's Gender: ☒ Male ☐ Female

Sport: Pro. MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1.004 pH: 6.5

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ Validator's Signature

6/6/15 Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ Collector's Signature

6/6/15 Date, 2:14 Time am (pm)

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ Accessioner's Signature _____ date/time _____ Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Rory MacDonald Donor's Name

— Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ Donor's Signature

6/6/15 Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition

☐ Pre Fight ☐ Post Fight

Specimen ID: S006205827 SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Gwinsey

Validator's Name: Jim Gwinsey

Collection Date: 6/6/15

Donor's Gender: ☒ Male ☐ Female

Sport: Pro MMA UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 6/6/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 6/6/15, 2:22 am (pm)

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Rory MacDonald —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

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X _____ 6/6/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID: S007232309 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey Collection Date: 6/6/15

Validator's Name: Jim Guernsey Donor's Gender: ☒ Male ☐ Female

Sport: PRO. MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 6/6/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 6/6/15, 2:22 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Rory MacDonald —

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6/6/15

Donor's Signature Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Partial Menu	Collection Date:	6/6/2015
Lab ID:	297262	Lab Receipt Date:	6/8/2015
Specimen ID:	S006205819	Report Date:	6/15/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Urine
Discipline:	Mixed Martial Arts	pH:	7.7
Container:	A Bottle 297262-1	Specific Gravity:	1.006
		LH:	.7 mIU/mL

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4) and Diuretics and Other Masking Agents (S5) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
580 ng/mL	690 ng/mL	28 ng/mL	14 ng/mL	14 ng/mL	1	17 ng/mL	82 ng/mL

Vinod Nair — Vinod Nair — Monday, June 15, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	6/6/2015
Lab ID:	297236	Lab Receipt Date:	6/8/2015
Specimen ID:	S006205827	Report Date:	6/9/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 297236-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 8-Jun-2015 13:21
Red blood cells	4.81 10^6/uL
Hemoglobin	14.7 g/dL
Hematocrit	42.8 %
Mean corpuscular volume	89.0 fL
Mean corpuscular hemoglobin	30.6 pg
Mean corpuscular hb concentr.	34.3 g/dL
Reticulocyte percentage	0.77 %
Reticulocyte number	0.0370 10^6/uL
RDW Standard Deviation	41.3 fL
Immature Reticulocyte Fraction	7.1 %
Off-Score	94.4

Judy Field — Tuesday, June 09, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	6/6/2015
Lab ID:	297238	Lab Receipt Date:	6/8/2015
Specimen ID:	S007232309	Report Date:	6/12/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 297238-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.712 X:1	hGH Kit 2

Judy Field — Certified By

Judy L. Field — Signature

Friday, June 12, 2015 — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID: S006143630 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Gwensey Collection Date: 6/5/15

Validator's Name: Jim Gwensey Donor's Gender: ☒ Male ☐ Female

Sport: PRO. MMA. UFC

Optional On site Specimen Assessment: Specific Gravity: 1.030 pH: 6.5

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 6/5/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 6/5/15, 11:40 am/pm

Collector's Signature Date Time

Specimen to be released to:

☐ SMRTL (by hand delivery)

☒ Courier: FedEx Waybill/Airbill# 8034 1241 6679

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Robert Lawler —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6.5.15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition

☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID:

S008083206

SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Gwemsey

Collection Date: 6/5/15

Validator's Name: Jim Gwemsey

Donor's Gender: ☒ Male ☐ Female

Sport: Pro MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH _____

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 6/5/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 6/5/15, 11:29 (am/pm)

Collector's Signature Date Time

Specimen to be released to:

☐ SMRTL (by hand delivery)

☒ Courier: FedEx Waybill/Airbill# 8034 1241 6679

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Robert Lawler _____

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6-5-15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID: S006205876 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey Collection Date: 6/5/15

Validator's Name: Jim Guernsey Donor's Gender: ☒ Male ☐ Female

Sport: Pro MMA UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 6/5/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 6/5/15, 11:29 am/pm

Collector's Signature Date Time

Specimen to be released to:

☐ SMRTL (by hand delivery)

☒ Courier: Fed Ex Waybill/Airbill# 8034 1241 6679

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Robert Lawler _____

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6.5.15

Donor's Signature Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Partial Menu	Collection Date:	6/5/2015
Lab ID:	297265	Lab Receipt Date:	6/6/2015
Specimen ID:	S006143630	Report Date:	6/18/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Urine
Discipline:	Mixed Martial Arts	pH:	7.6
Container:	A Bottle 297265-1	Specific Gravity:	1.018
		LH:	64.2 mIU/mL

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4) and Diuretics and Other Masking Agents (S5) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
5600 ng/mL	4600 ng/mL	31 ng/mL	17 ng/mL	51 ng/mL	3	210 ng/mL	680 ng/mL

Vinod Nair — Vinod Nair — Thursday, June 18, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	6/5/2015
Lab ID:	297100	Lab Receipt Date:	6/6/2015
Specimen ID:	S008083206	Report Date:	6/9/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 297100-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 6-Jun-2015 18:28
Red blood cells	4.54 10^6/uL
Hemoglobin	13.7 g/dL
Hematocrit	41.9 %
Mean corpuscular volume	92.3 fL
Mean corpuscular hemoglobin	30.2 pg
Mean corpuscular hb concentr.	32.7 g/dL
Reticulocyte percentage	1.63 %
Reticulocyte number	0.0740 10^6/uL
RDW Standard Deviation	38.6 fL
Immature Reticulocyte Fraction	8.6 %
Off-Score	60.4

Judy Field — Tuesday, June 09, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	6/5/2015
Lab ID:	297102	Lab Receipt Date:	6/6/2015
Specimen ID:	S006205876	Report Date:	6/12/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 297102-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.260 X:1	hGH Kit 2

Judy Field — Judy L. Field — Friday, June 12, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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Executive Director Bob Bennett requested Drug Free Sports to conduct a random performance enhancing drug test regarding Mr. Aldo. The test was requested based on Mr. Aldo's scheduled championship fight with Mr. Connor McGregor. The report memorializes the information provide by Mr. Ben Mosier, Drug Free Sport Director of Professional Sports Drug Testing.

Collection Event Report

TO: Bob Bennett

FROM: Chris Guinty

DATE: June 12, 2015

RE: José Aldo Collection – Brazil

Mr. Bennett,

Per our conversation June 11, 2015, below is a report regarding the attempted collection of a urine sample for José Aldo at Upper Gym, Rua Marques de Abrantes 96, Flamengo, Rio di Janeiro, Brazil.

1. Drug Free Sport was engaged by the Nevada State Athletic Commission (NSAC) to perform an out of competition doping collection in Brazil for José Aldo.
2. Two options were presented to the NSAC regarding Drug Free Sport's ability to conduct a urine collection in Brazil: (1) utilize a local DCO that is a contractor for a partner of Drug Free Sport, or (2) use a Drug Free Sport staff member who has a Brazilian work visa to travel to Brazil and complete the collection in conjunction with a local doping control officer (DCO) that could help legally ship samples out of Brazil.
3. For quality purposes, the NSAC authorized the use of a Drug Free Sport staff member in conjunction with a local DCO.
4. Drug Free Sport staff member Ben Mosier, Director of Professional Sports Drug Testing, was assigned to arrange and complete the test. Ben Mosier, a professionally trained and certified drug testing collector, had previously conducted thousands of drug testing collections across numerous countries without incident or appeal.
5. Ben Mosier has a current work visa issued by the Brazilian consulate in Chicago, Illinois in 2012 to conduct business in Brazil. The application letter dated June 18, 2012, indicated that "Benjamin is a professional sports program manager for the National Center for Drug Free Sport, a company that provides drug testing services for Minor League Baseball, as well as many other professional sports associations." The letter further details that Benjamin would be meeting with players to "complete a drug test …. after the drug tests have been completed, Benjamin will ship the urine samples back to the United States for analysis. All shipping will be done with assistance from the Brazilian Agency of Anti Doping (ABA) in order to be in full compliance of Brazilian shipping procedures." Ben was issued a ten year VITEM II visa based on this application and relied on its authenticity to travel to Brazil to test José Aldo. It appears now that a VITEM V visa is required for such services.

