

THERAPEUTIC USE EXEMPTION (TUE) APPLICATION & NOTIFICATION FORM

INSTRUCTIONS

- Please read Section 6 (IPC Anti-Doping Code) carefully prior to completing this form
- Type information or write legibly in block letters using black ink in English
- Leave no blanks and answer all questions
- Section 1 & 5 must be completed by the athlete applying for a Therapeutic Use Exemption (TUE)
- Section 2, 3 & 4 must be completed by the athlete's medical practitioner
- The generic/chemical name of the substance must be included for all medications listed in the request.
- Please keep a copy for your records before submitting.
- Completed TUE Applications & Notification Forms should be sent by the NPC to the International Paralympic Committee to:

IPC Anti-Doping Administration Manager
International Paralympic Committee
Adenauerallee 212-214
53113 Bonn
Germany
Fax: +49 228 2097 209
Email: antidoping@paralympic.org

**INCOMPLETE TUE APPLICATIONS & NOTIFICATION FORMS WILL NOT BE
CONSIDERED AND WILL BE RETURNED TO THE NPC**

Therapeutic Use Exemptions

TUE

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):

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

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3. Medication details.(see note 3)

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):	

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

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 relevant parties only i.e. to my 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. I also understand that if I withdraw my consent to the release of my personal medical information, I may not receive approval for a TUE or the renewal of an existing TUE, since no TUE can be granted or renewed without the disclosure of comprehensive medical data.

I AM AWARE THAT AN APPLICATION FOR A TUE REQUIRES THE PROCESSING (FOR EXAMPLE TRANSMISSION, DISCLOSURE, USE AND STORAGE) OF ALL DATA PERTAINING TO SUCH APPLICATION THROUGH THE ANTI-DOPING ADMINISTRATION AND MANAGEMENT SYSTEM (ADAMS) TO ENSURE HARMONIZED, COORDINATED AND EFFECTIVE ANTI-DOPING PROGRAMS FOR DETECTION, DETERRENCE AND PREVENTION OF DOPING. SIGNING THIS FORM WILL INDICATE THAT I HAVE BEEN SO INFORMED AND THAT I GIVE MY EXPRESS CONSENT TO SUCH PROCESSING OF DATA.

I understand and agree that my application for a TUE will only be considered following the submission in ADAMS, by myself or by my ADO, of the present completed application form, as well as all relevant documents related to the application.

I understand and agree that my TUE related data will be made accessible through ADAMS to the authorized ADO, to WADA and to the Therapeutic Use Exemption Committee.

I understand and agree that if a TUE is granted, such TUE and the related information will be stored electronically in ADAMS for a minimum period of 8 years, the period of 8 years being the period within which an action can be commenced following a violation of an anti-doping rule contained in the Code.

WADA, Anti-Doping Organizations and Therapeutic Use Exemption Committees will not disclose any of my TUE related information beyond those persons within their organization with a need to know according to the Code.

RELEASE

I hereby release WADA as well as ADOs and TUE Committees from all claims, demands, liabilities, damages, costs and expenses that I may have arising in connection with the processing of my TUE related data through ADAMS.

WITHDRAWAL OF CONSENT

I understand that I may at any time revoke my consent for the processing of my TUE related data through ADAMS. I also understand that as a consequence of such withdrawal of consent, I will not receive approval for a TUE or a renewal of an existing TUE.

Date

Print name (Last Name, First Name)

Date
(Day/Month/Year)

of

Birth

Signature (or, if a minor, signature
of legal guardian)

6. Note:

Note 1	Diagnosis <i>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.</i>
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Note 2: Medical Evidence.

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. A statement, in English, by an appropriately qualified physician attesting to the necessity to use the Prohibited substance or Prohibited Method in the treatment of the Athlete and describing why an alternative, permitted medication cannot, or could not, be used in the treatment of this condition. Trials of non-Prohibited therapies should be noted.

Note 3: Medication details.

Provide details concerning the substance(s) on the World Anti-Doping Code Prohibited List for which approval is sought. Use generic/chemical names (INN) as well as commercial names and specify medication dose, route of administration, frequency, and duration of administration of the treatment.

Incomplete Applications will be returned and will need to be resubmitted.

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