

Application Form Therapeutic Use Exemptions (TUE) International Tennis Federation (ITF)

Please complete ALL sections in **CAPITAL LETTERS or typing**. Incomplete applications will be returned. To complete this document electronically, please type where indicated, and do NOT insert additional lines. This document must be submitted in 3 pages.

I hereby apply for approval from the International Tennis Federation (ITF) for the therapeutic use of a substance and/or method on the WADA Prohibited List.

1. PLAYER INFORMATION

Family Name(s):	First Name(s):
Female <input type="checkbox"/> Male <input type="checkbox"/> (select appropriate box)	Date of birth (dd/mm/yy):
Address:	
City:	
State and Country:	Post/ZIP Code:
<i>Please write ALL telephone and fax numbers including Country Code and Area Code</i>	
Contact Tel:	Mobile/Cell:
E-mail:	Fax number:
If player with disability, indicate disability:	
<i>Reply to be sent to: (Please select one option by selecting the appropriate box)</i>	
<input type="checkbox"/> Fax number:	Attention:
<input type="checkbox"/> E-mail address:	

2. NOTIFYING MEDICAL PRACTITIONER

Family Name(s):	First Name(s):
Qualifications (e.g. MD):	
Medical Speciality (e.g. gastroenterologist):	
Address:	
City:	
State and Country:	Post Code:
<i>Please write ALL telephone and fax numbers including Country Code and Area Code</i>	
Contact Tel:	Mobile/Cell:
E-mail:	Fax number:
<i>Reply to be sent to: (Please select one option by selecting the appropriate box)</i>	
<input type="checkbox"/> Fax number:	Attention:
<input type="checkbox"/> E-mail address:	

3. MEDICATION INFORMATION: DIAGNOSIS WITH SUFFICIENT MEDICAL INFORMATION

Evidence confirming the diagnosis must be provided in support of this application. In those cases where this evidence is not written in English, a summary in English should be enclosed. The medical evidence should include a comprehensive medical history and summarise 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 should be provided.

Diagnosis:

Medical Examination(s)/Test(s) Performed:

N.B. All TUEs are subject to review at any time by the ITF TUEC and/or WADA TUEC.

4. MEDICATION DETAILS

Prohibited Substance(s)/Methods(s) Generic Name	Dosage, Strength & Frequency (including number of e.g. pills/puffs)	Route of administration	Treatment starts (dd/mm/yy)	Treatment finishes (dd/mm/yy)
<i>Example:</i> Dexamethasone	1 × 8 mg once only	Intravenous	01/01/10	01/03/10

Complete this section ONLY in the case of emergency treatment/exceptional circumstances*

* In case of emergency treatment or treatment of an acute medical condition, or exceptional circumstances (for retroactive approval), please indicate all relevant information to explain the emergency and/or why the TUE application could not be submitted in advance of the treatment.

If a non-Prohibited Substance(s) can be used to treat the specified medical condition, provide clinical justification for the requested prohibited substance(s)/medication(s) below:

Have you previously submitted a TUE Application: Yes No

For which substance (generic name)?

To which organisation was it submitted?

When was it submitted?

Decision: Approved Not Approved

5. MEDICAL PRACTITIONER'S DECLARATION

I,	(First name)	(Family name)
Certify that the above-mentioned treatment is medically appropriate and that the use of alternative substances/medications not on the WADA Prohibited List would be unsatisfactory for this condition:		
<i>Please indicate the medical condition below:</i>		
Medical Practitioner's Signature:		Date (dd/mm/yy):

6. PLAYER'S DECLARATION

I,	(First name)	(Family name)
Certify that the information in Section 1 is accurate and that I am requesting approval to use the following Substance(s) or Method(s) from the WADA Prohibited List:		
<i>Please indicate the name of the substances (Generic Name):</i>		
I authorise the release of the personal medical information pertaining to this TUE application to the ITF TUEC, in addition to the WADA TUEC and to other Anti-Doping Organisations (ADO) as necessary under the provisions of the WADA Code. I understand that if I wish to revoke the right of these organisations to obtain and/or review such information, sent either by me or on my behalf, I must notify my medical practitioner and the ITF in writing.		
I am aware that the ITF TUEC will evaluate and/or process my TUE application ("the Application") in accordance with the prevailing version of the International Standard for Therapeutic Use Exemptions. I understand that no medical advice will be provided to me in connection with the Application. I understand and agree that I should obtain medical advice from a qualified health professional before starting or stopping any medication and/or treatment in relation to the Application. I also understand that no decision with respect to the Application is in any way indicative of whether I should or should not follow the medical advice which I have received or will receive with respect to any condition that I may have. Having read this waiver and knowing these facts, and in consideration of the necessary evaluation and processing of the Application, I, and anyone entitled to act on my behalf, hereby release and discharge the WTA, ATP, ITF and IDTM and all employees, designees, agents or representatives of any of them, including those persons directly involved in the evaluation and processing of the application, from all claims or liabilities of any kind arising out of or connected in any way with the Application, even if such claims or liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver.		
Player's Signature:		Date (dd/mm/yy):
<i>If the player is a minor or has a disability preventing him/her from signing this form, a parent or guardian shall sign together with, or on behalf of, the player.</i>		
Parent's/Guardian's Signature:		Date (dd/mm/yy):

Please submit the COMPLETED form (keeping a copy for your records) to:

**International Doping Tests & Management,
IDTM Drug Information Centre**
Telephone: +46 8 555 10 999 Fax: +46 8 555 10 995 Email: tennis@idtm.se