



USADA THERAPEUTIC USE EXEMPTION (TUE) APPLICATION

****PRESCRIBING PHYSICIANS PLEASE READ****

Occasionally, an athlete may have a condition that requires the use of medication(s) listed on the World Anti-Doping Agency's (WADA) Prohibited List. USADA can grant athletes a Therapeutic Use Exemption (TUE) in compliance with the WADA International Standard for TUEs. The TUE application process is thorough and designed to balance the need to provide athletes access to critical medication while protecting the rights of clean athletes to compete on a level playing field.

For a TUE to be approved, there must be enough information in the file for our committee of physicians to reach the same diagnosis without ever seeing the patient. A thorough clinical file is essential for USADA to defend the athlete in case a TUE is ever challenged by WADA or an International Federation. In general, all TUE applications will require the following items:

- *A complete and legible TUE Application (attached)*
- *A comprehensive medical history of the athlete's condition (related to the prohibited medication)*
- *Copies of all relevant examinations and clinical notes (include laboratory/imaging results where applicable)*
- *A statement from the physician outlining a medically-justifiable rationale for why the prohibited substance is needed and why permitted alternatives are not appropriate. (Note: many TUEs are returned or denied because there is no documentation showing failed trials of permitted alternatives or explanation why an alternative is not feasible for treatment.) Search the prohibited status of alternative medications on GlobalDRO.com or contact USADA Drug Reference at 719-785-2080 or drugreference@usada.org for more information.*

Please refer to the guidelines for the athlete's specified condition for a list of additional items to include in the application packet (found at <https://www.usada.org/substances/tue/apply/>).

Requests for further information are not intended to question or dispute your diagnosis, but rather are an attempt to ensure the athlete is fully protected by any TUE granted by USADA. We understand collecting these items can be time consuming and we apologize for any burden this places on your time or your clinic.

If you have any questions or concerns regarding the TUE process, please contact the USADA TUE Team at 719-785-2045 or tue@usada.org.

Thank you for your commitment to clean sport!

The USADA TUE & Drug Reference Team

U.S. ANTI-DOPING AGENCY

5555 Tech Center Drive, Suite 200, Colorado Springs, CO 80919 • Tel: 719.785.2000 • Fax: 719.785.2001
USADA@USADA.org • www.USADA.org



Athlete Name: _____

USADA Therapeutic Use Exemption (TUE) Application

The following sports require a different application form if competing internationally (found on USADA.org/tue-apply): Paralympics (IPC); Track and Field (IAAF); Wrestling (UWW); Equestrian (FEI).

Athletes complete sections 1, 2, 3, and 4. Physicians complete sections 5, 6, 7, and 8.
Please do not staple pages together. Please do not submit photos/jpeg files of the application pages.

1. Athlete Information *(This is a fillable form. Please type and print to sign.)*

Last Name:		First Name:	
Female	Male	Date of Birth (MM/DD/YYYY):	
Mailing Address:			
City:		State:	Zip Code:
Primary Phone:		Athlete's Email:	
Sport:		Discipline/Para-Classification:	
(By entering an email address, you agree to receive communication about this TUE by email.)			
What is your sport nationality?		USA	Other
US National Governing Body (NGB):		US NGB Membership or License Number:	
International Federation (IF):		IF Membership or License Number:	
ATHLETE REPRESENTATIVE: If you would like to nominate someone else to speak to USADA on your behalf regarding this TUE Application, please list their name(s) and information here:			
Name(s):		Relationship:	
Email:			

2. Athlete Competition Level and Schedule

COMPETITION LEVEL: Please answer the following questions so we may determine your competition level.		
Are you currently or have you ever been in a Registered Testing Pool (RTP) for USADA or any IF? Includes USADA CAP athletes. (RTP & CAP athletes are formally notified and required to submit whereabouts information.)	Yes	No
Do you receive USOPC funding?	Yes	No
Have you qualified or are you planning to compete in an event sanctioned by an IF, the IOC/IPC, the USOPC, or Pan-American/Parapan Games? If yes, please provide the event details in the table on the next page.	Yes	No
Have you ever tested positive for any substance for which you did not have a valid TUE?	Yes	No
Have you qualified or are you planning to compete in a 'Trials' event designed to qualify you to an Olympic, Paralympic, Pan- or Parapan U.S. National Team? If yes, please provide the event details in the table on the next page.	Yes	No



Athlete Name: _____

COMPETITION SCHEDULE: Please list any upcoming National/International Events you intend to compete in.			
PLEASE INCLUDE SPECIFIC DATES AND EVENT NAMES.			If competing in age-group category, please check box.
Competition Name	Dates of Competition	Sanctioning Body (NGB or IF)	

Can the results of any competitions listed potentially qualify you for immediate selection to the US National Team for an Olympic, Paralympic, Pan or Parapan American Games?	Yes	No
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If typing, please print and complete the rest of the information by hand (no electronic signatures).

