

INTERNATIONAL RUGBY BOARD

IN THE MATTER OF THE IRB JUNIOR WORLD CHAMPIONSHIP

AND IN THE MATTER OF REGULATIONS RELATING TO THE GAME

AND IN THE MATTER OF AN ALLEGED DOPING OFFENCE BY **RABAH SLIMANI (FRANCE)** CONTRARY TO REGULATION 21

BEFORE A BOARD JUDICIAL COMMITTEE APPOINTED PURSUANT TO REGULATION 21.20 and 21.21 CONSISTING OF:

Judicial Committee:

Gregor Nicholson (Scotland)
Dr. Barry O'Driscoll (Ireland)
Graeme Mew (Canada – Chair)

Appearances and Attendances:

For the Board:

Susan Ahern (Counsel)
Tim Ricketts (Anti-Doping Manager)

The Player

Rabah Slimani

For the Player:

Maître Patricia Moyerson (Counsel)

For Fédération Française de Rugby:

Pierre Camou (President)
Olivier Keraudren (Legal Director)
Dr. Marc Julia (Medical Advisor)
Maître Jean Noel Couraud (Counsel)

Also Present:

Gilles Fabre (Translator)

Heard: 10th September 2008 in Dublin

DECISION OF THE BOARD JUDICIAL COMMITTEE

1. Rabah Slimani (the "Player") is, by all accounts, a gifted and promising rugby player. At the age of 18 he has already been a student at the training centre of the Stade Française Paris rugby club and the "Pôle France" academy programme for rugby. He has played for his country at the under 18, under 19 and under 20 levels and made his debut for the Stade Française Paris professional team on 16 May 2008.
2. The Player was a member of the French team playing in the Junior World Championship tournament in Wales in June 2008. France was scheduled to play a match against Italy in Swansea on 10 June (the "Match"). The day before the Match, the Player's nose clogged up. He went to see one of the team doctors, Dr. Julia, who gave him some paracetamol, which the Player took. The next day the Player's cold was worse. His nose was running. He again consulted Dr. Julia. Dr. Julia decided to treat the Player with a nasal decongestant called Rhinofluimucil. The Player took two successive inhalations of this medication through each nostril. That was his only use of Rhinofluimucil.
3. The Player was able to play in the Match. Afterwards, he was selected for in-competition doping control and provided a urine specimen to a doping control officer. On the Doping Control Form which he signed, the Player declared that he was using "nasal spray" and "Spasfon".
4. The Player's urine specimen was divided into "A" and "B" samples and sent to the WADA accredited laboratory in Köln, Germany. The laboratory's certificate of analysis of the "A" sample indicated a positive test for the presence of tuaminoheptane.
5. Further investigation by Dr. Julia, which is corroborated by readily obtainable information on the website of the Agence Française de Lutte contre le Dopage, has established that Rhinofluimucil contains tuaminoheptane.
6. Under the *World Anti Doping Code*, the use of tuaminoheptane, which is classified as a stimulant under "S6. Stimulants" in the *2008 Prohibited List*, is prohibited.
7. The Board has no record of a Therapeutic Use Exemption ("TUE") on file for the Player for the use of this substance.
8. Following a preliminary review undertaken pursuant to Regulation 21.20.1, the results of the positive test were communicated by the International Rugby Board (the "Board") to the Player via his Union, the Fédération Française de Rugby ("FFR"), by a letter dated 24 June 2008. The Player received the Board's notification on 3 July 2008 and, in accordance with Regulation 21.19, the Player was provisionally suspended from all rugby activities effective from that date.
9. The Player was given the option of having the "B" sample of his specimen analysed, but on 18 July 2008 advised the Board via his lawyer that he accepted the findings of the "A" sample and that he did not wish to have the "B" sample analysed.
10. This independent Board Judicial Committee ("BJC") has been appointed to consider the Player's case. The Player through his lawyer indicated that he wished to have an in-person hearing before the BJC. Various pre-hearing directions were given through a series of three minutes issued by the Chairman of the BJC. A hearing date of 8 September 2008 was originally set following consultation with the Board and the other parties. At the Player's request the hearing was then adjourned to 10 September 2008.

11. Prior to the hearing, the Player, through his lawyer, indicated that he would acknowledge that he had committed an anti-doping rule violation but would submit that (a) the violation had occurred as a result of a prescription error committed by FFR medical staff; and (b) that, accordingly, any otherwise applicable sanction should be eliminated because the Player bore no fault or negligence for the anti-doping rule violation that had occurred. In light of the defences which the Player indicated he would raise, the BJC requested the attendance at the hearing of an FFR representative to present information in relation to the Player's alleged anti-doping rule violation.

