Athlete Name: ……

Therapeutic Use Exemption (TUE) Application

Please complete all sections in capital letters or typing.
Illegible or incomplete forms will be returned immediately.
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:

……
……
……
……

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

……
……
……
……
……

Athlete Name: ……

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-CEFT) 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 CEFT. Please check the supporting documentation that you are including with the application. **NADO Italia & 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 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. If you don't know which alternative medications are permitted, you can ask information, sending an e-mail to: **ceft.antidoping@nadoitalia.it** ☐ Independent supporting medical opinion, when available or appropriate.

2. Medication Details

Prohibited substance(s): Generic name	**Dose**	**Route of administration**	**Frequency**
1.			
2.			
3.			

Intended duration of treatment: (Please tick appropriate box)	☐ One-Time Only ☐ 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) ☐ Long term (note duration: week /months)

Athlete Name: ……

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. Retroactive applications

Is this a retroactive application?	**Please indicate reason:**
Yes: ❑	Emergency treatment or treatment of an acute medical condition was necessary ❑
No: ❑	Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection ❑
If yes, on what date was treatment started?	Advance application not required under applicable rules ❑
……	Other ❑
	Please explain:
	……
	……
	……
	……
	……

Athlete Name: ……

6. Previous applications

Have you submitted any previous TUE application(s)?:
❑ **Yes** ❑ **No**
For which substance?
……
……
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 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 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)

****No TUE will be in effect until the athlete is notified following review of the documentation. ****

Please submit (keeping a copy for your records) the complete application to:
NADO Italia, CEFT – Viale dei Gladiatori, 2 – 00135 Roma

E-mail: ceft.antidoping@nadoitalia.it
Fax: +39 06 32723742