6. Prior to departure for the José Aldo test, Ben Mosier contacted a high ranking anti-doping official in Brazil for counsel regarding collecting and shipping samples under applicable laws in Brazil. This internationally regarded expert on anti-doping, with years of experience in Brazilian anti-doping, arranged to have a local DCO accompany Ben Mosier to ensure all procedures were carried out in accordance with Brazilian rules and regulations. Names of local officials are withheld from this report to avoid any potential retribution or future conflicts of interest.
7. Ben Mosier arrived in Brazil on June 10, 2015 at approximately 10:00 am.
8. On June 10 at approximately 2:00 pm, Ben Mosier attempted to contact José Aldo at the number provided by the NSAC, to conduct a no notice test on Mr. Aldo per approved protocol by the NSAC. The Brazilian MMA Athletic Commission was not contacted in advance of this testing attempt, as best practice requires no outside communication of testing attempt to third parties to protect the confidentiality of the testing event. José Aldo's phone was unanswered and no voicemail system was available, a text message was sent following the call. Ben Mosier then called the alternate contact provided by the NSAC, leaving a voicemail and sending a text message to José Aldo's manager, Andre Poderneiras. Mr. Poderneiras called Ben Mosier back within a few minutes and stated he would attempt to locate José Aldo to arrange test. Mr. Poderneiras was unable to contact José Aldo to arrange testing the evening of June 10 and advised Aldo would be at the training facility the following morning at 10:30 am and test could be conducted at that time.
9. With coordination from José Aldo's manager Andre Poderneiras, Ben Mosier arrived at Upper Gym at approximately 9:30 am on June 11 to complete the sample collection.
10. José Aldo arrived to the gym at approximately 10:30 am on June 11 and an anti-doping test was initiated.
11. José Aldo was reportedly very cooperative during the process.
12. After the urine sample was collected, but prior to processing the sample for shipment, José Aldo's trainer stopped the collection until Mr. Poderneiras arrived. Mr. Poderneiras arrived to the gym at approximately 11:30 am. Mr. Poderneiras proceeded to contact the Brazilian MMA Athletic Commission to inform them of the test.
13. Just after 11:30 am, an off-duty Brazilian federal police officer who was on-site training as a MMA fighter confiscated Ben Mosier's passport and claimed he had an incorrect work visa. The officer said he was authorized to conduct business, but not collect urine samples (see comment above about the visa application). The federal police officer threatened to arrest and deport Ben Mosier for unauthorized performance of work.
14. While detaining Ben Mosier at the training facility, the federal police officer relayed a story of being detained in the United States when returning to Brazil following a previous fight. The officer claimed to Ben Mosier that he was detained by law enforcement officials for 24 hours and was treated poorly, noting that he was treating Ben Mosier in a more pleasant manner. The officer made it a point to advise that this detainment was not revenge for his past detainment, and he had the right to transport Ben to a local detention facility for processing.
15. A representative from the Brazilian MMA Athletic Commission, Christiano Sampaio, arrived at the facility and halted the test. Mr. Sampaio spoke with Chris Guinty at Drug Free Sport to

arrange for a Brazilian MMA Athletic Commission DCO to travel to the gym on June 12 to complete the test while Ben Mosier monitored.

16. The local Brazilian DCO that was assigned to assist Ben Mosier and Drug Free Sport arrived on site to help with the situation and indicated to Ben Mosier that he had done nothing wrong and was authorized to conduct the test. The local DCO argued with Christiano Sampaio and the federal authorities involved on their authority to complete the test as a Brazilian resident and nationally certified DCO, however Sampio refused to let the local DCO (or Ben Mosier) proceed with any testing despite their employment as a local doping control officer. It was reported only a Brazilian MMA Athletic Commission DCO would be allowed to collect the sample.
17. Ben Mosier instructed José Aldo to discard the collected sample because both Ben and José lost control of the sample when Ben was escorted to a holding room.
18. Ben Mosier spoke with various parties (Drug Free Sport, UFC local representatives, NSAC, etc.) to report on the situation and obtain direction.
19. Ben Mosier reported at 1:39 pm CDT to Chris Guinty that immigration control had been dispatched to his location to escort him out of the country. Ben Mosier continued to explain to present authorities that he had a valid work visa issued in 2012 (expiring 2022) from the Brazilian consulate in Chicago. The federal police officer continued threatening him with arrest and confiscation of his phone, and refused Ben access to his computer to demonstrate proof of his work related documents from the Brazilian consulate. Ben was told he will not be allowed to remain in Brazil for the test that is to occur with the Brazilian MMA Athletic Commission DCO on June 12. Brazilian immigration officials reported to the training facility and reviewed his paperwork and deemed he was allowed him to stay in the country and participate in the collection the following day. The immigration official advised if Ben returned to the country in the future he would need to pay an administrative fee to rectify his visa issue.
20. Following resolution with immigration officials, collection was scheduled to occur on June 12 at the training facility with José Aldo and the Brazilian MMA Athletic Commission DCO between 8:30 – 9:00 am local time, under the supervision of Ben Mosier.
21. Ben Mosier arrived to the training facility on June 12 at 7:30 am. José Aldo did not arrive to the training facility for collection as scheduled, and it was reported that he was at the US Embassy obtaining his US Visa to travel for his upcoming fight. José Aldo was not able to be contacted during his absence from the training facility.
22. At 8:54 am CDT on June 12, Chris Guinty spoke with Christiano Sampaio about the importance of Aldo taking the test immediately, due to length of time that had elapsed from testing notification. Christiano Sampio advised at that time his deadline for shipping would be 12:00 pm local time to ensure the sample was transported via courier to the airport for flight to the United States. During continued wait for José Aldo to arrive to the training facility to commence collection process, Christiano Sampio later changed this shipping cutoff time to 2:00 pm local time, with no explanation provided as to why later time was now possible.
23. At approximately 11:40 am local time, José Aldo arrived to the training facility and the test attempt was initiated. José Aldo provided a urine specimen at approximately 11:49 am in the restroom, upon closing the beaker lid he dropped the collection beaker and spilled the sample in its entirety. José Aldo successfully provided an adequate volume specimen at 12:29 pm which

was packaged by the Brazilian MMA Athletic Commission DCO without taking any adequacy measurements. At approximately 12:45 pm Ben Mosier and Christiano Sampio transported the specimen via taxi to the airport and consigned the specimen to World Courier for shipment to laboratory at 1:40 pm.

24. Upon completion of the testing event, the Brazilian MMA Athletic Commission DCO requested an autograph from José Aldo in a magazine he had brought to the collection event and to take a picture with José Aldo; both requests were granted.

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Partial Menu	Collection Date:	6/12/2015
Lab ID:	298396	Lab Receipt Date:	6/15/2015
Specimen ID:	480405	Report Date:	6/18/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	N/A	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Urine
Discipline:	Mixed Martial Arts	pH:	7.0
Container:	A Bottle 298396-1	Specific Gravity:	1.005
		LH:	1.9 mIU/mL

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4) and Diuretics and Other Masking Agents (S5) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
800 ng/mL	840 ng/mL	13 ng/mL	11 ng/mL	4.7 ng/mL	.45	24 ng/mL	71 ng/mL

Vinod Nair — Vinod Nair — Thursday, June 18, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

[X] Urine ☐ Blood Passport ☐ Blood hGH

[X] Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Specimen ID: S007232390 SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey

Collection Date: 6/17/15

Validator's Name: Jim Guernsey

Donor's Gender: [X] Male ☐ Female

Sport: Pro MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1.011 pH: 6

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 6/17/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 6/17/15, 12:47 am (pm)

Collector's Signature Date Time

Specimen to be released to:

[X] SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Robert Lawler _____

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6.17.15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Specimen ID: S007232382 SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey Collection Date: 6/17/15

Validator's Name: Jim Guernsey Donor's Gender: ☒ Male ☐ Female

Sport: Pro-MMA UFC

Optional On site Specimen Assessment: Specific Gravity: ____ pH: ____

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X ____ 6/17/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X ____ 6/17/15 / 12:07 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: ____ Waybill/Airbill# ____

☐ Other: ____

To be completed by Laboratory:

Received By: ____ ____ ____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Robert Lawler ____

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X ____ 6.17.15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID: S007232408 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey Collection Date: 6/17/15

Validator's Name: Jim Guernsey Donor's Gender: ☒ Male ☐ Female

Sport: Pro. MMA. UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 6/17/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 6/17/15 12:07 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Robert Lawler —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6.17.15

