



****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.

A TUE is not purely an assessment of whether or not the treatment is clinically reasonable but is focused on whether or not the treatment is performance-enhancing within the context of sport/athletic competition.

The Therapeutic Use Exemption Committee (TUEC) must have enough medical documentation to be able to conduct a forensic diagnosis and treatment plan WITHOUT EVER SEEING THE PATIENT. If this documentation is not provided, the TUE has the potential to either be returned to the athlete without review or denied by the TUEC. *Please refer to the [USADA Checklist and WADA Guidelines](#) for a list of items to include in the application packet for the athlete's specified condition.*

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. A thorough clinical file is essential for USADA to effectively assess and render a sound decision. WADA has created checklists which can be found at [WADA TUE Checklists](#). In general, all TUE applications require the following items:

- *A complete and legible TUE Application*
- *A comprehensive medical history of the athlete's condition (related to the prohibited medication or method)*
- *Copies of all relevant clinical evidence (include clinical visit & laboratory/imaging results)*
- *A statement from the physician outlining a medically justifiable rationale for why the prohibited substance/method 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, e.g., side effects. 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.*

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 on your time or your practice. 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.

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.

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

To submit your complete TUE Application to USADA, please view Step 5 on our website to use our secure portal

****Please do not 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.



USADA Therapeutic Use Exemption (TUE) Application

NOTE: Athletes complete sections 1, 2, and 3; Physicians complete sections 4, 5 and 6. Please don't staple application pages together if submitting via postal service. Please read ALL pages thoroughly.

1. Athlete Information

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:	
Are you currently an NCAA Student-Athlete?		YES	NO
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 (PLEASE ANSWER EACH QUESTION WITH A "YES" OR "NO")

Are you presently or have you previously been designated as an International or National level Athlete in a whereabouts pool (ITP/RTP/CAP)? (Whereabouts Pool Athletes are required to submit information to be more easily located for urine & blood sample collection at any time and place)	YES	NO
Are you officially representing the United States (Team USA or Sport National Team) at an International or National Championship event in the <u>open or elite category</u> (this includes the <i>Olympic/Paralympic Games, Pan-American/Parapan Games and World University Games -- this does not include Masters/Age-Group/Juniors categories</i>)?	YES	NO
Are you intending to compete at an International or National event (to include <i>National Team/Olympic/Paralympic Trials</i>) in the open or elite category that could qualify you for a World or National Championship?	YES	NO
Are you intending to compete at an International or National event in the junior, age-group or masters category with the expectation of a high placement or podium result?	YES	NO
Have you been sanctioned for an anti-doping rule violation in the past 5 years by any sporting or anti-doping organization?	YES	NO
Are you sponsored or funded by the USOPC or any World Anti-Doping Code Signatory organization?	YES	NO



COMPETITION SCHEDULE: Please list any upcoming National/International Events you intend to compete in.

PLEASE INCLUDE SPECIFIC DATES AND EVENT NAMES.

Competition Name	Dates of Competition	Sanctioning Body (NGB or IF)	If competing in age-group category, please check box.

Can the results of any competitions listed potentially qualify you for immediate selection to the US National Team for an Olympic, Paralympic, Pan or Para-Pan American Games (including Youth Olympics)?	Yes	No
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3. TUE Application Considerations (please circle only one option - Standard or Expedited)

Standard No special circumstances, any athlete or condition, **21 calendar 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

Is this a retroactive TUE application? YES NO

Retroactive If YES, on what date was the treatment started?

Do any of the following exceptions apply? (Article 4.1 of the ISTUE):

4.1 (a) - You required emergency or urgent treatment of a medical condition.

4.1 (b) - There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application or having it evaluated before sample collection.

4.1 (c) - You were not permitted or required to apply in advance for a TUE as per the USADA TUE Policy.

4.1 (d) - You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.

4.1 (e) - You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., Glucocorticoids (See WADA Prohibited List) Please provide a brief written summary of the circumstances below & any include additional written statements as attachments.

Other Retroactive Applications (ISTUE Article 4.3) - In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE. In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation.