12. The hearing took place at the Board's offices in Dublin. The Player and his counsel attended, as did representatives of the FFR and counsel for the FFR.

Anti-Doping Rule Violation Established

13. At the outset of the hearing, the Player confirmed his admission of the presence of tuaminoheptane in his urine sample and, hence, that he had used a Prohibited Substance. Accordingly, we are satisfied that the Player has committed an Anti-Doping Rule Violation due to the presence of a Prohibited Substance, namely tuaminoheptane, in the Player's urine sample.

Evidence

14. The BJC had before it a record which included the Doping Control Form, a Player Consent Form, the Sample Analysis Report, the Preliminary Review report and certain correspondence between the Player, the FFR and the Board. Witness statements from the following individuals were accepted into evidence:

- a) Olivier Terryn (Administrative Director, Stade Français Paris) dated 1 September 2008
- b) Christophe Mombet (Deputy National Technical Director, FFR) dated 1 August 2008
- c) Antoine Marin (Head of the French Under 20 Team Delegation) dated 15 July 2008
- d) Dr. Marc Julia (Physician for the Under 20 French Team) dated 31 July 2007

15. At the hearing, oral testimony was given by the Player, Dr. Marc Julia and M. Pierre Camou.

The Player

16. For most of the year prior to the Junior World Championship, the Player had lived and trained at the Pôle France academy programme for rugby. This was a structure in which the player placed his trust in the athlete support personnel who were there to help and guide him. He believes that on at least one occasion while at Pôle France he had used Rhinofluimucil provided by a nurse at the academy.

17. The Player had an awareness of doping issues generally and claimed to have told doctors he has consulted in the past that he is subject to anti-doping controls. He had also been told by his club's doctor that if he used any medication he was to inform the club doctor what he had taken. He had also attended a seminar on supplement use at Pôle France and acknowledged that he knew about the list of prohibited substances.

18. The Player described his interaction with Dr. Julia as follows:

It was the day before the match, in the evening my nose was clogged up so I went to see Dr. Julia to ask him if he had something for this and he gave me paracetamol and just told me "let's see if it is getting better tomorrow". The next day I woke up and my nose was even more blocked than the day before, and it was also running, running nose. So I went to see him and so I ask him if he had something just to treat that cold. So he checked in his kit and he provided me with this medication, after checking. I obtained this medication, there was no box and no label. I applied the doses, he told me to follow some doses, two on the right and two on the left. And I took it only once in the morning.

19. The Player said he had no reason to question the medication he was given by Dr. Julia. He knew that Dr. Julia was part of the FFR's medical team. He did not consider it unusual that Dr. Julia had checked a medical reference source on his computer before handing over the medication.

20. The Player used the nasal spray given to him by Dr. Julia at 10:00 a.m. The Match kicked off at 5:00 p.m.

21. This is the Player's first anti-doping rule violation.

Dr. Marc Julia

22. Dr. Julia has a diploma in sport medicine as part of which he has undertaken anti-doping training. He has worked as part of the FFR's medical service since 2006 and has assisted at the Rugby World Cup, the Six Nations tournament and the Junior World Championship. His statement was as follows:

I have been informed of a positive anti-doping test carried out on 10 June 2008. This information was provided to me by the player (Rabah Slimani), who contacted me in the morning of Thursday 3 July after receiving a recorded delivery letter. He provided me with the nature of the substance that was found during the test, namely Tuaminoheptane. I then verified the medications that I had prescribed to him prior to the test and I determined that this substance was found in a medication (nasal spray) for treating colds, that I had provided to him on the evening before the match, i.e. Rhinofluimucil®.

This is the series of events: on 9 June 2008, the player was suffering from congestive rhinitis with significant nasal discharge and major functional discomfort. I initially provided him with paracetamol, which unfortunately proved to be insufficient. On the morning of 10 June, in view of the limited efficacy of the previous treatment, the major respiratory discomfort from which the player was suffering and in an effort to treat him more quickly, I turned to a nasal decongestant treatment that is present in the French team's pharmacy: Rhinofluimucil® (2 sprays in each nostril, 3 times a day for 2 days). The player was also familiar with this medication, that had previously been prescribed to him. In view of the indication in the instructions that informed sportspeople of the possibility of positive tests during anti-doping controls, I consulted the Vidal® (2008 edition), which stipulates that "... as this speciality contains Tuaminoheptane, an alpha sympathomimetic which, while not included in the list of doping substances, can result in a positive reaction during the tests that are part of anti-doping controls." After this verification, I then provided the product

directly to the player, who had neither the box nor the instructions in his possession.

