

Attention Deficit Hyperactivity Disorder (ADHD) Therapeutic Use Exemption (TUE) Application Form

1. Supporting Medical Evidence Checklist

TUE applications must be supported by medical evidence that confirms the diagnosis of ADHD in accordance with DSM-5 criteria. The following must be submitted in addition to the completed TUE application form:

i. A psychiatric assessment report from a paediatrician, psychiatrist, or other physician who specialises in the assessment and treatment of ADHD. The report must contain:

- An outline of the number of years of experience that the supporting specialist has in assessing and treating ADHD and their typical annual ADHD case load
- A summary of the diagnostic schedule and rating scale findings
- A thorough clinical history that includes the age of when the applicant's symptoms first presented and any family related history
- An outline of the areas where the impairment is due to ADHD and not related to other co-occurring mental health or physical disorders
- A description of the current presentation and treatment plan
- Details of any behavioural modifying techniques or drug holidays trialled.

ii. A copy of the diagnostic schedule conducted (ACE+, CAADID, DIVA 2.0, or DIVA-5)

NB. DIVA 2.0 will not be accepted if performed after 31 December 2020 as DIVA-5 is its successor.

NB. ACE and Young DIVA-5 will be accepted as suitable diagnostic schedules to support applications made by adolescents.

iii. A copy of the rating scale(s) performed (ADHD-RS, AISRS, ASRS, or Barkley)

Please note that first-time applications will not be considered unless the above components are enclosed within the application. In cases where an application is incomplete or ambiguous, UKAD may also request athletes to seek a second opinion from an experienced psychiatrist who appears on a register of preferred psychiatrists compiled by UKAD.

Please complete all sections in BLOCK CAPITALS. Incomplete or illegible forms will be returned.

2. Athlete Information

Surname: _____ **First names:** _____

Date of Birth (dd/mm/yy): / / **Gender (please tick):** Male Female

Address: _____

_____ **Post code:**

Contact Tel (including dialling code):

Email: _____

Sport/Discipline: _____ **Club:** _____

National Governing Body: _____ **Impairment category:** _____

Level of competition (please tick one box as appropriate)

- I am part of my International Federation's Registered Testing Pool
- I am competing in an international competition
- I am part of UK Anti-Doping's National Registered Testing Pool or Domestic Testing Pool
- I am considered to be within the National TUE Pool for my sport

Other (please state level) _____

Next competition the TUE is required for: _____

Competition Date: / /

3. Retroactive Applications

Is this a retroactive application (has treatment already commenced)?

Yes No (if 'no', please go to section 4)

If yes, on what date did the treatment start? / /

If this is a retroactive application, please indicate the reason why:

- Emergency treatment or urgent treatment of a medical condition was necessary
- There was insufficient time or opportunity to submit an application prior to sample collection
- An advance application was not required under the applicable rules
- Other Please state: _____

4. Previous Applications

Have you submitted a previous TUE application? Yes No

The Anti-Doping Organisation applied to? UK Anti-Doping Other (please state): _____

Decision: Approved Declined

5. Medication Information

Diagnosis (please also attach the medical evidence outlined in section 1 to support this diagnosis):

Indicate the informants used during the diagnosis of ADHD:

Past informant: Parent Partner Other Please state: _____

Present informant: Parent Partner Other Please state: _____

Are school reports enclosed? (not mandatory): Yes No

Prohibited Substance(s)	Dose and units of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

Intended duration of treatment(s): Once only Emergency Weeks/Months

Please specify duration: _____

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

6. Notifying Medical Practitioner Details and Declaration

Name: _____

Qualifications: _____

GMC Number: _____

Medical Speciality: _____

Contact Tel.

Practice stamp / address:

Email: _____

I certify that the above-mentioned substance(s) for the above-named athlete has been/are to be administered as the correct treatment, or as part of a necessary diagnostic investigation, for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unreasonable for the treatment of the above named medical condition.

I understand that the granting of a TUE is based solely on consideration of the conditions set out in Article 4.2 of the World Anti-Doping Code International Standard for TUEs, and not whether the Prohibited Substance or Method is the most clinically appropriate or safe. I also acknowledge that it is my responsibility as the supporting clinician to ensure that the treatment provided is in accordance with recognised clinical guidelines.

If the athlete is under 18 and I have not notified the athlete's parent/guardian, this is because I consider the athlete to be competent to give consent to treatment.

I understand that my details will be held on an anti-doping database and will be accessible by the athlete, their National Governing Body, their International Federation, UK Anti-Doping, and the World Anti-Doping Agency in order to allow them to administer the anti-doping programme.

Signature of medical practitioner: _____ **Date:** / /

If the athlete is under 18 does the athlete's parent/guardian know about this treatment?

Yes No

7. Athlete's Declaration

I certify that the information provided under Section 2 of this TUE application form is accurate and that I am requesting approval to use a substance or method on the World Anti-Doping Code (the Code) Prohibited List.

I authorise the release of my personal medical information, as is necessary for the determination of this application, to any relevant Therapeutic Use Exemption Committee (TUEC), as has been established by an Anti-Doping Organisation (being UKAD, WADA and any other Anti-Doping Organisation (ADO) under the provisions of the Code and the anti-doping rules of my sport) to consider TUE applications.

I understand and agree that:

- My TUE data (being the information in connection with this TUE application) will only be used by the ADO to evaluate the TUE application in accordance with the WADA International Standard for TUEs and the context of potential anti-doping rule violation investigations and proceedings;
- My TUE data will be collected by UKAD who shall be principally responsible for ensuring the protection of this data. UKAD will use the Anti-Doping Administration and Management System (ADAMS) to store, process and manage my data, including its disclosure to authorised recipients;
- The decision on the TUE application will be made accessible to the National Governing Body of my sport and authorised ADOs;
- My TUE data may have to be shared with other independent medical and/or scientific experts, and all necessary staff involved in the management, review or appeals of TUEs if applicable;
- Persons or parties receiving my information may be located outside of the country where I reside. In some other countries data protection and privacy laws may not be equivalent to those in my own country;
- I may have certain rights under applicable laws in relation to my TUE data, including rights to access and/or correct inaccurate data;
- My TUE data will be stored by UKAD for a maximum of five years in accordance with the UKAD Anti-Doping Privacy Notice; and
- To the extent that I have any concerns about the processing of my TUE data I may consult with UKAD and/or WADA as appropriate.

Withdrawal of Consent

I understand that if I ever wish to revoke the right of UKAD, UKAD TUEC and authorised ADOs to access any health information in relation to this TUE, I must notify my medical practitioner and UKAD in writing of that fact. I understand that by withdrawing my consent, my TUE application will be deemed withdrawn without approval having been granted.

Authorisation and Consent

By signing this form, I expressly consent to the use of my TUE data as set out above.

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

Parent/guardian signature: _____ **Date:** / /

If the athlete is under 18 and is not deemed to be competent to give their consent to the treatment or has an impairment preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete).

I would like the decision to be sent to (please tick one box as appropriate):

My postal address My e-mail address
The notifying medical practitioner Other representative (please identify) _____

Mark as confidential and submit the completed form to UK Anti-Doping and keep a copy for your records.

Address: TUE, UK Anti-Doping, Fleetbank House, 2-6 Salisbury Square, London, EC4Y 8AE

E-mail: tue@ukad.org.uk