



THERAPEUTIC USE EXEMPTIONS (TUE)

Please complete all sections in capital letters or typing
Athlete to complete sections 1,5,6 and 7; physician to complete sections 2,3 and 4.

1. Athlete Information

Surname: Given Names:

Female Male Date of Birth (dd/mm/yyyy):

Address:

City..... Country: Postcode:.....

Tel.:(with international code) E-mail:

Sport: Discipline/ Position:

International or National Sporting Organization:

If you are an Athlete with an impairment, please indicate the impairment:

2. Medical Information

Diagnosis:

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

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Note Supporting Documentation – Important Information for Physicians

The number-one reason why TUE applications are denied is a lack of supporting documentation. **Keep in mind, the Therapeutic Use Exemption Committee (TUEC) must have enough medical documentation to come to same diagnosis and treatment plan WITHOUT EVER SEEING THE PATIENT.** If this documentation is not provided, the TUE will be returned to the athlete without review by the NADO - TUEC. Please check the supporting documentation that you are including with the application.

NADO San Marino & WADA maintain a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed on **C.O.N.S. website (www.cons.sm) by entering "antidoping" and search "Guida operative WADA per il TUE"** or on the WADA website by entering the search term "Medical Information" on the WADA website: wada-ama.org. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

- Comprehensive medical history.
- Copies of all relevant examinations and clinical notes (for example, if you reference a clinic visit in a letter or summary, you must include a copy of the clinical notes taken during the visit).
- Copies of laboratory results/reports, and imaging studies (a paragraph summarizing lab results is not sufficient. If laboratory results form part of your diagnosis, it is not enough to just say so. You must submit a copy of the lab results).
- A statement of why the Prohibited Substance is needed, and why permitted alternatives are not effective. Note, many TUES are returned or denied because there is no documentation that any other treatment has been tried. If there are permitted alternatives available, *you must document a failed trial* of those alternative.
- Independent supporting medical opinion, when available or appropriate.

3. Medication details

Prohibited substance (s) generic name	dose	Route of administration	Frequency of administration

4. Intended duration of treatment (Please tick appropriate box):

Intended duration of treatment (Please tick appropriate box):	<input type="checkbox"/> One-Time Only <input type="checkbox"/> Emergency (If this is an emergency - life threatening or urgent care - please write EMERGENCY in block letter on the top of the application to expedite processing) <input type="checkbox"/> Long term (note duration: week / months)
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4. Medical practitioner's declaration

I certify that the information at section 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate

Name:

Medical Speciality:

Address:

Tel: Fax: Email:

Signature of Medical Practitioner: Date:

5. Is this a retroactive application?

<p>Is this a retroactive application?</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>If yes, on what date was treatment started?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Please indicate reason:</p> <p><input type="checkbox"/> Emergency treatment or treatment of an acute medical condition was necessary</p> <p><input type="checkbox"/> Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection</p> <p><input type="checkbox"/> Advance application not required under applicable rules</p> <p><input type="checkbox"/> Other</p> <p>Please explain:</p> <p>.....</p> <p>.....</p> <p>.....</p>
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6. Previous applications

Have you submitted any previous TUE application (s) ?

Yes: No:

For which substance?

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To whom? When?

Decision: Approved Not Approved

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 the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) 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 possible antidoping 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 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 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 a disability preventing him/her to signing this form, a parent or guardian shall sign together with or on behalf of the Athlete)

Please submit (keeping a copy for your records) the completed application to:
NADO San Marino (c/o C.O.N.S.) Via Rancaglia 30, 47899 Serravalle – RSM
Fax (+378) 0549 885651 **E-mail antidoping@cons.sm**

Incomplete applications will be returned and will need to be resubmitted