The next day, during the France/Italy match, I had to accompany a player to the hospital as result of a serious cervical trauma. I was therefore not personally on hand for the anti-doping test. Philippe Sella, the team manager, replaced me. He contacted me around 9 p.m, while I was still at the Hospital in order to ask for information on any possible instructions that I might have given to the 2 tested players. I then informed him, in good faith, that I had provided Rabah Slimani with Spasion® for digestive discomfort and Rhinofluimucil® for his severe nasal congestion.

This is how the events unfolded. The player did no more than follow medical instructions and had no intention of committing any doping in any way whatsoever.

23. Dr. Julia explained that it was only after he became aware of the positive test and spoke to the Player about it that he was told by the Player that he had used Rhinofluimucil before.

24. Dr. Julia was questioned about his reliance on the following information on Rhinofluimucil contained in the Vidal database:

Précautions d'emploi:

L'attention des sportifs est attirée sur le fait que cette spécialité contenant du tuaminoheptane un sympathomimétique alpha, qui bien que n'étant pas cité dans la liste des substances dopantes, peut induire une réaction positive des tests pratiqués lors des contrôles antidopage.

This passage was translated as follows :

Precautions of use:

The attention of the sportsmen is attracted to the fact that this speciality contains Tuaminoheptane, an alpha sympathomimetic which, while not included in the list of doping substances, can result in a positive reaction during the tests that are part of anti-doping controls.

25. The Vidal dictionary is the standard reference source used by doctors in France. There is no French sport-specific medical reference source. Dr. Julia assumed that the reference in Vidal to "la liste des substances dopantes" meant the WADA Prohibited List ("Liste des interdictions" in French). He did not, however, consult the WADA list (a copy of which is posted on the FFR website). Nor did he consult the website of the French Anti-Doping Agency (Agence française de lutte contre le dopage).¹ Had he done so (as he acknowledged at the hearing) he would have seen that Rhinofluimucil contains tuaminoheptane, described as a stimulant, the use of which is prohibited in competition.

26. Dr. Julia confirmed that the Rhinofluimucil which he gave to the Player was taken from a medical kit which had been packed by Dr. Philippe Turblin, another member of the FFR medical staff, with medicinal products made available to him from a list drawn up by the medical commission of the FFR, on which list Rhinofluimucil appeared. Dr. Turblin had briefed Dr. Julia on the contents of the medical bag and they had discussed the

¹ www.aflid.fr

need for Therapeutic Use Exemption (TUE) forms to be completed if certain substances, for example cortisone, were used. As a result of this incident, procedures for selection of the contents of the medical kit and the information provided to users of the medical kit, have now changed.

27. According to Dr. Julia, besides his cold, the Player was in good physical shape and it was Dr. Julia's opinion that the Player could have participated in the Match even if he had not used Rhinofluimucil.

Pierre Camou

28. M. Camou stated that the FFR accepted full responsibility for the procedures which led to the Player's positive test. He felt that the Player should not be held responsible. He described steps which have been taken to improve procedures within the FFR and at Pôle France. He also outlined plans for increased anti-doping education directed at younger rugby players.

29. M. Camou added that he wished also to defend the medical staff of the FFR. He understood that Rhinofluimucil is widely used and the FFR had given no indication that would have allowed Dr. Julia to think that it contained a banned substance or required a TUE to be issued before its use.

30. The FFR has recently hired a full-time medical director to better ensure consistency of practice among the doctors who assist the FFR. The preparation of the medical kits used by French teams will be one of the new medical director's responsibilities and this, it is felt, will prevent similar incidents from happening in the future.

Olivier Terryn

31. The witness statement from M. Terryn, on behalf of the Player's club, attested to the Player's rugby experience and noted that the Player has been studying for his baccalaureate exams majoring in electrical engineering, with the aim of moving on to a post-secondary science and technology programme.

Christophe Mombet

32. M. Mombet, as the Deputy national Technical Director of the FFR commented in his statement on the Player's strong work ethic, sportsmanship and good character.

