Therapeutic Use Exemptions (TUE) APPLICATION FORM

Please complete ALL sections in CAPITALS or typing. Illegible or incomplete applications will NOT be processed and will be returned.

NOTE:
This application will be reviewed by the ICN and bound by strict confidentiality. Please supply relevant medical details and reports to allow ICN to formulate an informed decision on this application. If no supporting medical documents are attached, the application will be returned without assessment.

Please keep a copy of any documents submitted for your records.

1. Athlete Information

Surname: _____ Given Name: _____

Female ☐ Male ☐ Date of Birth (d/m/y): _____

Title: Mr ☐ Mrs ☐ Miss☐ Ms☐

Address: _____

Suburb:_____ State:_____ Postcode:_____

Phone (H): _____ Mobile:_____

E-mail:_____

2. Medical information *(continue on separate sheet if necessary)*

Diagnosis:

_____

Note: In attached medical documents please provide clinical justification for the requested use of the prohibited medication and why a permitted medication cannot be used._____

Comment:

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information must 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 when possible. Evidence should be as objective as possible in the clinical circumstances. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: https://www.wada-ama.org. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

3. Medication details

Prohibited Substance(s): Generic name	Dose	Route of Administration	Frequency	Duration of Treatment	Date Medication Commenced

4. Medical practitioner's declaration

I certify that the information at sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.

Name: _____

Medical specialty: _____

Address: _____

Tel.: _____

Mobile: _____

E-mail: _____

Signature of Medical Practitioner: _____ Date: _____

correspondence will be by email. Please ensure that you list a valid email address.

5. Retroactive applications

Is this a retroactive application?	**Please indicate reason:**
Yes: ☐	☐ Emergency treatment or treatment of an acute medical condition was necessary
No: ☐	☐ Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection
If yes, on what date was treatment started? _____	☐ Advance application not required under applicable rules (Planned Retroactive TUE)
	☐Other: Please explain: _____

If the retroactive request is for a substance/method detected as a result of doping control, please state:

date of sample collection: _____

substance/method detected: _____

6. Previous applications

Have you submitted any previous TUE application(s)?

Yes ☐ No ☐

If yes, please attach any current or relevant TUE(s) to this application or please fill out the following information in relation to those applications:

For which substance or method? _____

To whom? _____ Date? _____

Decision: Approved ☐ Not approved ☐

7. Athlete's declaration

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate.

Athlete's signature: _____ **Date:** _____

Parent's/Guardian's signature: _____ **Date:** _____

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

8. Application checklist (please complete before sending application)

8.1 - Athlete information complete	☐
8.2 - Medical information complete	☐
8.3 - Medication details complete	☐
8.4 - Medical Practitioner declaration complete	☐
8.5 - Retroactive Applications complete	☐
8.6 - Previous Applications complete	☐
8.7 - Athletes Declaration complete	☐

Submit by email: worldheadquarters@icompetenatural.com