



# 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 Therapeutic Use Exemption. 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 alternative medications available

Please note that applications for beta-2 agonists will not be accepted on this form and instead must be submitted on the beta-2 agonist TUE form.

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: Male  Female  (please tick)

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode     -

Contact Tel. (including dialling code)

E-mail: \_\_\_\_\_

Sport: \_\_\_\_\_ Club: \_\_\_\_\_

(indicate the discipline if appropriate)

National Governing Body: \_\_\_\_\_ Disability 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 event

I am part of UK Sport's National Registered Testing Pool

I am competing in a National Level event in my sport

Other  (please state level) \_\_\_\_\_

Next competition the Therapeutic Use Exemption is required for:

\_\_\_\_\_  
Competition date (dd/mm/yy):   /   /

(a) Have you submitted a previous TUE application? Yes  No

(b) The Anti-Doping Organisation applied to? UK Sport  Other  \_\_\_\_\_ (please state)

(c) Decision: Approved  Declined

## 2. Medical Information

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

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

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Prohibited Substance(s) (Generic Name)	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, provide clinical justification for the requested use of the prohibited medication prescribed:

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## 3. Notifying Medical Practitioner Details and Declaration

Name: -----

Qualifications: -----

Medical speciality: -----

Contact Tel.

E-mail: -----

Practice stamp/address

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. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above named medical condition.

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 Sport, 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 to this application?    Yes     No

## 4. Athlete's Declaration

I certify that the information under Section 1 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 (WADC) Prohibited List.

I authorise the release of personal medical information related to this application to the National Anti-Doping Organisation (NADO, currently UK Sport via its Drug-Free Sport Directorate) as well as to World Anti-Doping Agency (WADA) staff, to the NADOs Therapeutic Use Exemption Committee (TUEC) and to other Anti-Doping Organisations (ADO) under the provisions of the WADC and the anti-doping rules of my Sport.

I understand and agree that:

- My TUE data will only be used to allow the above organisations to administer the anti-doping programme in accordance with the WADC International Standard for TUEs;
- My TUE data will be collected by the NADO who shall be principally responsible for ensuring the protection of this data. The NADO will use the Anti-Doping Administration and Management System (ADAMS) to store, process and manage my data, including its disclosure to authorised recipients;
- My TUE data, or part of it, will be made accessible to authorised ADOs (for instance, designated NADOs, the International or National Federation of my Sport, and WADA);
- 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 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 any inaccurate data; and
- To the extent that I have any concerns about the processing of my TUE data I may consult with the NADO and/or WADA as appropriate.

### Withdrawal of Consent

I understand that if I ever wish to revoke the right of the NADO & authorised ADOs (designated NADOs, the International or National Federation of my Sport, and WADA) to access my TUE information, I must notify my medical practitioner and the NADO in writing of that fact.

### 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 a disability 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

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MARK AS CONFIDENTIAL AND PLEASE SUBMIT THE COMPLETED FORM TO UK SPORT AND KEEP A COPY FOR YOUR RECORD:

**TUE Confidential  
Drug Free Sport  
UK Sport**

**40 Bernard Street, London, WC1N 1ST.**

**Confidential fax: 0800 298 3362 / e-mail: tue@uksport.gov.uk**