Donor's Signature Date

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560 Arapeen Dr. Suite 150
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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Partial Menu	Collection Date:	6/17/2015
Lab ID:	299475	Lab Receipt Date:	6/18/2015
Specimen ID:	S007232390	Report Date:	6/30/2015
Test type:	Out of competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	6.5
Discipline:	Mixed Martial Arts	Specific Gravity:	1.007
Container:	A Bottle 299475-1	LH:	12.9 mIU/mL

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4) and Diuretics and Other Masking Agents (S5) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
1200 ng/mL	1800 ng/mL	12 ng/mL	8.3 ng/mL	15 ng/mL	1.8	80 ng/mL	170 ng/mL

Thane Campbell — Tuesday, June 30, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	6/17/2015
Lab ID:	299069	Lab Receipt Date:	6/18/2015
Specimen ID:	S007232382	Report Date:	6/19/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 299069-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 18-Jun-2015 13:38
Red blood cells	4.48 10^6/uL
Hemoglobin	13.4 g/dL
Hematocrit	41.6 %
Mean corpuscular volume	92.9 fL
Mean corpuscular hemoglobin	29.9 pg
Mean corpuscular hb concentr.	32.2 g/dL
Reticulocyte percentage	1.83 %
Reticulocyte number	0.0820 10^6/uL
RDW Standard Deviation	37.8 fL
Immature Reticulocyte Fraction	13.4 %
Off-Score	52.8

Judy Field — Friday, June 19, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	6/17/2015
Lab ID:	299067	Lab Receipt Date:	6/18/2015
Specimen ID:	S007232408	Report Date:	6/26/2015
Test type:	Out of competition	Gender:	Male
Mission Ref#:	UFC 189	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 299067-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.340 X:1	hGH Kit 1

Judy Field — Certified By

Signature

Friday, June 26, 2015 — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

Specimen ID: S007232374 SPECIMEN ID NO.

☒ Urine ☐ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey Collection Date: 6/16/15

Validator's Name: Jim Guernsey Donor's Gender: ☒ Male ☐ Female

Sport: Pro - MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1.002 pH: 6

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 6/16/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 6/16/15 3:20 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Rory MacDonald _____

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6/16/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Specimen ID:

S007232432

SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Gwensey

Collection Date: 6/16/15

Validator's Name: Jim Gwensey

Donor's Gender: ☒ Male ☐ Female

Sport: ASO · MMA · UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: 7

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 6/16/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 6/16/15, 3:28 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Ray MacDonald _____

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6/16/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☒ Out of Competition ☐ In Competition

☐ Pre Fight ☐ Post Fight

Specimen ID: S007232424 SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Gwaltney

Validator's Name: Jim Gwaltney

Collection Date: 6/16/15

Donor's Gender: ☒ Male ☐ Female

Sport: Pro-MMA UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: 7

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 6/16/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 6/16/15 3:28 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Rory MacDonald _____

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 6/16/15

Donor's Signature Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Partial Menu	Collection Date:	6/16/2015
Lab ID:	299476	Lab Receipt Date:	6/18/2015
Specimen ID:	S007232374	Report Date:	6/30/2015
Test type:	Out of competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	7.1
Discipline:	Mixed Martial Arts	Specific Gravity:	1.003
Container:	A Bottle 299476-1	LH:	.2 mIU/mL

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4) and Diuretics and Other Masking Agents (S5) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
320 ng/mL	390 ng/mL	4 ng/mL	6.8 ng/mL	9.2 ng/mL	1.4	22 ng/mL	48 ng/mL

Thane Campbell — Tuesday, June 30, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	6/16/2015
Lab ID:	299066	Lab Receipt Date:	6/18/2015
Specimen ID:	S007232432	Report Date:	6/19/2015
Test type:	Out of competition	Orig. Report Date:	
Mission Ref#:	UFC 189	Gender:	Male
Sport:	Mixed Martial Arts	Sample Matrix:	Blood
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 299066-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 18-Jun-2015 13:35
Red blood cells	4.66 10^6/uL
Hemoglobin	14.4 g/dL
Hematocrit	42.2 %
Mean corpuscular volume	90.6 fL
Mean corpuscular hemoglobin	30.9 pg
Mean corpuscular hb concentr.	34.1 g/dL
Reticulocyte percentage	0.71 %
Reticulocyte number	0.0331 10^6/uL
RDW Standard Deviation	42.2 fL
Immature Reticulocyte Fraction	7.7 %
Off-Score	93.4

Judy Field — Friday, June 19, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	6/16/2015
Lab ID:	299068	Lab Receipt Date:	6/18/2015
Specimen ID:	S007232424	Report Date:	6/26/2015
Test type:	Out of competition	Gender:	Male
Mission Ref#:	UFC 189	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 299068-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.407 X:1	hGH Kit 1

Judy Field — Judy L. Field — Friday, June 26, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

Specimen ID: S007232580 SPECIMEN ID NO.

☒ Urine ☐ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey Collection Date: 7/5/15

Validator's Name: Jim Guernsey Donor's Gender: ☒ Male ☐ Female

Sport: Pro MMA UFC

Optional On site Specimen Assessment: Specific Gravity: 1.011 pH: 7

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 7/5/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 7/5/15 , 10:59 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Chad Mendes —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 7-5-15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

Specimen ID: S007232614

SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey

Collection Date: 7/5/15

Validator's Name: Jim Guernsey

Donor's Gender: ☒ Male ☐ Female

Sport: PRO MMA UFC

Optional On-site Specimen Assessment: Specific Gravity: — pH: —

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X [signature] 7/5/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X [signature] 7/5/15 / 10:22 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Chad Mendes —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X [signature] 7-5-15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

Specimen ID: S007232416 (SPECIMEN ID NO.)

☒ Out of Competition ☐ In Competition ☐ Pre Fight ☐ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Guernsey Collection Date: 7/5/15

Validator's Name: Jim Guernsey Donor's Gender: ☒ Male ☐ Female

Sport: Pro MMA UFC

Optional On site Specimen Assessment: Specific Gravity: ____ pH: ____

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 7/5/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 7/5/15, 10:22 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Chad Mendes _____

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 7-5-15

Donor's Signature Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Partial Menu	Collection Date:	7/5/2015
Lab ID:	302781	Lab Receipt Date:	7/6/2015
Specimen ID:	S007232580	Report Date:	7/22/2015
Test type:	Out of competition	Gender:	Male
Mission Ref#:	UFC 189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	8.5
Discipline:	Mixed Martial Arts	Specific Gravity:	1.012
Container:	A Bottle 302781-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4) and Diuretics and Other Masking Agents (S5) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
1300 ng/mL	2300 ng/mL	25 ng/mL	25 ng/mL	8.1 ng/mL	.33	36 ng/mL	130 ng/mL

Thane Campbell — Wednesday, July 22, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	7/5/2015
Lab ID:	301604	Lab Receipt Date:	7/6/2015
Specimen ID:	S007232614	Report Date:	7/6/2015
Test type:	Out of competition	Gender:	Male
Mission Ref#:	UFC 189	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 301604-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 6-Jul-2015 12:11
Red blood cells	4.55 10^6/uL
Hemoglobin	13.7 g/dL
Hematocrit	40.1 %
Mean corpuscular volume	88.1 fL
Mean corpuscular hemoglobin	30.1 pg
Mean corpuscular hb concentr.	34.2 g/dL
Reticulocyte percentage	0.98 %
Reticulocyte number	0.0446 10^6/uL
RDW Standard Deviation	40.1 fL
Immature Reticulocyte Fraction	9.0 %
Off-Score	77.6

Judy Field — Monday, July 06, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	7/5/2015
Lab ID:	301605	Lab Receipt Date:	7/6/2015
Specimen ID:	S007232416	Report Date:	7/8/2015
Test type:	Out of competition	Gender:	Male
Mission Ref#:	UFC 189	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 301605-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.141 X:1	hGH Kit 1

Judy Field — Certified By

Judy L. Field — Signature

Wednesday, July 08, 2015 — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH

☐ Out of Competition ☒ In Competition

☐ Pre Fight ☒ Post Fight

Specimen ID: S008080665 SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Curtis Say

Validator's Name: Curtis Say

Collection Date: 07/11/15

Donor's Gender: ☒ Male ☐ Female

Sport: BSO MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1.020 pH: 6.5

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X Curtis Say
Validator's Signature

07/11/15
Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X Curtis Say
Collector's Signature

07/11/15, 10:05 am/pm
Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Conor McGregor
Donor's Name

—
Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____
Donor's Signature

7/11/15
Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

X Urine ☐ Blood Passport ☐ Blood hGH Specimen ID:

S008080673

SPECIMEN ID NO.

