community are informed of the normative system in which they live, work and compete, which requires at the very least that they be able to understand the meaning of rules and the circumstances in which those rules apply."].

Therefore, this positivity criteria must be read to mean that the $^{13}C/^{12}C$ δ value measured for the all metabolites tested differ significantly (i.e. by 3 delta units or more from that of the urinary reference steroid chosen). In addition to being required by settled law, such a reading of this positivity criteria makes sense: if an athlete were to take synthetic testosterone, and if that synthetic testosterone would cause a significant difference in the measurement of $^{13}C/^{12}C$ for one testosterone metabolite when compared to a urinary reference, then one should expect like or similar changes for **all** such metabolites tested. Simply stated, synthetic testosterone should not selectively affect these metabolites.

Furthermore, any notion that WADA intended otherwise, or that the WADA-accredited laboratories clearly understood that this positivity criteria would only require a showing of a single metabolite as exceeding the threshold, is easily dismissed by the following published statement by the WADA-accredited laboratory in Lausanne, which statement shortly post-dates the effective date of the WADA Technical Document TD2004EAAS:

> "What are the IRMS criteria to determine endogenous T ingestion, that is, does all the measured T metabolite $\delta^{13}C$-values or does only one have to be superior to 4‰." See Maitre, Urinary Analysis of Four Testosterone Metabolites and Pregandiol by Gas Chromotography-Combustion-Isotope Ratio Mass Spectrometry After Oral Administration of Testosterone, 28 Journal of Analytical Toxicology (Sept. 2004) [attached hereto as Exhibit 1].

If even the WADA-accredited laboratories were asking this question, then WADA can hardly claim that its laboratories understood otherwise. Absent a clarification by WADA,