

STRICTLY CONFIDENTIAL

Application No:
[For internal WMA use only]



WMA Therapeutic Use Exemption (TUE)

Standard international application form

This form is used to apply for approval to use a substance or method that is on the WADA prohibited (banned) list for therapeutic (medical) purpose.

Please complete all sections
[PRINT information legibly using BLOCK capitals]

Section 1 - Your information

First Name:	Last Name:
Female <input type="checkbox"/> Male <input type="checkbox"/> (tick appropriate box)	Event:
Address:	
City:	Country:
Post Code:	e-mail:
Tel. Home:.....	Mobile:
Date of birth (d/m/y):	
National Federation:	

Section 2 - Your doctor, who is treating you with the medication

Name, qualifications and medical specialty (**see Note 1**):

.....

.....

Address:

City: Country

Post Code. e-mail:

Tel. Work:

Mobile: Fax:

Section 3 - Medical information

Diagnosis (see Note 2 – you must attach evidence and clinical details)

.....

Section 4 - Medication details

Prohibited medication (see Notes 3 and 4): Commercial name/Generic name e.g: Humuline©/Insulin	Dose of Administration:	Route of Administration :	Frequency of Administration:
1.			
2.			
3.			

What is the anticipated duration of this medication plan?

Section 5 - Additional information

.....

Previous TUE request(s) <input type="checkbox"/> yes <input type="checkbox"/> no (tick appropriate box)	
If yes: Date:	
Organisation (to whom TUE application was sent)	Result
(attach previous TUE(s) where applicable)	

Section 6 - Medical Practitioner's Declaration

I, certify that the above-mentioned medication(s) for the above-named athlete has been/are to be administered as the correct treatment for the above-named medical condition. 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 5) .	
Specify reasons:	
.....	
.....	
Signature of Medical Practitioner:	Date:

Section 7 - Athlete's declaration

I, certify that the information in section 1 above is accurate and that I am requesting for approval to use a prohibited substance or prohibited method in the WADA Prohibited List. I authorize the release of my personal medical information to the members of the WMA Therapeutic Use Exemption Sub-Commission (WMA TUESC), as well as to any other relevant persons (including, where applicable, WADA or IAAF staff and/or members of the WADA or IAAF Therapeutic Use Exemption Committees) who may be involved in the management, review or administration of my application in accordance with the IAAF Procedural Guidelines. I understand that, if I ever wish to revoke the right of the WMA TUESC to obtain any health information on my behalf, I must notify my medical practitioner in writing of the fact. As a consequence of such a decision, I understand that I will not receive approval for a TUE (or renewal of an existing TUE).

I further authorise for the decision of the WMA TUESC to be notified to other relevant organisations in accordance with IAAF Rule 34.5.

Athlete's signature:

Date:

Send to:

Carole Filer
71 Hunter House Road
Sheffield. S11 8TU
Gt Britain
Mob: **0044 (0) 754 882 6151**
e.mail: wmatuesec@gmail.com



Preserving the integrity of competition. Inspiring true sport. Protecting the rights of U.S. athletes.

ADDITIONAL QUESTIONS - USADA TUE

Please complete the questions below so the USADA TUE Staff may accurately determine which organization (USADA or International Federation (IF)) should process your application. If it is determined the IF should process your application, USADA will forward your documents to the IF TUE team. USADA will act as your liaison throughout the TUE Process.

Last Name:	First Name:
Sport:	Discipline:
NGB/IF:	NGB/IF Membership #:

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 contact information here:

Name(s):	Relationship:
Email:	

Competition Level Questions

Are you now, or have you ever been, in a Registered Testing Pool (RTP) for any IF or USADA? (A formal notification is sent to athletes in a RTP requiring them to also submit whereabouts information.)	Yes	No
Have you ever competed in any event sanctioned by an IF, the IOC, IPC, or USOC (i.e. Olympics, Paralympics, Pan-American Games, etc.)? If yes, please provide event details below:	Yes	No
Have you ever competed in, plan on competing in, or qualified for any open-elite or professional-level national championships? If yes, please provide event details below:	Yes	No
Do you receive USOC funding?	Yes	No
Have you ever tested positive for any substance for which you did not have a valid TUE?	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 (Name of NGB or IF)

Do the results of any of the competitions listed potentially qualify you for immediate selection to represent the US on a National Team for an Olympic, Paralympic, Pan or Para-Pan American Games (including the Youth Olympic Games)?	Yes	No
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Note 1	<u><i>Name, qualifications and medical specialty</i></u> For example: Dr AB Cook, MD FRACP, Gastro-enterologist. Dr JA Gonzalez, MBBS, FACSM, Sports Physician
Note 2	<u><i>Diagnosis</i></u> Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include clinical history, examination, investigations or specialist medical reports. Copies of original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and, in the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.
Note 3	<u><i>Medication details</i></u> Please provide details concerning all medications or treatments that have been tried. Provide both the commercial and generic name (INN) of the medication and specify the medication dose, the route of administration and the frequency of administration.
Note 4	<u><i>Change of Prescription</i></u> Note that a new TUE application is required for any change in prescription
Note 5	If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification for the requested use of the prohibited medication.

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

Please submit the completed form to the WMA TUE Coordinator (contact details below) and keep a copy of the form for your records:

Carole Filer
71 Hunter House Road
Sheffield. S11 8TU
Gt Britain
Mob: **0044 (0) 754 882 6151**
e.mail: wmatuesec@gmail.com

If there are further questions arising from this Form or regarding the relevant procedures for standard applications for TUEs on an international level, please contact Carole Filer at wmatuesec@gmail.com (e-mail).