Antoine Marin

33. As the head of the French delegation at the Junior World Championship, M. Marin indicated that he had been informed about the Player's medical condition and that in taking the medication prescribed for him by a team doctor, the Player should not be held liable for doing what he was requested to do.

Sanctions

34. Under Regulation 21.2.1, the "presence of a Prohibited Substance or its Metabolites or Markers in a Player's bodily Sample" constitutes an anti-doping rule violation.

Basic Sanction for First Violation is Two Years Ineligibility

35. Regulation 21.22.1 provides, in respect of sanctions:

Except for the specified substances identified in Regulation 21.22.2, the period of Ineligibility imposed for a violation of Regulation 21.2.1 (presence of Prohibited Substance or its Metabolites or Markers), Regulation 21.2.2 (Use or Attempted

Use of Prohibited Substance or Prohibited Method) and Regulation 21.2.6 (Possession of Prohibited Substances and Methods) shall be:

First violation: Two (2) years' Ineligibility.

Second violation: Lifetime Ineligibility.

However, the Player or other Person shall have the opportunity in each case, before a period of Ineligibility is imposed, to establish the basis for eliminating or reducing this sanction as provided in Regulation 21.22.4.

36. It was confirmed that this is the Player's first anti-doping rule violation.

Modified Sanctions Available if Specified Substance Involved

37. Modified sanctions may apply if the Prohibited Substance giving rise to the Anti-Doping Rule Violation is a "specified substance". In this regard, Regulation 21.22.2 provides:

The Prohibited List may identify specified substances which are particularly susceptible to unintentional anti-doping rules violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents. Where a Player can establish that the Use of such a specified substance was not intended to enhance sport performance, the period of Ineligibility found in Regulation 21.22.1 shall be replaced with the following:

First violation: At a minimum, a warning and reprimand and no period of Ineligibility from future Events, and at a maximum, one (1) year's Ineligibility.

Second violation: Two (2) years' Ineligibility.

Third violation: Lifetime Ineligibility.

38. Tuaminoheptane is a specified substance.

Reduction or Elimination of Sanction in Exceptional Circumstances

39. It is open to a Player to demonstrate that an otherwise applicable sanction should be reduced or even eliminated on the basis of "Exceptional Circumstances" as provided for in Regulation 21.22.4.

40. Two categories of exceptional circumstances are identified. In the first, if a Player can establish that he "bears No Fault or Negligence for the violation" and can establish how the Prohibited Substance entered his system, the period of Ineligibility can be eliminated. "No Fault or Negligence" means:

The Player's establishing that he did not know or suspect, and could not reasonably have known or suspected even with the exercise of utmost caution, that he had used or been administered the Prohibited Substance.

41. The second category is where a Player "bears No Significant Fault or Negligence" in which case the period of Ineligibility may be reduced, but the reduced period of Ineligibility may not be less than one-half of the minimum period of Ineligibility otherwise applicable. The definition of the term provides:

The Player's establishing that his fault or negligence, when viewed in the totality of the circumstances and taking into account the criteria for No Fault or Negligence, was not significant in relationship to an anti-doping rule violation.

The Board's Position

42. The Board's submissions emphasised the principle of strict liability. Under Regulation 21.6 an anti-doping rule violation occurs whether or not a Player intentionally or unintentionally uses the Prohibited Substance or was negligent or otherwise at fault. Regulation 21.6 addresses the principle of personal responsibility and provides:

21.6.1 It is each Players responsibility to ensure that no Prohibited Substance is found to be present in his body and that Prohibited Methods are not used. It is also the personal responsibility of each Player to ensure that he does not commit any other anti-doping rule violation.

21.6.2 It is the sole responsibility of each Player and Person to acquaint himself with all of the provisions of these Anti-Doping Regulations including the Guidelines. It is also each Player's sole responsibility to notify Player Support Personnel, including, but not limited to, their doctors of their obligation not to use Prohibited Substances and Prohibited Methods and to ensure that any medical treatment received by them does not violate any of the provisions of these Regulations.

43. The Board notes that tuaminoheptane is a specified substance and that the modified sanction under Regulation 21.22.2 would be available provided that the BJC accepts that there was no intention on the Player's part to enhance sport performance.

44. It was submitted that the BJC could take into account the Player's degree of fault when determining the appropriate sanction under Regulation 21.22.2. It was therefore unnecessary for the BJC to determine whether there should be a reduced sanction based on "no fault or negligence" or "no significant fault or negligence" on the Player's part.