PREVIOUS TUE APPLICATIONS (if applicable)

Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition?	Yes	No	To Whom?	USADA	Other ADO
Which substance(s) or method(s)?			When?		
Decision reached:	Approved	Denied	Returned/Incomplete		



TUE Privacy Notice and Athlete Declaration:

I, _____, certify that the information set out in sections 1, 2, and 3 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 my personal medical information to USADA and its applicable third parties, including, but not limited to, its Therapeutic Use Exemption Committee (TUEC) as well as to WADA staff, the WADA TUEC, other Anti-Doping Organization (ADO) TUECs, the appropriate International Federations (IF) and their TUEC under the provisions of the World Anti-Doping Code and/or the International Standard for Therapeutic Use Exemptions, or other independent medical, scientific, or legal experts, if needed.¹ Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

I understand that my personal information provided by my physicians or me includes the information provided on the TUE application form (including my name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to my application); supporting medical information and records provided by my physicians or me; and assessments and decisions on my TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with me and my physicians, relevant ADOs support personnel regarding my application.

I understand that my information will be used for processing and evaluating my TUE request, results management (in the event of an adverse or atypical finding based on your sample(s) or athlete biological passport) and in the context of potential anti-doping rule violation investigations and procedures. In some instances, it could be used for other purposes in accordance with the WADA Code, the International Standards, the anti-doping rules of ADOs with authority to test you, and the [USADA privacy policy](#).

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 signing below, I consent to the Processing, including collection, use, and storage, of my Personal Information provided in all past or future filings or documents submitted to USADA for the reasons described above. I further consent to my Personal Information (and any decisions resulting from information submitted) being uploaded into the informational databases of WADA, USADA (stored in the U.S.), other anti-doping organizations (as applicable), and third parties (as applicable) in accordance with the [USADA privacy policy](#) and/or the privacy policy of the relevant testing authority/ results management authority. I understand that I may contact USADA’s Compliance Manager for questions or concerns about the processing of my PI at privacy@usada.org and may contact WADA at privacy@wada-ama.org.

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 that my Personal Information may be governed by other applicable laws that may require disclosure to local courts, law enforcement, or other public authorities. I further understand that USADA will retain my personal information for the period of time during which such information remains relevant to fulfilling USADA’s obligations under the World Anti-Doping Code (the “Code”) or other International Standard, including the International Standard for the Protection of Privacy and Personal Information (“ISPPPI”), or where otherwise required by applicable law, regulation or compulsory legal process.

¹ Note that due to the sensitivity of TUE information, only a limited number of personnel will receive access to your application. ADOs and WADA must handle your personal information in accordance with applicable privacy laws, rules, and each organization’s privacy policy. You may consult [USADA’s privacy policy](#) to obtain more details about the processing of your personal information.

Athlete Signature:		Date:	
Parent/Guardian Signature:		Date:	

(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete)



****PHYSICIANS - PLEASE FILL OUT THE FOLLOWING SECTIONS****

4. Medical Information and Diagnosis (to be filled out legibly by a licensed physician)

MEDICAL DIAGNOSIS:	
ICD or DSM CODE:	

5. Medication Details

PROHIBITED SUBSTANCE / METHOD (Generic or Brand Name)	DOSAGE (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.				
Referencing attached medical documents is not adequate; the table must be filled out.				

6. Medical Practitioner's Declaration

I certify that the information contained in sections 4, 5 & 6 is accurate. I acknowledge & agree that my personal information may be used by Anti-Doping Organization(s) to contact me regarding this TUE application, verify the professional assessment in connection with the TUE process or in connection with Anti-Doping Rule Violation investigations & proceedings. I further acknowledge & agree that my personal information will be uploaded to the Anti-Doping Administration & Management System (ADAMS-WADA [ADAMS Privacy Policy](#) for more details) as well as SIMON ([USADA Protocol for Olympic & Paralympic Movement Testing](#)) for these purposes.

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:

E-mail:

Signature of Treating Medical Practitioner:

Date:

Signature of Supervising Physician:

Date: