

# THERAPEUTIC USE EXEMPTION APPLICATION FORM

If you already have an ADAMS account, please upload this application form directly in ADAMS. If you do not have an ADAMS account, please contact us at [tue@ita.sport](mailto:tue@ita.sport) to request the creation of an account.

Please complete all sections in CAPITAL LETTERS.

Please sign section F of the form and ask your doctor to sign section E.

Electronic signatures are accepted.

Incomplete applications will need to be resubmitted. Please keep a copy for your records.

## A. General Information (Athlete):

1. Family Name(s)		
2. First Name(s)		
3. Gender (M/F)	4. Date of Birth (dd/mm/yyyy)	5. Sport Nationality
6. Contact Email	7. Telephone Number (with country code)	
8. Address		

## B. Sport Specific Information:

1. Sport Discipline	2. Sporting Organization(IF/NF)	3. Athlete Level
		International
4. Next Competition		National
5. Date (dd/mm/yyyy)		



**D. Medication Details:**

<b>1. Prohibited substance(s): Medication(s) &amp; Active Ingredient(s)</b>	<b>2. Dosage</b>  (cc, IU, mg, ml, µg)	<b>3. Route of Administration</b>  (Ophthalmic, Oral, Topical, Inhalation, Rectal, Injection - Intra-muscular/ Intra-articular/ Intravenous etc.)	<b>4. Frequency</b>  (every # of day(s), every # of hour(s), # of times/day)
a.			
b.			
c.			

5. Intended duration of treatment: <i>(Please tick appropriate box)</i>	6. Once only Date: (dd/mm/yyyy) 7. Emergency: Yes No 8. or duration: Day(s) Week(s) Month(s) Year(s)
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9. Is this a "retroactive" TUE application? Yes No

10. Indicate for which reasons you are applying for a retroactive TUE:

Emergency treatment or treatment of an acute medical condition was necessary

Due to exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection;

Advance application was not required under Anti-doping rules;

Other reasons:

11. Have you submitted any previous TUE application? : Yes No

12. For which Active Ingredient:

13. To which International Federation (IF)/ National Anti Doping Agency (NADO):

14. Duration of Validity (dd/mm/yyyy) Start: End:

15. Decision: Approved Not Approved

**E. 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:

1. Family Name(s):

2. First Name(s):

3. Medical Specialty

4. Telephone Number with country code

5. Address

6. Email:

7. Date (dd/mm/yyyy):

8. Signature of Medical Practitioner:

**F. Athlete's declaration:**

I,

certify that the information set in this application 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 my International Federation and its National Federations and Member Associations, to other Anti-Doping Organization (ADO) included Major Event Organization, if applicable, 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 consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

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 health 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 International Federation, 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 consent to the decision on this application being made available to relevant National Federation and all ADOs, or other organizations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

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 Personal Information I can file a complaint to WADA or CAS.

1. Date (dd/mm/yyyy)

2. Athlete's Signature:

3. Date (dd/mm/yyyy):

4. Parent/Guardian Signature:

(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)

TUE ID(to be filled by the Administration):