The FFR's Position

45. The Player's positive test was due to conduct for which the FFR was itself responsible. The Player was not negligent and should bear no fault for what occurred. There was, in any event, no intention to enhance sport performance. The Player was prescribed medication to deal with a recognised medical condition and to allow him to participate in the Match in a normal state.

The Player's Position

46. The Player openly disclosed his use of a nasal spray on the doping control form that he completed. He had no reason to be concerned. He had used medication which had been prescribed by the team physician. Effectively he had been given the substance by the supreme authority of his sport, without the opportunity to check for concerns. Even if he had checked with Dr. Julia, he would have been told that the medication was fine.

47. The Player is a victim. In the extremely rare circumstances of this case there should be a finding of no fault and, hence, no sanction.

48. Alternatively, if the BJC views the matter in terms of the modified sanctions for specified substance, the maximum penalty should be a warning and reprimand.

49. The Player's lawyer did acknowledge that, as a result of an unrelated disciplinary penalty for misconduct, the Player is currently serving a period of suspension from

playing rugby until 18 October 2008 in addition to the provisional suspension imposed as a result of his now admitted anti-doping rule violation, which took effect on 3 July 2008.

Discussion

50. We have first considered whether there was no fault or negligence on the part of the Player. Even though tuaminoheptane is a specified substance and, hence, subject to the modified sanctioning regime under Regulation 21.22.2, a finding of no fault or negligence under Regulation 21.22.4(a) would eliminate any period of ineligibility and would not count as an anti-doping rule violation for the purposes of determining the period of ineligibility in the event that the Player commits another anti-doping rule violation in the future.²

51. The commentary to Article 10.5 of the *World Anti-Doping Code*, which corresponds with Regulation 21.22.4, makes it clear that even in cases of inadvertent use of a Prohibited Substance, the principle of the Athlete's personal responsibility will usually result in a conclusion that there has been some fault or negligence³.

52. Cases in sports jurisprudence in which there has been a conclusion of no fault or negligence are few and far between.

53. In *Pobyedonostev v. IIHF*⁴, a case involving a positive test by an ice-hockey player for norandrosterone, it was found that the Prohibited Substance had entered his system during emergency hospital treatment following an on-ice incident in which the Player had been injured. Unknown to him, while in hospital, he was treated for a heart condition with a steroid called Retabolil which was the cause of the positive result. A panel of the Court of Arbitration for Sport (CAS) found that in the unique circumstances of that case the Player had not even known until long after his positive test that he had been treated for a heart condition. From his perspective, he had been taken to hospital after he was body checked in a hockey game and had hit the boards very hard. He had left hospital 24 hours after the incident and had been able to resume training soon thereafter. In the circumstances, he had no reason to suspect that he was being treated with a substance

² See also the 2007 *World Anti-Doping Code*, Article 10.5.1

³ The commentary provides:

"To illustrate the operation of Article 10.5, an example where No Fault or Negligence would result in the total elimination of a sanction is where an Athlete could prove that, despite all due care, he or she was sabotaged by a competitor. Conversely, a sanction could not be completely eliminated on the basis of No Fault or Negligence in the following circumstances: (a) a positive test resulting from a mislabeled or contaminated vitamin or nutritional supplement (Athletes are responsible for what they ingest (Article 2.1.1) and have been warned against the possibility of supplement contamination); (b) the administration of a prohibited substance by the Athlete's personal physician or trainer without disclosure to the Athlete (Athletes are responsible for their choice of medical personnel and for advising medical personnel that they cannot be given any prohibited substance); and (c) sabotage of the Athlete's food or drink by a spouse, coach or other person within the Athlete's circle of associates (Athletes are responsible for what they ingest and for the conduct of those persons to whom they entrust access to their food and drink). However, depending on the unique facts of a particular case, any of the referenced illustrations could result in a reduced sanction based on No Significant Fault or Negligence. (For example, reduction may well be appropriate in illustration (a) if the Athlete clearly establishes that the cause of the positive test was contamination in a common multiple vitamin purchased from a source with no connection to Prohibited Substances and the Athlete exercised care in not taking other nutritional supplements.)"

⁴ CAS 2005/A/990

which—contrary to practice in Western Europe—was being applied for a heart condition. The panel accordingly found that he was without fault or negligence

54. In *Adams v CCES*⁵, it was found that an athlete's positive test for cocaine was the result of his use of a contaminated catheter while providing a urine sample during testing. Neither the athlete nor the national anti-doping agency that tested him knew about or had considered the risks of catheter contamination. As a result it was concluded that the athlete was without fault or negligence.

