Application No:.....
*(office use only)*

# Therapeutic Use Exemptions (TUE)
# Application Form

**Please complete all sections in capital letters or typing**

## 1. Athlete Information

Surname: ..... Given Names: .....

Female ❑ Male ❑ Date of Birth (d/m/y): .....

Address: .....

City: ..... Country: ..... Postcode: .....

Tel..... E-mail: .....
*(with international code)*

Sport: ..... Discipline/Position: .....

International or National Sport Organization: .....

Please mark the appropriate box below:

☐ I am part of an International Federation Registered Testing Pool

☐ I am part of a National Anti-Doping Organization Testing Pool

☐ I am participating in an International Federation event for which a TUE granted pursuant to the International Federation's (*) rules is required

Name of the event: .....

☐ None of the above

If athlete with disability, indicate disability: .....

(*) Refer to the ..... for the list of designated events



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## 2. Medical information

**Diagnosis with sufficient medical information** (see note 1)**:**

……..

……..

……

……..

**If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication**

……

……

……..

## 3. Medication details

| **Prohibited substance(s):** ***Generic name*** | **Dose** | **Route** | **Frequency** |
|---|---|---|---|
| **1.** | | | |
| **2.** | | | |
| **3.** | | | |

| **Intended duration of treatment:** (*Please tick appropriate box*) | once only ☐ emergency ☐<br>or duration (week/month): …… |
|---|---|

**Have you submitted any previous TUE application:** **yes** ☐ **no** ☐

For which substance? ……

To whom?…….When?……

Decision: Approved ☐ Not approved ☐



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## 4. Medical practitioner's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

**Name:**……

**Medical speciality:** ……..

**Address:** …….

**Tel.:**……. **Fax:** ……

**E-mail:** …….

**Signature of Medical Practitioner:** ……**Date:** ……

## 5. Athlete's declaration

I, ……. certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff under the provisions of the Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish (1) to obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Persnal Information I can file a complaint to WADA and CAS

**Athlete's signature: …….** **Date: …….**

**Parent's/Guardian's signature: …….** **Date: …….**

(if the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)



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## 6. Note:

| | |
|---|---|
| ***Note 1*** | Diagnosis<br>*Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.* |

***Incomplete and/or badly written applications will be returned and will need to be resubmitted.***

**Please submit the completed form to:**

**IFA Anti-Doping Department**
**Dr. Andreas Schmitz**
**Scharnhorststr. 33**
**D-58097 Hagen**
**Germany**

**And keep a copy of the completed form for your records**



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