

STRICTLY CONFIDENTIAL

Application No:
[For internal WMA use only]



WMA Therapeutic Use Exemption (TUE)

Standard international application form

This form is used to apply for approval to use a substance or method that is on the WADA prohibited (banned) list for therapeutic (medical) purpose.

Please complete all sections
[PRINT information legibly using BLOCK capitals]

Section 1 - Your information

Section 2 - Your doctor, who is treating you with the medication

Section 3 - Medical information

Section 4 - Medication details

Prohibited medication (see Notes 3 and 4): Commercial name/Generic name e.g: Humuline©/Insulin	Dose of Administration:	Route of Administration :	Frequency of Administration:
1.			
2.			
3.			

Section 5 - Additional information

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.....
.....

Section 6 - Medical Practitioner's Declaration

Section 7 - Athlete's declaration

Send to:

Carole Filer
7 Tapton Bank
Sheffield S10 5GG
United Kingdom
Mob: **0044 (0) 754 882 6151**
e.mail: wmatuesec@gmail.com

Note 1	<u><i>Name, qualifications and medical specialty</i></u> For example: Dr AB Cook, MD FRACP, Gastro-enterologist. Dr JA Gonzalez, MBBS, FACSM, Sports Physician
Note 2	<u><i>Diagnosis</i></u> Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include clinical history, examination, investigations or specialist medical reports. Copies of original reports or letters should be included when 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 this application.
Note 3	<u><i>Medication details</i></u> Please provide details concerning all medications or treatments that have been tried. Provide both the commercial and generic name (INN) of the medication and specify the medication dose, the route of administration and the frequency of administration.
Note 4	<u><i>Change of Prescription</i></u> Note that a new TUE application is required for any change in prescription
Note 5	If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification for the requested use of the prohibited medication.

PLEASE NOTE: incomplete applications will be returned and will need to be re-submitted.

It would be much appreciated if application forms could be submitted electronically (if possible).

Please submit the completed form to the WMA TUE Coordinator (contact details below) and keep a copy of the form for your records:

Carole Filer
7 Tapton Bank
Sheffield S10 5GG
United Kingdom
Mob: **0044 (0) 754 882 6151**
e.mail: wmatuesec@gmail.com

If there are further questions arising from this Form or regarding the relevant procedures for standard applications for TUEs on an international level, please contact Carole Filer at wmatuesec@gmail.com (e-mail).