

Therapeutic Use Exemption (TUE) Application Form

TUE applications will not be reviewed unless additional medical evidence is submitted with this application to justify the need for a TUE. Medical evidence to confirm the diagnosis should include:

- Comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies
- Copies of original reports, letters, and specialist reviews
- Clinical justification of the use of a Prohibited Substance or Prohibited Method when there are reasonable permitted alternative medications available.

Please note that applications for the beta-2 agonist terbutaline (to treat asthma) or stimulant medications (to treat attention deficit hyperactivity disorder - ADHD) will not be accepted on this form, and instead must be submitted on the respective forms available on the UKAD website.

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

1. 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 | <input type="checkbox"/> |
| I am competing in an international competition | <input type="checkbox"/> |
| I am part of UK Anti-Doping's National Registered Testing Pool or Domestic Testing Pool | <input type="checkbox"/> |
| I am considered to be within the National TUE Pool for my sport | <input type="checkbox"/> |

Other (please state level) _____

Next competition the TUE is required for: _____

Competition Date: / /

2. 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

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
- I returned an adverse analytical finding after using a substance out-of-competition that is only prohibited in-competition (e.g. a glucocorticoid)
- I am applying for a 'fairness' TUE in accordance with ISTUE Article 4.3

4. Medication Information

Diagnosis (please attach medical evidence to support this diagnosis):

Medical examination(s) / test(s) performed (please attach the results of medical investigations completed):

Prohibited Substance(s)	Dose and units of administration	Route of administration	Frequency of administration
1.			
2.			
3.			
4.			

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 or method prescribed:

5. Notifying Medical Practitioner Details and Declaration

<p>Name: _____</p> <p>Qualifications: _____</p> <p>Medical Speciality: _____</p> <p>GMC Number: _____</p> <p>Contact Tel. <input type="text"/> <input type="text"/></p> <p>Email: _____</p>	<p>Practice stamp / address:</p>
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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

Are the relevant medical reports and examination/test results attached?

Yes No

6. Athlete's Declaration

I certify that the information provided under sections 1, 2 and 3 of this TUE application form are 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 only be stored by UKAD for a maximum of five years in accordance with the [UKAD Anti-Doping Privacy Notice](#);
- 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, SportPark, 3 Oakwood Drive, Loughborough LE11 3QF

E-mail: tue@ukad.org.uk