



Therapeutic Use Exemption Standard TUE

A Standard TUE application **MUST** be accompanied by detailed medical evidence otherwise it will be returned to the athlete, see Section 6.

Please complete all sections clearly & legibly

1. Athlete Information

Surname: Given Names:

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

Address:

City: Country: Postcode:

Tel: Email:
(with international code)

Sport: Discipline:

International Federation/Governing Body:

Are you competing at an international or national level or below?

Please circle: International National Domestic/Local

If you are an athlete with a disability, please indicate disability:

2. Medical information

Diagnosis with sufficient medical information (see Section 6.):

.....

.....

Please submit the completed form to UK Sport and keep a copy for your records.

Submit forms to TUE, Drug-Free Sport, UK Sport, 40 Bernard St, London WC1N 1ST
or via fax to +44 (0) 800 298 3362

If a permitted medication can be used to treat the medical condition, provide clinical justification for why you have the requested use of the prohibited medication:

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3. Medication details

Prohibited substance(s): <u>Generic name</u>	Dose	Route	Frequency
1.			
2.			
3.			
Intended duration of treatment: (Please tick appropriate box)	once only <input type="checkbox"/> emergency <input type="checkbox"/>		
	or duration (week/month):		

Have you submitted any previous TUE application: **yes** **no**

For which substance?

To whom?When?

Decision: Approved Not approved UK Sport TUE No.?

4. Medical practitioner's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.

Name: Medical Speciality:

Address:

Tel.: Fax:

E-mail:

Signature of Medical Practitioner: Date:

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5. Athlete's declaration

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

Athlete's signature: **Date:**

Parent/Guardian signature: **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. IMPORTANT Note

Diagnosis

- ***Evidence confirming the diagnosis must be attached and forwarded with this application. 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 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.***
- ***Standard TUE applications are reviewed by an independent panel of three medical experts. Please bear in mind that the quantity and relevance of the supporting medical evidence supplied can have an impact on the application's outcome.***

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