



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 a disability, please indicate disability: _____

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 *ISC Asthma TUE Application Instructions* for further information, as published on www.irishsportsCouncil.ie/Anti-Doping or contact Anti-Doping Unit

Diagnosis of condition or injury sustained: _____

Supporting Medical Information: _____

The medical evidence should 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 can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication:

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

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. 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 the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

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

6. 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 authorise the release of personal medical information to the Irish Sports Council (ISC), the ISC Therapeutic Use Exemption Committee, the World Anti-Doping Agency (WADA), the WADA Therapeutic Use Exemption Committee and also to other Anti-Doping Organisations and the relevant National Governing Body under the provisions of the Irish Anti-Doping Rules and the World Anti-Doping Code. I understand that this may require the transfer of my personal medical information outside the European Economic Area. I understand that if I ever wish to revoke the right of any of the above listed organisations to obtain my personal medical information, I must notify my medical practitioner and the ISC in writing of that fact. 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 8 years, the period of 8 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 hereby release the above named organisations from all claims, demands, liabilities, damages, costs and expenses that I may have arising in connection with the processing of my TUE related data.

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

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

(If the athlete is a minor or has a disability 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, Irish Sports Council, Top Floor, Block A, West End Office Park, Blanchardstown, Dublin 15

Tel: 01 8608818

E-mail: antidoping@irishsportsCouncil.ie

Fax: 01 8608860

Web: www.irishsportsCouncil.ie

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