☐ Out of Competition X In Competition X Pre Fight ☐ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: [illegible] Collection Date: 7/11/15

Validator's Name: [illegible] Donor's Gender: X Male ☐ Female

Sport: Pro MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1.014 pH: 7.5

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 7/11/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 7/11/15 , 7:06 am (pm)

Collector's Signature Date Time

Specimen to be released to:

X SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Conor McGregor —

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 7/11/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☐ Out of Competition ☒ In Competition

☐ Pre Fight ☒ Post Fight

Specimen ID: S008080731 SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Curtis Say

Collection Date: 07/11/15

Validator's Name: Curtis Say

Donor's Gender: ☒ Male ☐ Female

Sport: Ultimate Fighting - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X Curtis Say
Validator's Signature

07/11/15
Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X Curtis Say
Collector's Signature

07/11/15 Date, 09:54 Time am/pm

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature — date/time — Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Conor McGregor
Donor's Name

—
Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____
Donor's Signature

7/11/15
Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☐ Out of Competition ☒ In Competition

Additional Information: UFC 189

Specimen ID: S007232739 SPECIMEN ID NO.

☐ Pre Fight ☒ Post Fight

To be completed and verified by collector/validator:

Collector's Name: Curtis Jay

Validator's Name: Curtis Jay

Sport: Ultimate Fighting - UFC

Collection Date: 07/11/15

Donor's Gender: ☒ Male ☐ Female

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X Curtis Jay
Validator's Signature

07/11/15
Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X Curtis Jay
Collector's Signature

07/11/15 , 09:54 am/pm
Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____
Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Conor McGregor
Donor's Name

_____
Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____
Donor's Signature

7/11/15
Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303526	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080673	Report Date:	8/5/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC-189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	10.1
Discipline:	Mixed Martial Arts	Specific Gravity:	1.016
Container:	A Bottle 303526-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
400 ng/mL	690 ng/mL	15 ng/mL	6.8 ng/mL	5.1 ng/mL	.76	23 ng/mL	76 ng/mL

Vinod Nair — Vinod Nair — Wednesday, August 05, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

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Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303541	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080665	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	4.9
Discipline:	Mixed Martial Arts	Specific Gravity:	1.025
Container:	A Bottle 303541-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
980 ng/mL	1600 ng/mL	48 ng/mL	14 ng/mL	13 ng/mL	.88	52 ng/mL	150 ng/mL

Michael J. Madsen — Thursday, July 30, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	7/11/2015
Lab ID:	302747	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080731	Report Date:	7/16/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 302747-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 13-Jul-2015 14:43
Red blood cells	4.15 10^6/uL
Hemoglobin	13.5 g/dL
Hematocrit	39.6 %
Mean corpuscular volume	95.4 fL
Mean corpuscular hemoglobin	32.5 pg
Mean corpuscular hb concentr.	34.1 g/dL
Reticulocyte percentage	0.57 %
Reticulocyte number	0.0237 10^6/uL
RDW Standard Deviation	43.5 fL
Immature Reticulocyte Fraction	3.6 %
Off-Score	89.7

Judy Field — Thursday, July 16, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	7/11/2015
Lab ID:	302755	Lab Receipt Date:	7/13/2015
Specimen ID:	S007232739	Report Date:	7/21/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 302755-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.656 X:1	hGH Kit 1

Judy Field — Certified By

Judy L. Field — Signature

Tuesday, July 21, 2015 — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

Specimen ID:

S006205553
SPECIMEN ID NO.

☒ Urine ☐ Blood Passport ☐ Blood hGH

☐ Out of Competition ☒ In Competition

☒ Pre Fight
☐ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: [illegible]

Collection Date: 7/11/15

Validator's Name: [illegible]

Donor's Gender: ☒ Male ☐ Female

Sport: PRO-MMA UFC

Optional On site Specimen Assessment: Specific Gravity: 1.002 pH: 5.5

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 7/11/15

Validator's Signature — Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 7/11/15, 6:36 am/pm

Collector's Signature — Date — Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature — date/time — Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Chad Mendes — Donor's Name

— Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 7-11-15

Donor's Signature — Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH Specimen ID:

S008080657
SPECIMEN ID NO.

☐ Out of Competition ☒ In Competition ☐ Pre Fight ☒ Post Fight

Additional Information: UFC

To be completed and verified by collector/validator:

Collector's Name: Curtis Joy Collection Date: 07/11/15

Validator's Name: Curtis Joy Donor's Gender: ☒ Male ☐ Female

Sport: Pro. MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1.08 pH: 9-5

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X Curtis Joy 07/11/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X Curtis Joy 07/11/15, 10:15 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Chad Mendes —

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

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X _____ 7-11-15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☐ Out of Competition ☒ In Competition ☐ Pre Fight ☒ Post Fight

Additional Information: UFC 189

Specimen ID: S007232200 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Curtis Joy

Validator's Name: Curtis Joy

Sport: Pro-MMA-UFC

Collection Date: 07/11/15

Donor's Gender: ☒ Male ☐ Female

Optional On site Specimen Assessment: Specific Gravity: — pH: —

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X [signature] 07/11/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X [signature] 07/11/15, 10:22 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Chad Mendes —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

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X [signature] 7-11-15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☐ Out of Competition ☒ In Competition

Additional Information: UFC 189

Specimen ID: S007232192 SPECIMEN ID NO.

☐ Pre Fight ☒ Post Fight

To be completed and verified by collector/validator:

Collector's Name: Curtis Jay

Validator's Name: Curtis Jay

Collection Date: 07/11/15

Donor's Gender: ☒ Male ☐ Female

Sport: PRO MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X Curtis Jay
Validator's Signature

07/11/15
Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X Curtis Jay
Collector's Signature

07/11/15 , 10:22 am/pm
Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____
Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Chad Mendes
Donor's Name

—
Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

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X _____
Donor's Signature

7-11-15
Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303547	Lab Receipt Date:	7/13/2015
Specimen ID:	S006205553	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	5.6
Discipline:	Mixed Martial Arts	Specific Gravity:	1.004
Container:	A Bottle 303547-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
300 ng/mL	310 ng/mL	3 ng/mL	2.6 ng/mL	<LOQ	N/A	<LOQ	<LOQ

Michael J. Madsen — Thursday, July 30, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303524	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080657	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	4.8
Discipline:	Mixed Martial Arts	Specific Gravity:	1.015
Container:	A Bottle 303524-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
520 ng/mL	590 ng/mL	20 ng/mL	7.4 ng/mL	5.2 ng/mL	.7	15 ng/mL	26 ng/mL

Michael J. Madsen — Thursday, July 30, 2015

Certified By — Signature — Date

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	7/11/2015
Lab ID:	302746	Lab Receipt Date:	7/13/2015
Specimen ID:	S007232200	Report Date:	7/16/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 302746-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 13-Jul-2015 14:41
Red blood cells	4.13 10^6/uL
Hemoglobin	12.4 g/dL
Hematocrit	36.9 %
Mean corpuscular volume	89.3 fL
Mean corpuscular hemoglobin	30.0 pg
Mean corpuscular hb concentr.	33.6 g/dL
Reticulocyte percentage	0.95 %
Reticulocyte number	0.0392 10^6/uL
RDW Standard Deviation	39.8 fL
Immature Reticulocyte Fraction	12.6 %
Off-Score	65.5

Judy Field — Thursday, July 16, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	7/11/2015
Lab ID:	302749	Lab Receipt Date:	7/13/2015
Specimen ID:	S007232192	Report Date:	7/21/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 302749-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.651 X:1	hGH Kit 1

Judy Field — Certified By

Judy L. Field — Signature

Tuesday, July 21, 2015 — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH

☐ Out of Competition ☒ In Competition ☒ Pre Fight ☐ Post Fight

Specimen ID: S008080772 SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Curtis Soy

Collection Date: 7/11/15

Validator's Name: Curtis Soy

Donor's Gender: ☒ Male ☐ Female

Sport: PRO - MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1.006 pH: 5.5

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ Validator's Signature

7/11/15 Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ Collector's Signature

7/11/15 Date, 05:22 Time am/pm

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ Accessioner's Signature _____ date/time _____ Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Jeremy Stephens Donor's Name

— Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ Donor's Signature

7-11-15 Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH Specimen ID: S008080681 SPECIMEN ID NO.

☐ Out of Competition ☒ In Competition ☐ Pre Fight ☒ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Curtis Sox Collection Date: 07/11/15

Validator's Name: Curtis Sox Donor's Gender: ☒ Male ☐ Female

Sport: PRO. MMA. UFC

Optional On site Specimen Assessment: Specific Gravity: 1.012 pH: 8.0

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X Curtis Sox
Validator's Signature

07/11/15
Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X Curtis Sox
Collector's Signature

07/11/15 Date, 09:35 Time am/pm

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Jeremy Stephens
Donor's Name

_____
Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____
Donor's Signature

7-11-15
Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☐ Out of Competition ☒ In Competition

☐ Pre Fight ☒ Post Fight

Specimen ID: S008080699 SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Curtis Say

Collection Date: 07/10/15

Validator's Name: Curtis Say

Donor's Gender: ☒ Male ☐ Female

Sport: UFC 189

Optional On site Specimen Assessment: Specific Gravity: ~ pH: ~

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X Curtis Say
Validator's Signature

07/11/15
Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X Curtis Say
Collector's Signature

07/11/15, 08:25 am/pm
Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____
Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Jeremy Stephens
Donor's Name

~
Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____
Donor's Signature

7-11-15
Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☐ Out of Competition ☒ In Competition

Additional Information: UFC 189

☐ Pre Fight ☒ Post Fight

Specimen ID: S008080707 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Curtis Joy

Validator's Name: Curtis Joy

Collection Date: 07/11/15

Donor's Gender: ☒ Male ☐ Female

Sport: 205: MMA-UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X Curtis Joy
Validator's Signature

07/11/15
Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X Curtis Joy
Collector's Signature

07/11/15 , 09:25 am/pm
Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____
Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Jeremy Stephens
Donor's Name

_____
Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

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X _____
Donor's Signature

7-11-15
Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303544	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080772	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	7.7
Discipline:	Mixed Martial Arts	Specific Gravity:	1.007
Container:	A Bottle 303544-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
390 ng/mL	420 ng/mL	5.3 ng/mL	7.4 ng/mL	3.1 ng/mL	.42	<LOQ	36 ng/mL

Michael J. Madsen — Thursday, July 30, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303543	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080681	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	6.2
Discipline:	Mixed Martial Arts	Specific Gravity:	1.014
Container:	A Bottle 303543-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
1500 ng/mL	1300 ng/mL	26 ng/mL	22 ng/mL	13 ng/mL	.6	23 ng/mL	110 ng/mL

Michael J. Madsen — Thursday, July 30, 2015

Certified By | Signature | Date

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	7/11/2015
Lab ID:	302753	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080699	Report Date:	7/16/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 302753-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 13-Jul-2015 14:52
Red blood cells	4.39 10^6/uL
Hemoglobin	13.2 g/dL
Hematocrit	39.2 %
Mean corpuscular volume	89.3 fL
Mean corpuscular hemoglobin	30.1 pg
Mean corpuscular hb concentr.	33.7 g/dL
Reticulocyte percentage	0.87 %
Reticulocyte number	0.0382 10^6/uL
RDW Standard Deviation	39.9 fL
Immature Reticulocyte Fraction	3.8 %
Off-Score	76.0

Judy Field — Thursday, July 16, 2015

Certified By — Signature — Date

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	7/11/2015
Lab ID:	302759	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080707	Report Date:	7/16/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 302759-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.625 X:1	hGH Kit 2

Judy Field — Certified By

Signature

Thursday, July 16, 2015 — Date

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Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH Specimen ID:

☐ Out of Competition ☒ In Competition ☒ Pre Fight ☐ Post Fight

S006205520
SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Gwensley Collection Date: 7/11/15

Validator's Name: Jim Gwensley Donor's Gender: ☒ Male ☐ Female

Sport: PRO. MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1019 pH: 6

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 7/11/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 7/11/15 , 5:17 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Dennis Bermudez —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

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X _____ 7/11/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

Specimen ID: S008083198 SPECIMEN ID NO.

☒ Urine ☐ Blood Passport ☐ Blood hGH

☐ Out of Competition ☒ In Competition ☐ Pre Fight ☒ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: [signature] Collection Date: 7/11/15

Validator's Name: [signature] Donor's Gender: ☒ Male ☐ Female

Sport: Pro · MMA UFC

Optional On site Specimen Assessment: Specific Gravity: 1.013 pH: 6

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained ~~in control~~ of the donor throughout this process and remained in constant view of the donor and me.

X [signature] 7/11/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X [signature] 7/11/15, 10:25 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Dennis Bermudez —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

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X [signature] 7/11/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH Specimen ID:

S006205538

SPECIMEN ID NO.

☐ Out of Competition ☒ In Competition ☐ Pre Fight ☒ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: [illegible] Collection Date: 7/11/15

Validator's Name: [illegible] Donor's Gender: ☒ Male ☐ Female

Sport: Pro - MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 7/11/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 7/11/15, 8:20 am (pm)

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Dennis Bermudez —

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

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X _____ 7/11/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH Specimen ID:

☐ Out of Competition ☒ In Competition ☐ Pre Fight ☒ Post Fight

Additional Information: UFC 189

S006205967
SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: [illegible] Collection Date: 7/11/15

Validator's Name: [illegible] Donor's Gender: ☒ Male ☐ Female

Sport: Pro MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 7/11/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 7/11/15, 8:20 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Dennis Bermudez —

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

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X _____ 7/11/15

Donor's Signature Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303546	Lab Receipt Date:	7/13/2015
Specimen ID:	S006205520	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	5.9
Discipline:	Mixed Martial Arts	Specific Gravity:	1.016
Container:	A Bottle 303546-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
2900 ng/mL	1400 ng/mL	11 ng/mL	12 ng/mL	15 ng/mL	1.3	42 ng/mL	60 ng/mL

Michael J. Madsen — Thursday, July 30, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303538	Lab Receipt Date:	7/13/2015
Specimen ID:	S008083198	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	5.2
Discipline:	Mixed Martial Arts	Specific Gravity:	1.015
Container:	A Bottle 303538-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
1600 ng/mL	670 ng/mL	43 ng/mL	7.5 ng/mL	14 ng/mL	1.8	44 ng/mL	38 ng/mL

Michael J. Madsen — Thursday, July 30, 2015

Certified By | Signature | Date

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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	7/11/2015
Lab ID:	302754	Lab Receipt Date:	7/13/2015
Specimen ID:	S006205538	Report Date:	7/16/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 302754-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 13-Jul-2015 14:55
Red blood cells	4.46 10^6/uL
Hemoglobin	14.6 g/dL
Hematocrit	42.5 %
Mean corpuscular volume	95.3 fL
Mean corpuscular hemoglobin	32.7 pg
Mean corpuscular hb concentr.	34.4 g/dL
Reticulocyte percentage	0.88 %
Reticulocyte number	0.0392 10^6/uL
RDW Standard Deviation	40.8 fL
Immature Reticulocyte Fraction	10.5 %
Off-Score	89.7

Judy Field — Thursday, July 16, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	7/11/2015
Lab ID:	302758	Lab Receipt Date:	7/13/2015
Specimen ID:	S006205967	Report Date:	7/16/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 302758-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.558 X:1	hGH Kit 2

Judy Field — Certified By

Judy L. Field — Signature

Thursday, July 16, 2015 — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

Specimen ID: S008080715 SPECIMEN ID NO.

☒ Urine ☐ Blood Passport ☐ Blood hGH

☐ Out of Competition ☒ In Competition ☒ Pre Fight ☐ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Curtis Sey Collection Date: 7/11/15

Validator's Name: Curtis Sey Donor's Gender: ☒ Male ☐ Female

Sport: PRO-MMA-UFC

Optional On site Specimen Assessment: Specific Gravity: 1.003 pH: 6.5

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 7/11/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 7/11/15 06:43 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Rory MacDonald —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 07/11/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH

Specimen ID: S008080632 SPECIMEN ID NO.

