



UNITED STATES ANTI-DOPING AGENCY Athlete Refusal Form

ATHLETE INFORMATION

Athlete Name: Scott Gross
 Gender: Male Female Sport: Cycling Discipline: Road
 Type of Test: Out-of-Competition In-Competition Event Name: _____
 Mailing Address: 592 Clermont Ave South
Address
Orange Park FL 32073 USA
Zip Code, COUNTRY

Fax

ATHLETE REFUSAL

Date: 5/3/18 Time of DCO Arrival: 8:32 ^{AM}/_{PM} Time of DCO Departure: 8:41 ^{AM}/_{PM}
 Location: Jacksonville FL
City State

REFUSAL CHECKLIST (may check more than one):

- The Athlete has been given the opportunity to examine the OOC Notification of Selection Letter (in the case of an OOC test), *Doping Control Official Record*, and DCO's credentials.
- The Athlete left the premises without explanation.
- The Athlete refused to sign the *Doping Control Official Record* and/or the *Athlete Refusal Form*.
- The DCO and/or Athlete spoke with a USADA staff member.
(In comments section below record who spoke with the USADA staff member and staff member's name).

COMMENTS:

DL-FL 6120-791-59-003-0 Athlete spoke with
USADA rep and determined not to take test due to feeling
he would test positive for vitamins he's taking with DHEA.
He doesn't want to waste our time.

SIGNATURES

I am aware that I am violating USADA Protocol and other anti-doping rules by refusing to provide a urine and/or blood Sample.

I understand I will be subject to a 4-year suspension and other consequences of an anti-doping rule violation, including public announcement of the facts and consequences.

[Signature] Athlete Signature Scott Gross (Print Name) [Signature] Athlete Representative Signature (Print Name)

CONFIRMATION OF DCO

I declare that the information provided above is true.

Laura Hahn Doping Control Officer Signature Laura Hahn (Print Name) [Signature] Chaperone Signature (or "n/a" if none) Vince White (Print Name)