

THERAPEUTIC USE EXEMPTION APPLICATION FORM



Please **PRINT** clearly using **BLOCK CAPITALS**

1. Athlete Information

Surname: _____ First Name: _____

(tick) Male Female Date of Birth (dd/mm/yy): _____

Address: _____

City: _____ Country: _____ Post Code: _____

Tel: (with int. code) _____ E-mail: _____

Sport: _____ Discipline/Position: _____

Club/Team: _____ National Governing Body: _____

If athlete with impairment, please indicate impairment:

2. Medical Information (attach any additional information on a separate sheet if necessary)

Evidence confirming the diagnosis must be attached and forwarded with this application.
When filling this Form for Asthma Inhalers containing Beta-2 Agonists, please refer to the *Sport Ireland Asthma TUE Application Instructions* for further information, as published on <http://www.sportireland.ie/Anti-Doping/Athlete-Zone/Respiratory-Asthma-Medications>

Diagnosis of condition or injury sustained: _____

Supporting Medical Information: _____

The medical evidence must include a medical history and / or the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included where 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 with this application.

If a permitted medication, method or alternative therapeutic approach could be used to treat the medical condition, provide clinical justification for the requested use of the prohibited substance or method (please use additional pages as necessary):

Each TUE Application must be accompanied by medical records, including results of any relevant tests. A brief medical history is also required, where appropriate.

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>.

If you are on your International Federation's Registered Testing Pool and/or participate at International Event, you must apply to your International Federation!

3. Medication details

Prohibited Substance including Brand Name	Dosage e.g. 200mcg	Route of Admin. e.g. Intra-muscular	Frequency of Admin. e.g. BD	Date of Admin.	Intended duration of Treatment e.g. Emergency / Once only / Two weeks

4. Have you submitted any previous TUE application: Yes No

For which substance? _____ To whom? _____

When? _____ Decision: Approved Not approved

5. Is this a retroactive application? Yes No

If yes, on what date was treatment started _____

Emergency or treatment of an acute medical condition was necessary

Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection

Advance application not required under applicable

Rules

Other

Please explain:

6. Medical Practitioner's Declaration

Name, qualifications & medical specialty: _____
(e.g. Dr AB Cook, MD FRCPI, Gastroenterologist)

Address: _____

_____ Email: _____

Work Tel: _____ Mobile: _____ Fax: _____

I certify that I am the athlete's **prescribing** doctor. I further certify that the above-mentioned treatment is medically appropriate and that there is no reasonable therapeutic alternative to the use of the prohibited substance or prohibited method.

Physician's signature: _____ Date: ____/____/____

7. Athlete's Declaration

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to Sport Ireland, Sport Ireland TUEC (Therapeutic Use Exemption Committee) as well as to WADA authorized staff, to the WADA TUEC and to other ADO TUECs and authorized staff that may have a right to this information under the World Anti-Doping Code ("Code") and/or the International Standard for Therapeutic Use Exemptions.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise my right of access and correction; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I consent to the decision on this application being made available to all ADOs, or other organizations, with Testing authority and/or results management authority over me.

I understand and agree that if a TUE is granted, such TUE and the related information will be stored manually and/or electronically for a minimum period of 10 years, the period of 10 years being the period within which an action can be commenced following a violation of an anti-doping rule contained in the Irish Anti-Doping Rules.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my Personal Information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information, I can file a complaint to WADA or CAS.

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

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

(If the athlete is a minor or has an impairment preventing him/her from signing this form, a parent/guardian shall sign together with or on behalf of the athlete)

Please submit the completed form to the address below and keep a copy for your records.

TUE Secretariat, Sport Ireland, Top Floor, Block A, West End Office Park, Blanchardstown, Dublin 15

Tel: 01 8608818

E-mail: tue@sportireland.ie

Fax: 01 8608860

Web: www.sportireland.ie

INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED!