



Athlete Name: _____

Therapeutic Use Exemption (TUE) Application

The following sports require a different application form (found on www.usada.org/tue-apply): Badminton(BWF); Basketball(FIBA); Bobsled and Skeleton (FIBT); Canoe (ICF); Field Hockey (FIH) Paralympics (IPC); Tennis(ITF); Track and Field(IAAF); Wrestling(FILA); Volleyball(FIVB).

1. Basic Athlete Information

Last Name: First Name:

Female Male Date of Birth (month/day/year):

Mailing Address:

City: State: Zip Code:

Daytime Phone: Sport:

Email:
(by entering an email address, you agree to receive communication about this TUE by email.)

If you would like to nominate someone else to speak to USADA regarding this TUE application, please list their name(s) and relationship here :

Please list any upcoming National/International Events you intend to participate in (INCLUDE DATES):

I plan to compete in the London 2012 Olympic and/or Paralympic Summer Games

2. Athlete Declaration:

I,, certify that the information is accurate and that I am requesting approval to use a Substance or Method from the World Anti-Doping Agency (WADA) Prohibited List. I authorize the release of personal medical information to USADA including its Therapeutic Use Exemption Committee (TUEC) as well as to WADA staff, to the WADA TUEC, and to the appropriate International Federations and their TUEC under the provisions of the WADA Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organization TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

By completing and submitting this form I consent to the use for legitimate anti-doping purposes of the information provided in this form and in all past or future filings or documents submitted to USADA (including all whereabouts filings, updates, doping control forms, TUE filings and other filings) by USADA and other anti-doping organizations.

I understand that International and National-Level Athletes should submit the Form to USADA and USADA will forward the Form to the appropriate Governing Body and/or TUEC. I understand that using any prohibited substance is at my own risk of committing a doping violation until my request has been approved and I receive approval in writing from USADA and/or my IF (if applicable).

Athlete's signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____
(If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete.)

Office Use only:
Assigned # _____ TUEC Case # _____ TUE Authority: _____ Pool Status : ITP NTP NNP None



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3: Medical Information & Diagnosis (to be filled out by the physician):

DIAGNOSIS:

4: Supporting Documentation – Important Information for Physicians

The number-one reason why TUE applications are denied is a lack of supporting documentation. Keep in mind, the Therapeutic Use Exemption Committee (TUEC) must have enough medical documentation to come to the same diagnosis and treatment plan WITHOUT EVER SEEING THE PATIENT. If this documentation is not provided, the TUE will be returned to the athlete without review by the TUEC. Please check the supporting documentation that you are including with the application:

- comprehensive medical history
- copies of all relevant examinations and clinical notes (for example, if you reference a clinic visit in a letter or summary, you must include a copy of the clinical notes taken during the visit).
- copies of laboratory results/reports, and imaging studies (a paragraph summarizing lab results is not sufficient. If laboratory results form part of your diagnosis, it is not enough to just say so. You must submit a copy of the lab results).
- A statement of why the Prohibited Substance is needed, and why permitted alternatives are not effective. Note, many TUES are returned or denied because there is no documentation that any other treatment has been tried. If there are alternatives available, *you must document a failed trial* of those alternatives. If you don't know which alternative medications are permitted, you can search www.globaldro.com or call Drug Reference 800 233 0393 for more information.
- Independent supporting medical opinion where available or appropriate

5: Medication details (physicians- you can confirm the status of medications by searching www.globaldro.com from your computer or smart phone, or call Drug Reference on 800-233-0393)

Prohibited substance(s): <u>Generic name</u>	Dose	Route of administration	Frequency
1.			
2.			
3.			
4.			

Intended duration of treatment: <i>(Please tick appropriate box.)</i>	<input type="checkbox"/> One-Time Only <input type="checkbox"/> Emergency If this is an emergency (life threatening or urgent care) please write EMERGENCY in block letters on the top of the application to expedite processing. <input type="checkbox"/> Long term (note duration: weeks/months):
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4. Medical practitioner’s declaration (CAPITAL LETTERS)

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.

Name:

Medical Speciality:.....

Address, State, Zip:

Tel.: **Fax (optional):**

E-mail:

Signature of Medical Practitioner: **Date:**

No TUE will be in effect until the athlete is notified following review of the documentation.

Please submit your application to the U.S. Anti-Doping Agency and keep a copy for your records.

By Mail:
United States Anti-Doping Agency
ATTN: TUE Department
5555 Tech Center Dr Suite 200
Colorado Springs, CO 80919

By Fax: (719) 785-2029

By E-mail: tue@usada.org

If you do not receive confirmation of receipt within 3 business days, please contact the TUE Administrator on 719 785-2045 immediately.

For more information, check your medications GlobalDRO: www.GlobalDRO.com
Or contact the Drug Reference Department: (800) 233-0393, or drugreference@usada.org

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