☐ Out of Competition ☒ In Competition ☐ Pre Fight ☒ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: JW Guernsey Collection Date: 7/11/15

Validator's Name: JW Guernsey Donor's Gender: ☒ Male ☐ Female

Sport: Pro MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1.016 pH: 5.5

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 7/11/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 7/11/15, 11:44 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Rory MacDonald —

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 7/11/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH Specimen ID:

☐ Out of Competition ☒ In Competition ☐ Pre Fight ☒ Post Fight

Additional Information: UFC 189

S006205561
SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: [illegible] Collection Date: 7/11/15

Validator's Name: [illegible] Donor's Gender: ☒ Male ☐ Female

Sport: [illegible] MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X [signature] 7/11/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X [signature] 7/11/15 , 11:30 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ YES ☐ NO

To be completed by collector and verified by donor: (not to be included on lab copy)

Rory MacDonald _____

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X [signature] 07 M 15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☐ Out of Competition ☒ In Competition

☐ Pre Fight ☒ Post Fight

Specimen ID: S006205546 SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: Jim Gavenda

Collection Date: 7/11/15

Validator's Name: Curtis Joy

Donor's Gender: ☒ Male ☐ Female

Sport: Pro. MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 7/11/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 7/11/15 , 11:30 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Rory MacDonald _____

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 7/11/15

Donor's Signature Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303545	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080715	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	7.0
Discipline:	Mixed Martial Arts	Specific Gravity:	1.003
Container:	A Bottle 303545-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
230 ng/mL	150 ng/mL	2.7 ng/mL	4.3 ng/mL	3.6 ng/mL	.83	<LOQ	22 ng/mL

Michael J. Madsen — Thursday, July 30, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303542	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080632	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	5.0
Discipline:	Mixed Martial Arts	Specific Gravity:	1.016
Container:	A Bottle 303542-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
1700 ng/mL	1200 ng/mL	83 ng/mL	24 ng/mL	35 ng/mL	1.4	63 ng/mL	180 ng/mL

Michael J. Madsen — Thursday, July 30, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

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Salt Lake City, UT 84108
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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	7/11/2015
Lab ID:	302752	Lab Receipt Date:	7/13/2015
Specimen ID:	S006205561	Report Date:	7/16/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 302752-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 13-Jul-2015 14:50
Red blood cells	4.28 10^6/uL
Hemoglobin	13.2 g/dL
Hematocrit	38.3 %
Mean corpuscular volume	89.5 fL
Mean corpuscular hemoglobin	30.8 pg
Mean corpuscular hb concentr.	34.5 g/dL
Reticulocyte percentage	0.85 %
Reticulocyte number	0.0364 10^6/uL
RDW Standard Deviation	40.2 fL
Immature Reticulocyte Fraction	7.3 %
Off-Score	76.7

Judy Field — Thursday, July 16, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	7/11/2015
Lab ID:	302757	Lab Receipt Date:	7/13/2015
Specimen ID:	S006205546	Report Date:	7/16/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 302757-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.564 X:1	hGH Kit 2

Judy Field — Certified By

Judy L. Field — Signature

Thursday, July 16, 2015 — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH

☐ Out of Competition ☒ In Competition ☒ Pre Fight ☐ Post Fight

Specimen ID:

S007232721

SPECIMEN ID NO.

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: [illegible] Collection Date: 7/11/15

Validator's Name: [illegible] Donor's Gender: ☒ Male ☐ Female

Sport: Pro. MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1.018 pH: 7

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X _____ 7/11/15

Validator's Signature Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X _____ 7/11/15 , 6:56 am/pm

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Robert Lawler _____

Donor's Name Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 7.11.15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☒ Urine ☐ Blood Passport ☐ Blood hGH

Specimen ID: S006205512 SPECIMEN ID NO.

☐ Out of Competition ☒ In Competition ☐ Pre Fight ☒ Post Fight

Additional Information: UFC 189

To be completed and verified by collector/validator:

Collector's Name: J.W. Guemsey Collection Date: 07/11/15

Validator's Name: J.W. Guemsey Donor's Gender: ☒ Male ☐ Female

Sport: PRO: MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: 1.005 pH: 5.5

Validator Affidavit: I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.

X _____ 07/11/15

Validator's Signature Date

Collector Affidavit: I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.

X _____ 07/11/15 , 11:10 am (pm)

Collector's Signature Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____

Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Robert Lawler —

Donor's Name Donor's ID #

Donor Affidavit: I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.

By signing below, I hereby accept the risk of adverse public notice of the test results, embarrassment, criticism, financial loss or other action, and expressly waive any claims for damages as a result thereof. Public release of the test results does not impose liability for defamation or constitute a ground for recovery in a civil action.

X _____ 7/11/15

Donor's Signature Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☒ Blood Passport ☐ Blood hGH

☐ Out of Competition ☒ In Competition

☐ Pre Fight ☒ Post Fight

Additional Information: UFC 189

Specimen ID: S008080756 SPECIMEN ID NO.

To be completed and verified by collector/validator:

Collector's Name: Curtis Jay

Collection Date: 07/11/15

Validator's Name: Curtis Jay

Donor's Gender: ☒ Male ☐ Female

Sport: PRO - MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X Curtis Jay
Validator's Signature

07/11/15
Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X Curtis Jay
Collector's Signature

07/11/15, 09:13 am/pm
Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____
Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Robert Lawler
Donor's Name

_____
Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

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X _____
Donor's Signature

7/11/15
Date

Drug Testing Custody and Control Form

Testing Authority: Nevada Athletic Commission

☐ Urine ☐ Blood Passport ☒ Blood hGH

☐ Out of Competition ☒ In Competition

Additional Information: UFC 189

Specimen ID: S008080749 SPECIMEN ID NO.

☐ Pre Fight ☒ Post Fight

To be completed and verified by collector/validator:

Collector's Name: Curtis Say

Validator's Name: Curtis Say

Collection Date: 07/11/15

Donor's Gender: ☒ Male ☐ Female

Sport: Pro. MMA - UFC

Optional On site Specimen Assessment: Specific Gravity: _____ pH: _____

Validator Affidavit: **I certify that I witnessed the donor during the collection process. The collection container and specimen remained in control of the donor throughout this process and remained in constant view of the donor and me.**

X Curtis Say
Validator's Signature

07/11/15
Date

Collector Affidavit: **I certify that the donor provided the specimen on this date in accordance with specified collection procedures. I further certify the specimen was given to me by the donor and was packaged and sealed and will be given to entity identified below.**

X Curtis Say
Collector's Signature

07/11/15, 09:13 am/pm
Date Time

Specimen to be released to:

☒ SMRTL (by hand delivery)

☐ Courier: _____ Waybill/Airbill# _____

☐ Other: _____

To be completed by Laboratory:

Received By: _____ _____ _____
Accessioner's Signature date/time Accessioner PRINT Name

Specimen Vial Seals Intact: ☐ **YES** ☐ **NO**

To be completed by collector and verified by donor: (not to be included on lab copy)

Robert Lawler
Donor's Name

—
Donor's ID #

Donor Affidavit: **I certify that I provided this specimen. The specimen was in my control until the collector packaged the specimen in the vials and applied the security seal(s). The information provided on this form and on the labels affixed to the specimen bottles are correct. I hereby authorize the testing laboratory to release the results of the test to the designated designee.**

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X _____
Donor's Signature

7/11/15
Date

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303539	Lab Receipt Date:	7/13/2015
Specimen ID:	S007232721	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	8.2
Discipline:	Mixed Martial Arts	Specific Gravity:	1.012
Container:	A Bottle 303539-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
1200 ng/mL	990 ng/mL	35 ng/mL	6.5 ng/mL	11 ng/mL	1.7	53 ng/mL	140 ng/mL

Michael J. Madsen — Thursday, July 30, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

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Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
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CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	WADA Full Menu	Collection Date:	7/11/2015
Lab ID:	303527	Lab Receipt Date:	7/13/2015
Specimen ID:	S006205512	Report Date:	7/30/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC-189	Sample Matrix:	Urine
Sport:	Mixed Martial Arts	pH:	7.0
Discipline:	Mixed Martial Arts	Specific Gravity:	1.007
Container:	A Bottle 303527-1		

Analysis Requested: Specimen was analyzed for Anabolic Agents (S1); Peptide Hormones, Growth Factors and Related Substances (S2); Beta-2 Agonists (S3); Hormone and Metabolic Modulators (S4); Diuretics and Other Masking Agents (S5); Stimulants (S6); Narcotics (S7); Cannabinoids (S8) and Glucocorticosteroids (S9) using GC/MS, LC/MS and Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Endogenous Steroid Data (screen):							
Andro	Etio	DHEA	Epi	Test	T/E	**5α-diol**	**5β-diol**
600 ng/mL	570 ng/mL	30 ng/mL	3.1 ng/mL	6 ng/mL	2	28 ng/mL	60 ng/mL

