



THERAPEUTIC USE EXEMPTION (TUE) APPLICATION & NOTIFICATION FORM

TUE Process Overview:

1. Athletes who currently take a medication should review the 2011 WADA Prohibited Drug list. You can download a copy of the prohibited list at: www.athleteswithoutlimits.org/downloads/prohibited.pdf
2. If the athlete's medication(s) is found on the prohibited drug list, this application must be submitted in order to compete since random drug testing can occur at events.
3. Athletes, parents/guardians and the prescribing or current medical practitioner should complete Sections 1-5 of the attached TUE Application. Supporting documentation is also required from the medical practitioner.
4. Send 2 copies of the application (along with your Eligibility Application if applicable) to Athletes Without Limits using the address below (keep all originals for your records).
5. Athletes Without Limits will work with the USADA (US Anti-Doping Agency) to complete Section 6.
6. Upon approval from USADA, Athletes Without Limits will send the completed application to the INAS-FID Headquarters in England for final review. If approved, the athlete will be sent an Exemption Certificate, which he/she will keep on hand at any competition where WADA drug testing is enforced including all INAS-FID events.
7. TUE will expire, usually in one-year, so the application will need to be re-submitted if the athlete is still taking the medication upon one-year expiration, or if the dosage changes.

Completing the Application:

Please type or write use black ink. Read section 5 carefully as it is the release of medical information. Do not leave any questions blank in Sections 1-5.

- **Section 1** must be completed by the athlete and parent/guardian applying for a Therapeutic Use Exemption (TUE)
- **Section 2, 3 & 4** must be completed by the athlete's medical practitioner
- **Section 5** must be signed by the athlete and the athlete's medical practitioner
- **Section 6** can be left blank as Athletes Without Limits will work with the USADA (US Anti-Doping Association) to complete this section.

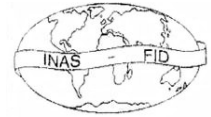
Mailing the Application:

Remember to keep the original copy of all documents for yourself.

New Athletes: If the athlete is not yet INAS registered, you may mail this TUE and supporting docs along with INAS-FID Athlete Application.

INAS-Registered Athletes: Mail a copy of the TUE and supporting docs to:

Athletes Without Limits
Attn: Julie Holman
2000 M Street NW Suite 520
Washington DC 20036
Phone: (202) 544-0510



1. ATHLETE INFORMATION

I apply for approval from the INAS-FID for the therapeutic use of a prohibited substance on the World Anti-Doping Code Prohibited List

I notify the INAS-FID of the use of beta-2-agonists by inhalation or glucocorticosteroids by non-systemic routes

Surname: -----		Given Names:-----	
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address: -----			
City: -----		Country:-----	Postcode:-----
Date of Birth (dd /mm /yy): ----- /----- /-----			
Sport:-----		Discipline/Position:-----	
Sport Class (es) (if applicable):-----			
Duration of Disability:		----- /-----	
		Years Months	



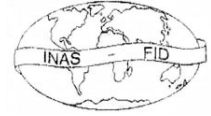
Have you submitted any previous TUE application:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes:	For which substances?		
	To Whom?	When?	
Decision:		Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>

Diagnosis of Athlete (see Note 3):

Enter reasons for not prescribing alternative therapies; if appropriate (see Note 4):

4. ADDITIONAL INFORMATION

Provide evidence to substantiate the diagnosis and the necessity to use substances on the World Anti-Doping Code Prohibited List (see Notes 3 & 4). Attach additional information, where necessary.



5. MEDICAL PRACTITIONER & ATHLETE DECLARATION

I, -----certify the above-mentioned substance/s for the above-named athlete has been/are to be administered as the correct treatment for the above named medical condition.

Signature of Medical Practitioner:-----Date:-----

I, -----certify that the information detailed in Section 1. is accurate and that I am requesting approval to us a Substance or Method from World Anti-Doping Code Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) under the provision of the IPC Anti-Doping Code. I understand that if I ever wish to revoke the right of the INAS-FID or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

Signature of Athlete:-----Date:-----

Signature of Parent/ Guardian*:-----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)*

6. NATIONAL FEDERATION DETAILS To be completed by
Athletes Without Limits and USADA

All correspondence relating to this TUE application will be directed to the National Federation Doping Control/Medical Officer of the applicable National Federation, as detailed below (see Note 5):

National Federation Doping Control/Medical Officer: -----

Name

Signature *Date*

Tel.:----- Fax:-----



7. NOTES

<p>Note 1</p>	<p><i>Name, Qualifications & Medical Speciality</i> For example: Dr AB Cook, MD FRACP, Cardiologist.</p>
<p>Note 2</p>	<p><i>Medication Details</i> Provide details concerning the substance(s) on the World Anti-Doping Code Prohibited List for which approval is sought. Use generic names (INN) as well as commercial names and specify medication dose.</p>
<p>Note 3</p>	<p><i>Diagnosis</i> Evidence confirming the diagnosis must be attached and forwarded with this application and must be in English. 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 where 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.</p>
<p>Note 4</p>	<p><i>Medical Evidence</i> If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification for the requested use of the substance(s) on the World Anti-Doping Code Prohibited List.</p>
<p>Note 5</p>	<p><i>National Federation Medical Officer</i> All applications must include a statement by the Medical Officer of the athlete's National Federation, attesting to the necessity of the use of substance(s) on the World Anti-Doping Code Prohibited List in the treatment of the athlete.</p>

Therapeutic Use Exemptions (TUEs) Application Form

Please complete all sections in capital letters or typing

1. Athlete Information

Surname:	Given Names:
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth (d/m/y):
Address:	
City:	Country: Postcode:
Tel.:	E-mail:
<i>(with international code)</i>	
Sport:	Discipline/Position:
International or National Sport Organization:	
If athlete with disability, indicate disability and class:	

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): <u>Generic name</u>	Dose	Route	Frequency
1.			
2.			
3.			

Intended duration of treatment: <i>(Please tick appropriate box)</i>	once only <input type="checkbox"/> date:..../..../....	emergency <input type="checkbox"/>
	or duration (week/month):	

<p>Have you submitted any previous TUE application: yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>For which substance?</p> <p>To whom?When?</p> <p>Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>

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 staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact.

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)

6. Note:

Note 1 Diagnosis

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 Applications will be returned and will need to be resubmitted.

Please submit the completed form to the ADO and keep a copy for your records.

The application must include a comprehensive medical history and the results of all examinations, laboratory investigations and imaging studies relevant to the application.

The minimal requirements for the medical file to be used for the TUE process in the case of asthma and its clinical variants must be fulfilled.