THERAPEUTIC USE EXEMPTION (TUE)
APPLICATION & NOTIFICATION FORM

INSTRUCTIONS

- Please read Therapeutic Use Exemption Related Section in IBSA Anti-Doping Rules carefully prior to completing this form
- Type information or write legibly in **block letters** using black ink in English
- Leave no blanks and answer all questions
- Section 1 must be completed by the athlete applying for a Therapeutic Use Exemption (TUE)
- Section 2, 3 & 4 must be completed by the athlete's medical practitioner
- Section 5 must be signed by the athlete and the athlete's medical practitioner
- Section 6 must be completed and signed by the Medical Officer/Medical Representative of the National Federation
- Completed TUE Applications & Notification Forms should be sent by the National Federation to IBSA at:

anti-doping@ibsa.es

INCOMPLETE TUE APPLICATIONS & NOTIFICATION FORMS WILL NOT BE CONSIDERED AND WILL BE RETURNED TO THE NATIONAL FEDERATION

1. ATHLETE INFORMATION

I apply for approval from IBSA for the therapeutic use of a prohibited substance on the World Anti-Doping Code Prohibited List ☐

I notify IBSA of the use of beta-2-agonists by inhalation or glucocorticosteroïds by non-systemic routes ☐

Surname: _____ Given Names: _____

Male ☐ Female ☐

Address: _____

City: _____ Country: _____ Postcode: _____

Date of Birth *(dd /mm /yy):* _____/_____/_____

Sport: _____ Discipline/Position: _____

Sport Class (if applicable): _____

Duration of Disability: _____/_____
Years *Months*

2. NOTIFYING MEDICAL PRACTITIONER

Name, Qualifications & Medical Speciality *(see Note 1)*:

_____

Address: _____

City: _____ Country: _____ Postcode: _____

Email address: _____

Tel. Work: _____ Tel. Home: _____

Mobile: _____ Fax: _____

3. MEDICATION DETAILS:

Ensure only substances on the World Anti-Doping Code Prohibited List are detailed in this section *(see Note 2)*:

Commercial Name	Generic Name	Dose of Administration	Route of Administration	Frequency of Administration
1.				
2.				
3.				
Anticipated duration of the above medication plan				

Diagnosis of Athlete *(see Note 3)*:

Enter reasons for not prescribing alternative therapies; if appropriate *(see Note 4)*:

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4. ADDITIONAL INFORMATION

Provide evidence to substantiate the diagnosis and the necessity to use substances on the World Anti-Doping Code Prohibited List *(see Notes 3 & 4)*. Attach additional information, where necessary.

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5. MEDICAL PRACTITIONER & ATHLETE DECLARATION

I, _____certify the above-mentioned substance/s for the above-named athlete has been/are to be administered as the correct treatment for the above named medical condition.

Signature of Medical Practitioner: _____**Date:** _____.

I, _____certify that the information detailed in Section 1. is accurate and that I am requesting approval to us a Substance or Method from World Anti-Doping Code Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) under the provision of the IBSA Anti-Doping Rules. I understand that if I ever wish to revoke the right of IBSA TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

Signature of Athlete:_____**Date:** _____

Signature of Parent/ Guardian*:_____**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)*

6. NATIONAL FEDERATION DETAILS

All correspondence relating to this TUE application will be directed to the National Federation Doping Control/Medical Officer of the applicable National Federation, as detailed below *(see Note 5)*:

National Federation Doping Control/Medical Officer: _____ _____ _____

Name

_____ _____

Signature *Date*

Tel.:_____ Fax: _____

7. NOTES

Note 1	***Name, Qualifications & Medical Speciality*** For example: Dr AB Cook, MD FRACP, Gastro-enterologist.
Note 2	***Medication Details*** Provide details concerning the substance(s) on the World Anti-Doping Code Prohibited List for which approval is sought. Use generic names (INN) as well as commercial names and specify medication dose.
Note 3	***Diagnosis*** Evidence confirming the diagnosis must be attached and forwarded with this application and must be **in English**. The medical evidence should include a comprehensive medical history and 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 will assist this application.
Note 4	***Medical Evidence*** 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 substance(s) on the World Anti-Doping Code Prohibited List.
Note 5	***National Federation Medical Officer*** All applications must include a statement by the Medical Officer of the athlete's National Federation, attesting to the necessity of the use of substance(s) on the World Anti-Doping Code Prohibited List in the treatment of the athlete.