3. 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, the WADA TUEC, other Anti-Doping Organization (ADO) TUECs, and the appropriate International Federations (IF) and their TUEC under the provisions of the WADA Code and/or the International Standard for Therapeutic Use Exemptions. These people are subject to a professional or contractual confidentiality obligation.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise any rights I may have, such as my right of access, rectification, restriction, opposition, or deletion; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO 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 purpose of investigations or proceedings related to 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 my physician(s) releasing to the above entities any health information that they deem necessary in order to consider and determine my application. I understand that I have the right to receive a copy of my TUE application and accompanying documents if I make a request in writing to USADA.

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 consent to the decision of this application being made available to all ADOs or other organizations with testing and/or results management authority over me.

I understand that International and National-Level Athletes should submit the Form to USADA and USADA will forward the Form to the appropriate IF 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).

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 International Standard for the Protections of Privacy and Personal Information, I can file a complaint to WADA (privacy@wada-ama.org) or my national regulator responsible for data protection in the US.

I understand that the entities mentioned above may rely on and be subject to national anti-doping laws that override my consent of 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.

Athlete Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(If the athlete is a minor or has a disability that prevents signing this form, a parent or guardian shall sign with or on their behalf.)



Athlete Name: _____

4. TUE Application Considerations (please select one option)

Standard	No special circumstances, any athlete or condition, 21 business days to process (if applicable)	
Expedited	Athlete is competing within the next 21 days (RTP athletes receive priority, all others will be processed accordingly), no guarantee a decision will be reached prior to the upcoming competition	
Non-Competitive	Athlete is applying for a TUE as a Non-Competitive Athlete as defined in the USADA TUE Policy	
Retroactive	Athlete is currently using or has taken a prohibited substance/method without receiving prior TUE approval. Examples include emergency treatment, other exceptional circumstances, or the applicable rules permit the athlete to apply retroactively. Fill out dates below and provide a written explanation with the TUE application.	
Date of sample collection:		Name of event/competition where tested (if applicable):

PREVIOUS TUEs (if applicable)				
Have you submitted any previous TUE application(s)?	Yes	No	To Whom?	USADA Other ADO
Which substance or method?			When?	
Decision reached:	Approved	Denied	Returned/Incomplete	Non-Competitive

****PHYSICIANS - PLEASE FILL OUT THE FOLLOWING SECTIONS******5. Medical Information and Diagnosis (to be filled out legibly by a licensed physician)**

MEDICAL DIAGNOSIS:	
ICD or DSM CODE:	
If the athlete has an impairment, please describe here:	

6. Medication Details (Physicians: You can confirm the status or medication by searching GlobalDRO.com from your computer or smart phone or call Drug Reference at 719-785-2080.)

PROHIBITED SUBSTANCE / METHOD (Generic or Brand Name)	DOSE (mg, mcg, mL)	ROUTE OF ADMINISTRATION (oral, injection, IV, etc.)	FREQUENCY (tabs/puffs/inj. per day/hour/month)	TREATMENT DURATION (day, wks, etc.)
1.				
2.				
3.				
4.				

Please attach an additional sheet specifying the above details if more lines are needed. Referencing attached medical documents is not adequate; **the table must be filled out.**



7. Supporting Medical Documentation

The number-one reason why TUE applications are returned or 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 refer to the cover sheet and/or the guidelines for the athlete’s specified condition for a list of items to include in the application packet (found at <https://www.usada.org/substances/tue/apply/>).* If the athlete’s condition is not listed, please select the “Other Diagnoses” document for further direction on supporting documentation to include in the application.

8. Medical Practitioner’s Declaration (CAPITAL LETTERS)

I certify that the above-mentioned treatment is clinical best practice and that the use of permitted alternative medications not on the WADA Prohibited List are unsatisfactory for this condition.	
Treating Provider Full Name (with qualification): Medical Specialty, DEA #, Licensing Body & Number:	
Supervising Physician Full Name (M.D. or D.O.): Medical Specialty, DEA #, Licensing Body & Number:	
Street Address:	
City, State, Zip:	
Phone Number:	Fax (optional):
E-mail:	
Signature of Treating Medical Practitioner: _____	Date: _____
Signature of Supervising Physician: _____	Date: _____

COMPLETION OF THIS TUE APPLICATION DOES NOT GUARANTEE A TUE WILL BE GRANTED.

IN THE ABSENCE OF A SIGNED ‘CERTIFICATE OF APPROVAL FOR THERAPEUTIC USE’ GRANTED BY USADA, ATHLETES DO NOT HAVE PERMISSION TO USE A PROHIBITED SUBSTANCE AND/OR METHOD IN SPORT.

ATHLETE: Please submit your application to USADA and keep a copy for your records.

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

By Fax: (719) 785-2029
By E-mail: TUE@USADA.org

****Please do not staple pages together and/or submit jpegs/smartphone photos of this TUE application****

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

For more information, check your medications at Global DRO: GlobalDRO.com
Or contact the Drug Reference Department: 719-785-2080 or drugreference@usada.org