Michael J. Madsen — Thursday, July 30, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Complete Blood Count	Collection Date:	7/11/2015
Lab ID:	302748	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080756	Report Date:	7/16/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Whole Blood Tube - A 302748-1		

Analysis Requested: Specimen was analyzed for hematological parameters.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

Parameter	Analysis
Instrument: XT-2000i #1	Date: 13-Jul-2015 14:48
Red blood cells	4.33 10^6/uL
Hemoglobin	12.9 g/dL
Hematocrit	39.4 %
Mean corpuscular volume	91.0 fL
Mean corpuscular hemoglobin	29.8 pg
Mean corpuscular hb concentr.	32.7 g/dL
Reticulocyte percentage	1.02 %
Reticulocyte number	0.0442 10^6/uL
RDW Standard Deviation	36.3 fL
Immature Reticulocyte Fraction	10.6 %
Off-Score	68.4

Judy Field — Thursday, July 16, 2015

Certified By — Signature — Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Sports Medicine Research & Testing
560 Arapeen Dr. Suite 150
Salt Lake City, UT 84108
Tel: +1 (801) 994 9454 Fax: +1 (801) 994 9455

CONFIDENTIAL TEST REPORT

Christopher A. Eccles
Attorney General of Nevada
555 E. Washington Ave., Suite 3900
Las Vegas, NV 89101

Program:	Human Growth Hormone	Collection Date:	7/11/2015
Lab ID:	302756	Lab Receipt Date:	7/13/2015
Specimen ID:	S008080749	Report Date:	7/21/2015
Test type:	In competition	Gender:	Male
Mission Ref#:	UFC 189 Post Fight	Sample Matrix:	Blood
Sport:	Mixed Martial Arts		
Discipline:	Mixed Martial Arts		
Container:	Serum Separator Tube - A 302756-1		

Analysis Requested: Specimen was analyzed for Peptide Hormones, Growth Factors and Related Substances (S2) including Growth Hormone (hGH) using Immunoassay test methods.

Result: No Prohibited Substance(s) or Prohibited Method(s), or their Metabolite(s) or Marker(s) on the test menu were detected.

Unless otherwise noted the condition of the specimen was acceptable when received at the laboratory.

hGH Data:

hGH ratio	.607 X:1	hGH Kit 1

Judy Field — Judy L. Field — Tuesday, July 21, 2015

Certified By | Signature | Date

Accredited by the World Anti-Doping Agency as compliant with the requirements of the World Anti-Doping Code.

Accredited by the American Association for Laboratory Accreditation as compliant with the requirements of ISO/IEC 17025, Testing Certificate 2500.01.

The results contained herein relate only to the items tested. This report shall not be reproduced, except in full, without the expressed written consent of the Laboratory.

Drug Detail Report

PATIENT INFORMATION
MATTHEW BROWN

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 011081

SPECIMEN INFORMATION
REQUISITION: 2579906
LAB REF NO: 499247U
COLLECTED: 7/11/2015 15:22
RECEIVED: 7/14/2015 11:48
REPORTED: 7/16/2015 08:18
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	72.9 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.012	1.003 - 1.020
pH	6.1	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
YOSDENIS CEDENO

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 021285

SPECIMEN INFORMATION
REQUISITION: 2579913
LAB REF NO: 501613U
COLLECTED: 7/11/2015 14:09
RECEIVED: 7/14/2015 12:39
REPORTED: 7/16/2015 08:32
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	29.6 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.004	1.003 - 1.020
pH	5.2	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test Level	GC/MS Confirm Test Level
ANABOLIC AGENTS	Negative		
MASKING AGENTS	Negative		

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
TIMOTHY MEANS

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 022084

SPECIMEN INFORMATION
REQUISITION: 2579905
LAB REF NO: 499566U
COLLECTED: 7/11/2015 14:57
RECEIVED: 7/14/2015 11:54
REPORTED: 7/16/2015 08:18
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	103.1 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.015	1.003 - 1.020
pH	5.5	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
JOHN HOWARD

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 030183

SPECIMEN INFORMATION
REQUISITION: 2579897
LAB REF NO: 499069U
COLLECTED: 7/11/2015 15:07
RECEIVED: 7/14/2015 11:45
REPORTED: 7/16/2015 08:18
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	186.1 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.018	1.003 - 1.020
pH	5.7	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
MICHAEL SWICK

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 061979

SPECIMEN INFORMATION
REQUISITION: 2579908
LAB REF NO: 499282U
COLLECTED: 7/11/2015 15:29
RECEIVED: 7/14/2015 11:49
REPORTED: 7/16/2015 08:18
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	41.4 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.010	1.003 - 1.020
pH	5.5	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
CODY GARBRANDT

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 070791

SPECIMEN INFORMATION
REQUISITION: 2579911
LAB REF NO: 499150U
COLLECTED: 7/11/2015 14:49
RECEIVED: 7/14/2015 11:47
REPORTED: 7/16/2015 08:18
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	28.3 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.004	1.003 - 1.020
pH	6.2	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
BRANDON THATCH

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 071183

SPECIMEN INFORMATION
REQUISITION: 2579901
LAB REF NO: 499846U
COLLECTED: 7/11/2015 16:55
RECEIVED: 7/14/2015 11:58
REPORTED: 7/16/2015 08:54
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	76.6 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.010	1.003 - 1.020
pH	5.6	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
CODY PFISTER

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 071290

SPECIMEN INFORMATION
REQUISITION: 2579912
LAB REF NO: 500348U
COLLECTED: 7/11/2015 14:59
RECEIVED: 7/14/2015 12:07
REPORTED: 7/16/2015 08:54
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	42.5 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.008	1.003 - 1.020
pH	5.8	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
LENNIN GARCIA

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 071487

SPECIMEN INFORMATION
REQUISITION: 2579907
LAB REF NO: 500405U
COLLECTED: 7/11/2015 15:10
RECEIVED: 7/14/2015 12:08
REPORTED: 7/16/2015 08:54
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	54.6 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.008	1.003 - 1.020
pH	7.0	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
LOUIS SMOLKA

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 071691

SPECIMEN INFORMATION
REQUISITION: 2579899
LAB REF NO: 500457U
COLLECTED: 7/11/2015 14:39
RECEIVED: 7/14/2015 12:09
REPORTED: 7/16/2015 08:54
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	32.0 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.005	1.003 - 1.020
pH	7.4	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
GUNNAR NELSON

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 072888

SPECIMEN INFORMATION
REQUISITION: 2579902
LAB REF NO: 500495U
COLLECTED: 7/11/2015 17:06
RECEIVED: 7/14/2015 12:09
REPORTED: 7/16/2015 08:54
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	91.7 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.011	1.003 - 1.020
pH	7.0	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
THOMAS ALMEIDA

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 073191

SPECIMEN INFORMATION

REQUISITION: 2579903
LAB REF NO: 498859U
COLLECTED: 7/11/2015 18:02
RECEIVED: 7/14/2015 11:42
REPORTED: 7/16/2015 08:18
DOCUMENT ID:

CLIENT INFORMATION

42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	23.4 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.005	1.003 - 1.020
pH	7.7	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
ANABOLIC AGENTS	Negative				
MASKING AGENTS	Negative				

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
NEIL SEERY

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 083079

SPECIMEN INFORMATION

REQUISITION: 2579900
LAB REF NO: 500672U
COLLECTED: 7/11/2015 14:18
RECEIVED: 7/14/2015 12:13
REPORTED: 7/16/2015 08:54
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION

42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	9.5 mg/dL	>20 mg/dL
SPECIFIC GRAVITY	1.003	1.003 - 1.020
pH	6.1	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test Level	GC/MS Confirm Test Level
ANABOLIC AGENTS	Negative		
MASKING AGENTS	Negative		

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
CATHAL PENDRED

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 090287

SPECIMEN INFORMATION
REQUISITION: 2579915
LAB REF NO: 501858U
COLLECTED: 7/11/2015 15:04
RECEIVED: 7/14/2015 12:50
REPORTED: 7/16/2015 08:54
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	68.3 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.013	1.003 - 1.020
pH	8.1	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test Level	GC/MS Confirm Test Level
ANABOLIC AGENTS	Negative		
MASKING AGENTS	Negative		

