

Application No:
(For internal IAAF use only)



IAAF Therapeutic Use Exemption (TUE) Application Form

I hereby apply for approval for the therapeutic use of a prohibited substance or prohibited method on the WADA Prohibited List

Please complete all sections in CAPITAL LETTERS or typing.

☞ Athlete to complete sections 1, 5, 6 and 7

☞ Physician to complete sections 2, 3 and 4.

Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

<input type="checkbox"/> I am included in IAAF Registered Testing Pool or
<input type="checkbox"/> Preparing for IAAF International Competition (which competition)

1. Athlete information

First Name	Last Name
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of birth (dd/mm/yy)
Nationality	Discipline
Address	
City	Country
Postal Code	E-mail
Tel (<i>with international code</i>).	Mobile

2. Medical information

Diagnosis with sufficient medical information:
.
.

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

.....
.....
.....
.....

Comment:

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 clinical examinations, laboratory investigations, specialist medical reports 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.

3. Medication details

Prohibited substance(s) (see Note 1): Commercial name/Generic name (INN) e.g. Humuline©/Insulin	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

Intended duration of treatment (see Note 2):	Once only <input type="checkbox"/>	Emergency <input type="checkbox"/>
	Or duration (week / month)	

Additional information:

4. Medical practitioner's declaration

I certify that the information under sections 2 and 3 above is accurate and that the above-mentioned treatment is medically appropriate. I further certify that the use of alternative medications not on the WADA Prohibited List would be unsatisfactory for the treatment of the above-named medical condition (see **Note 3**).

Name, qualifications and medical speciality (see **Note 4**)

.....

Address:

City State/Province Country

Postal Code E-mail

Tel (with international code) Mobile

Signature of medical practitioner **Date**

5. Retroactive applications

<p>Is this a retroactive application?</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>If yes, on what date was treatment started?</p> <p>_____</p> <p>_____</p>	<p>Please indicate reason:</p> <p>Emergency treatment or treatment of an acute medical condition was necessary <input type="checkbox"/></p> <p>Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection <input type="checkbox"/></p> <p>Advance application not required under applicable rules <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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6. Previous applications

Have you submitted any previous TUE application? yes no (tick appropriate box)

For which substance(s)/method(s)?

Organisation (to whom TUE application was sent)

When (dd/mm/yy)

Result (attach previous TUE(s) where applicable): Approved Not approved

Has the athlete's National Federation Team Doctor been notified of this application?

Yes: No:

Name of National Federation's Team Doctor (see Note 5)

7. Athlete's declaration and consent

I, _____ certify that the information under sections 1, 5 and 6 above is accurate and that I am requesting approval to use a Prohibited Substance or Prohibited Method from the WADA Prohibited List. I authorize the release of my personal medical information to the IAAF and to members of the IAAF Therapeutic Use Exemption Sub-Commission (IAAF TUESC), as well as to any other relevant persons who may be involved in the management, review or administration of my application in accordance with IAAF Anti-Doping Regulations (including, where applicable, WADA or IOC staff and/or members of the WADA or IOC Therapeutic Use Exemptions Committees) and to other ADO TUECs and authorized staff that may have a right to this information under the World Anti-Doping Code and/or the International Standard for Therapeutic Use Exemptions. I understand that the members of IAAF staff and the IAAF TUESC involved in the administration of TUE applications will not disclose any of my TUE related information beyond those persons with a need to know according to the IAAF Anti-Doping Regulations.

I understand that, if I ever wish to revoke the right of the IAAF TUESC to obtain my health information on my behalf, I must notify my medical practitioner and the IAAF 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 relevant administration/data management systems, including those at the IAAF and the Anti-Doping Administration and Management System (ADAMS), to ensure harmonized, coordinated and effective Anti-Doping programmes for detection, deterrence and prevention of doping. By signing this form, I consent to such processing of my TUE related data.

I authorize the decision of the IAAF TUESC to be notified to other relevant organizations in accordance with IAAF Rule 34.9. 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 10 years, the period of 10 years being the period within which an action can be commenced following an Anti-Doping rule violation under IAAF Rules.

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.

WITHDRAWAL OF CONSENT

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

RELEASE

I hereby release the IAAF and the IAAF TUESC from all claims, demands, liabilities, damages, costs and expenses that I may have arising in connection with the processing of my TUE related data.

Athlete's signature

Date

Parent's/Guardian's signature

Date

(If the athlete is a minor, a parent or guardian shall sign together with or on behalf of the athlete)

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Notes:

Note 1	Medication details <i>Provide details concerning all medications or treatments. Provide both the commercial and generic name (International Non-proprietary Name - INN) of the medication and specify the medication dose, the route of administration and the frequency of administration.</i>
Note 2	Change of Prescription <i>Note that a new TUE application is required for any change in prescription.</i>
Note 3	<i>If a permitted medication cannot be used in the treatment of the athlete's medical condition, please provide clinical justification (on page 2) for the requested use of the prohibited medication.</i>
Note 4	Name, qualifications and medical specialty <i>For example: Dr AB Cook, MD FRACP, Gastroenterologist. Dr JA Gonzalez, MBBS, FACSM, Sports Physician</i>
Note 5	National Federation Team Doctor <i>Whenever possible, the National Federation Team Doctor should be notified of the application and the application should include a statement by the Team Doctor attesting to the necessity of the otherwise prohibited substance or prohibited method in the treatment of the athlete.</i>

WARNING: Incomplete Applications will be returned and will need to be re-submitted!

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Please submit the completed form to the IAAF Health & Science Department either by post or email (see contact details below) and keep a copy of the form for your records:

IAAF Health & Science Department

6-8 Quai Antoine 1^{er}

BP 359, MC 98007 Monaco Cedex

E-mail: tue-application@iaaf.org

If there are further questions arising from this Form or regarding the relevant procedures for standard applications for TUEs, please contact the IAAF for further information also on tue-application@iaaf.org