

Therapeutic Use Exemption (TUE) Application Form

TUE applications will not be reviewed unless additional medical evidence is submitted with this application to justify the need for a TUE. Medical evidence to confirm the diagnosis should include:

- Comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies
- Copies of original reports, letters and specialist reviews
- Clinical justification of the use of a Prohibited Substance or Prohibited Method when there are reasonable permitted alternative medications available

Please note that applications for the beta-2 agonist terbutaline will not be accepted on this form, and instead must be submitted on the beta-2 agonist TUE form.

Please complete all sections in BLOCK CAPITALS. Incomplete or illegible forms will be returned.

1. Athlete Information

Surname: _____ **First names:** _____

Date of Birth (dd/mm/yy): // **Gender (please tick):** **Male** ☐ **Female** ☐

Address: _____

_____ **Post code:**

Contact Tel (including dialling code):

Email: _____

Sport/Discipline: _____ **Club:** _____

National Governing Body: _____ **Impairment category:** _____

Level of competition (please tick one box as appropriate)

I am part of my International Federation's Registered Testing Pool ☐

I am competing in an international competition ☐

I am part of UK Anti-Doping's National Registered Testing Pool ☐

I am competing at a national level event in my sport ☐

Other ☐ (please state level) _____

Next competition the TUE is required for: _____

Competition Date: //

2. Previous Applications

Have you submitted a previous TUE application? Yes ☐ No ☐

The Anti-Doping Organisation applied to? UK Anti-Doping ☐ Other (please state) _____

Decision: Approved ☐ Declined ☐

3. Retroactive Applications

Is this a retroactive application (has treatment already commenced)?

Yes ☐ No ☐ (if 'no', please go to section 4)

If yes, on what date did the treatment start? //

If this is a retroactive application, please indicate the reason why:

- Emergency treatment or treatment of an acute medical condition was necessary ☐
- Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection ☐
- Advance application not required under applicable rules ☐
- Other ☐ Please state _____

4. Medication Information

Diagnosis (please attach medical evidence to support this diagnosis):

Medical examination(s) / test(s) performed (please attach the results of medical investigations completed): _____

Prohibited Substance(s)	Dose and units of administration	Route of administration	Frequency of administration
1.			
2.			
3.			
4.			

Intended duration of treatment(s): Once only ☐ Emergency ☐ Weeks/Months ☐

Please specify duration: _____

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

5. Notifying Medical Practitioner Details and Declaration

Name: _____	<div>Practice stamp / address:</div>
Qualifications: _____	
Medical Speciality: _____	
Contact Tel. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email: _____	

I certify that 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. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above named medical condition.

If the athlete is under 18 and I have not notified the athlete's parent/guardian, this is because I consider the athlete to be competent to give consent to treatment.

I understand that my details will be held on an anti-doping database and will be accessible by the athlete, their National Governing Body, their International Federation, UK Anti-Doping, and the World Anti-Doping Agency in order to allow them to administer the anti-doping programme.

Signature of medical practitioner: _____ **Date:** //

If the athlete is under 18 does the athlete's parent/guardian know about this treatment?

Yes ☐ No ☐

Are the relevant medical reports and examination/test results attached?

Yes ☐ No ☐

6. Athlete's Declaration

I certify that the information provided under Section 1 of this TUE application form is accurate and that I am requesting approval to use a substance or method on the World Anti-Doping Code (the Code) Prohibited List.

I authorise the release of personal medical information related to this application to the National Anti-Doping Organisation (NADO, namely UK Anti-Doping) as well as to the World Anti-Doping Agency (WADA) staff, to the NADO's Therapeutic Use Exemption Committee (TUEC) and to other Anti-Doping Organisations (ADO) under the provisions of the Code and the anti-doping rules of my sport.

I understand and agree that:

- My TUE data will only be used to allow the above organisations to administer the anti-doping programme in accordance with the Code International Standard for TUEs;
- My TUE data will be collected by the NADO who shall be principally responsible for ensuring the protection of this data. The NADO will use the Anti-Doping Administration and Management System (ADAMS) to store, process and manage my data, including its disclosure to authorised recipients;
- My TUE data, or part of it, will be made accessible to authorised ADOs (for instance, designated NADOs, the International or National Federation of my Sport, and WADA);
- My TUE data may have to be shared with other independent medical and/or scientific experts, and all necessary staff involved in the management, review or appeals of TUEs if applicable;
- Persons or parties receiving my information may be located outside of the country where I reside. In some other countries data protection and privacy laws may not be equivalent to those in my own country;
- I may have certain rights under applicable laws in relation to my TUE data, including rights to access and/or correct and inaccurate data; and
- To the extent that I have any concerns about the processing of my TUE data I may consult with the NADO and/or WADA as appropriate.

Withdrawal of Consent

I understand that if I ever wish to revoke the right of the NADO and authorised ADOs (designated NADOs, the International or National Federation of my Sport, and WADA) to access my TUE information, I must notify my medical practitioner and the NADO in writing of that fact.

Authorisation and Consent

By signing this form I expressly consent to the use of my TUE data as set out above.

Athlete's signature: _____ **Date:** / /

Parent/guardian signature: _____ **Date:** / /

If the athlete is under 18 and is not deemed to be competent to give their consent to the treatment or has an impairment preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete).

I would like the decision to be sent to (please tick one box as appropriate):

My postal address ☐ **My e-mail address** ☐ **The notifying medical practitioner** ☐

Mark as confidential and submit the completed form to UK Anti-Doping and keep a copy for your records.

Address: TUE, UK Anti-Doping, Fleetbank House, 2-6 Salisbury Square, London, EC4Y 8AE

Confidential fax: 0800 298 3362 **e-mail:** tue@ukad.org.uk