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
BRADLEY PICKETT

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 092478

SPECIMEN INFORMATION
REQUISITION: 2579904
LAB REF NO: 501481U
COLLECTED: 7/11/2015 16:33
RECEIVED: 7/14/2015 12:34
REPORTED: 7/16/2015 09:16
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	49.9 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.010	1.003 - 1.020
pH	7.4	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test Level	GC/MS Confirm Test Level
ANABOLIC AGENTS	Negative		
MASKING AGENTS	Negative		

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
JOSE BIRONES

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 102280

SPECIMEN INFORMATION
REQUISITION: 2579909
LAB REF NO: 499103U
COLLECTED: 7/11/2015 15:58
RECEIVED: 7/14/2015 11:46
REPORTED: 7/16/2015 08:18
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 29544N

Integrity Checks		Acceptable Range
CREATININE	188.9 mg/dL	>/= 20 mg/dL
SPECIFIC GRAVITY	1.029	1.003 - 1.020
pH	5.8	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test Level	GC/MS Confirm Test Level
ANABOLIC AGENTS	Negative		
MASKING AGENTS	Negative		

ANABOLIC ANDROGENIC AGENTS:
1-TESTOSTERONE &/OR METABOLITE/ 1-ANDROSTENDIOL/ 1-ANDROSTENDIONE
BOLASTERONE METABOLITE
BOLDENONE/ BOLDIONE/ QUINBOLONE METABOLITE
CALUSTERONE METABOLITE
CLENBUTEROL
CLOSTEBOL METABOLITE
DANAZOL/ ETHISTERONE &/OR METABOLITE
DEHYDROCHLOROMETHYLTESTOSTERONE (DHCMT) METABOLITE
DIHYDROTESTOSTERONE/ DROSTANDIOL &/OR METABOLITE
DESOXYMETHYLTESTOSTERONE METABOLITE
DROSTANOLONE &/OR METABOLITE
ESTRA-4,9-DIEN-3,17-DIONE METABOLITE
FLUOXYMESTERONE METABOLITE
FORMEBOLONE METABOLITE
FURAZABOL METABOLITE
4-HYDROXYTESTOSTERONE/ FORMESTANE METABOLITE
6A-METHYLANDROSTENDIONE METABOLITE
MESTANOLONE METABOLITE
MESTEROLONE &/OR METABOLITE
METHANDROSTENOLONE (METHANDIENONE, DIANABOL) METABOLITE
METHANDRIOL &/OR METABOLITE
METHASTERONE METABOLITE

METHENOLONE &/OR METABOLITE
METHYLNORTESTOSTERONE METABOLITE
METHYLTESTOSTERONE METABOLITE
METHYL-1-TESTOSTERONE &/OR METABOLITE
MIBOLERONE &/OR METABOLITE
NANDROLONE/ 19-NORANDROSTENDIONE/ 19-NORANDROSTENDIOL METABOLITE
NORCLOSTEBOL METABOLITE
NORETHANDROLONE/ ETHYLESTRENOL METABOLITE
OXABOLONE METABOLITE
OXANDROLONE &/OR METABOLITE
OXYMESTERONE
OXYMETHOLONE METABOLITE
PROSTANOZOL METABOLITE
STANOZOLOL METABOLITE,
STENBOLONE &/OR METABOLITE
TESTOLACTONE METABOLITE
TESTOSTERONE/ ANDROSTENDIONE/ ANDROSTENDIOL/ DHEA (T/E RATIO >4)
TRENBOLONE METABOLITE
HUMAN CHORIONIC GONADOTROPIN (HCG > 25 MIU/ML)
MASKING AGENTS:
PROBENECID
EPITESTOSTERONE (> 200 NG/ML)

DIURETICS Negative

DIURETICS:
ACETAZOLAMIDE, BENDROFLUMETHIAZIDE, BUMETANIDE, CANRENONE/
SPIRONOLACTONE, CHLOROTHIAZIDE, CHLORTHALIDONE, CLOPAMIDE,
CYCLOTHIAZIDE, DICHLORPHENAMIDE, ETHACRYNIC ACID,
FUROSEMIDE, HYDROCHLOROTHIAZIDE, HYDROFLUMETHIAZIDE,
POLYTHIAZIDE, QUINETHAZONE, TRICHLORMETHIAZIDE

CERTIFYING SCIENTIST: KSKD02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
JOHN HOWARD

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 030183

SPECIMEN INFORMATION
REQUISITION: 2579914
LAB REF NO: 501896U
COLLECTED: 7/11/2015 18:18
RECEIVED: 7/14/2015 12:52
REPORTED: 7/14/2015 17:36
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 28238N

Integrity Checks		Acceptable Range
CREATININE	120.8 mg/dL	>/= 20 mg/dL
pH	5.5	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
AMPHETAMINES	Negative	1000	ng/mL	500	ng/mL
BARBITURATES	Negative	300	ng/mL	200	ng/mL
BENZODIAZEPINES	Negative	300	ng/mL	200	ng/mL
COCAINE METABOLITES	Negative	300	ng/mL	150	ng/mL
MARIJUANA METABOLITES	Negative	100	ng/mL	150	ng/mL
METHADONE	Negative	300	ng/mL	200	ng/mL
OPIATES	Negative	300	ng/mL	300	ng/mL
OXYCODONES	Negative	100	ng/mL	100	ng/mL
PHENCYCLIDINE	Negative	25	ng/mL	25	ng/mL
PROPOXYPHENE	Negative	300	ng/mL	200	ng/mL

CERTIFYING SCIENTIST: KSKR03

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
LOUIS SMOLKA

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 071691

SPECIMEN INFORMATION
REQUISITION: 5525682
LAB REF NO: 500717U
COLLECTED: 7/11/2015 17:13
RECEIVED: 7/14/2015 12:14
REPORTED: 7/14/2015 16:47
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION
42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: NOT PROVIDED

Tests Ordered: 28238N

Integrity Checks		Acceptable Range
CREATININE	24.9 mg/dL	>/= 20 mg/dL
pH	5.5	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test	Initial Level	GC/MS Confirm Test	GC/MS Confirm Level
AMPHETAMINES	Negative	1000	ng/mL	500	ng/mL
BARBITURATES	Negative	300	ng/mL	200	ng/mL
BENZODIAZEPINES	Negative	300	ng/mL	200	ng/mL
COCAINE METABOLITES	Negative	300	ng/mL	150	ng/mL
MARIJUANA METABOLITES	Negative	100	ng/mL	150	ng/mL
METHADONE	Negative	300	ng/mL	200	ng/mL
OPIATES	Negative	300	ng/mL	300	ng/mL
OXYCODONES	Negative	100	ng/mL	100	ng/mL
PHENCYCLIDINE	Negative	25	ng/mL	25	ng/mL
PROPOXYPHENE	Negative	300	ng/mL	200	ng/mL

CERTIFYING SCIENTIST: KSDP03

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
NEIL SEERY

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 083079

SPECIMEN INFORMATION

REQUISITION: 5525681
LAB REF NO: 501696U
COLLECTED: 7/11/2015 21:32
RECEIVED: 7/14/2015 12:42
REPORTED: 7/14/2015 17:20
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION

42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: RANDOM

Tests Ordered: 28238N

Integrity Checks		Acceptable Range
CREATININE	63.4 mg/dL	>/= 20 mg/dL
pH	4.7	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test Level	GC/MS Confirm Test Level
AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	100 ng/mL	150 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSFJ05

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

Drug Detail Report

PATIENT INFORMATION
CATHAL PENDRAD

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: 090287

SPECIMEN INFORMATION

REQUISITION: 5525683
LAB REF NO: 500570U
COLLECTED: 7/11/2015 18:27
RECEIVED: 7/14/2015 12:11
REPORTED: 7/14/2015 17:36
DOCUMENT ID:

Collection Site: ONSITE COLLECTIONS ONLY-ExamOne - Vega
3213 W Charleston Blvd
Unit 101
Las Vegas, NV 89102
702-435-3600

CLIENT INFORMATION

42024347
NV STATE ATHLETIC COMM
555 E WASHINGTON
LAS VEGAS, NV 89101

Reason: NOT PROVIDED

Tests Ordered: 28238N

Integrity Checks		Acceptable Range
CREATININE	113.0 mg/dL	>/= 20 mg/dL
pH	7.2	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel		Initial Test Level	GC/MS Confirm Test Level
AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	100 ng/mL	150 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSKR03

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219