55. In *IRB v Berti*,⁶ a player asserted that a positive test for ephedrine may have been the result of his use of decongestant pills which had been given by a team physician three days before a match. It was not argued that there had been no fault or negligence on the part of the player in that case. Similarly, in *IRB v Dedig*,⁷ where a player tested positive for salbutamol, prescribed by a his personal physician (who was also a team physician), without a TUE, the case was put on the basis that there should be a reduced sanction under Regulation 21.22.2 rather than a finding of no fault or negligence.

56. We have wrestled with the fundamental principle of strict liability (even when a player places complete trust in his team doctor) as against the totality of the circumstances of this case, in particular what the Player's advocate described as an "institutional infringement" on the part of the FFR.

57. We have concluded that although the Player's reliance on Dr. Julia and the FFR was reasonable, it cannot absolve him of the strict liability which underpins the *World Anti-Doping Code* and IRB Regulation 21. Even though it is hard not to have sympathy for the Player in the circumstances of this case, we are of the view that his responsibilities under the Code are clear, unequivocal and inflexible. Accordingly we do not agree that the Player bore no fault or negligence.

58. Had we been invited to do so, we would, however, have found that the Player bore no significant fault or negligence for the anti-doping rule violation (Regulation 21.22.4 (b)).

59. We then turn to consider the modified sanctions for specified substances. We accept the evidence of Dr. Julia that the Player's use of Rhinofluimucil was intended to deal with a recognised medical condition and to allow him to participate in the Match in a normal state. The Player has, accordingly, satisfied us that there was no intention on his part to enhance his sport performance through the use of tuaminoheptane.

60. In the *Dedig* case, the Player was given a warning and a reprimand. He had received no anti-doping education through his Union, the physician involved was unaware of anti-doping regulations or the TUE process and the player had a well-established medical condition for which a TUE to use salbutamol would have been (and subsequently was) granted.

61. In *Berti*, the Player, in addition to using decongestant pills given to him by a team doctor, had also been using a natural supplement. It was not established whether it was the pills, the supplement, or both of them, which had caused the positive finding for ephedrine. The judicial committee hearing that case determined that had the player

⁵ CAS 2007/A/1312

⁶ Reasons dated 27 October 2006

http://www.irb.com/mm/document/training/0/addecisionberti_546.pdf

⁷ Reasons dated 18 November 2004

http://www.irb.com/mm/document/training/0/decision_dedig_556.pdf

exercised appropriate care and attention in his supplement use, a positive test may well not have occurred. A period of ineligibility of six weeks was therefore imposed.

62. In this case, we do not find the Player entirely blameless. While, as indicated already, we think it was reasonable for him to have trusted the team doctor, it did not absolve him of his personal responsibilities. The Player took no steps to verify what was being given to him. The container he was given had no label and no instructions. As a result, it is with some reservations that we have decided to give the player the benefit of the doubt and to restrict the sanction to a warning and reprimand. In doing so, however, the Player should be aware that we came very close to imposing a period of ineligibility. The FFR's ready and unqualified admission of culpability and their stated determination to improve their procedures and education to ensure that this sort of situation does not happen again were factors in our decision not to impose a period of Ineligibility.

63. The Player is, accordingly, reprimanded and warned that any further anti-doping rule violation in the future will likely result in serious consequences for him. The provisional suspension imposed on the Player in accordance with Regulation 21.19 is lifted with immediate effect.

Costs

64. If the Board wishes us to exercise our discretion in relation to costs pursuant to Regulation 21.21.9, written submissions should be provided to the BJC by Mr. Ricketts by 17:00 Dublin time on 22 October 2008, with any responding written submissions from the Player and/or the FFR to be provided by no later than 17:00 Dublin time on 29 October 2008.

Review

65. This decision is final, subject to referral to a Post Hearing Review Body (Regulation 21.24.1) and an appeal to the Court of Arbitration for Sport (Regulation 21.27). In this regard, attention is also directed to Regulation 21.24.2, which sets out the process for referral to a Post Hearing Review Body, including the time within which the process must be initiated.

14 October 2008

A handwritten signature in black ink, appearing to read 'Graeme Mew' with a stylized flourish at the end.

Graeme Mew, Chairman