

# 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. The athlete must complete sections A,B, D(9-15) and F; the physician must complete sections C, D(1-8) and E.

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		
9. If you are an athlete with an impairment, please indicate the impairment:		

## 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)		

**C. Medical Information:**

**Note:** Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information must 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. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application. WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

In the case of a "retroactive TUE" application please indicate the circumstances or situation which prevented the submission of a timely TUE application (See Page 3).

1. Diagnosis with sufficient medical information (see note above):

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



**E. Medical practitioner's declaration:**

I certify that the information in sections C and D(1-8) is accurate, and 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 out in sections A and D(9-15) 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 the relevant Anti-Doping Organization (ADO) including Major Event Organizations, 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 that may have a right to this information under the provisions of the Code and/or the International Standard for Therapeutic Use Exemptions. These people are subject to a professional or contractual confidentiality obligation.

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, International Standards, or national anti-doping laws; or to establish, exercise or defend a legal claim involving me, WADA, and/or an ADO.

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 my information may be stored in ADAMS, which is hosted by WADA on servers based in Canada, and will be retained for the duration as indicated in the WADA International Standard for the Protection of Privacy and Personal Information (ISPPPI).

I understand that if I believe that my Personal Information is not used in conformity with this consent and the ISPPPI, I can file a complaint to WADA (privacy@wada-ama.org), or my national regulator responsible for data protection in my country.

I understand that the entities mentioned above may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

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 an impairment 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):