**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

First Name: . . . . . Last Name: . . . . . .

Female ☐ Male ☐ (tick appropriate box) Event: . . . . . .

Address: . . . . . .

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

Post Code. . . . . e-mail: . . . . . .

Tel. Home:..... . . . . Mobile: . . . . . .

Date of birth (d/m/y): . . . . . .

National Federation: . . . . . .

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

Name, qualifications and medical specialty **(see Note 1)**: . . . . . .

. . . . . .

. . . . . .

Address: . . . . . .

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

Post Code. . . . . e-mail: . . . . . .

Tel. Work: . . . . . .

Mobile: . . . . . Fax: . . . . . .

**Section 3 - Medical information**

Diagnosis (see Note 2 – **you must attach evidence and clinical details)**

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**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. | | | |

What is the anticipated duration of this medication plan?

## Section 5 - Additional information

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Previous TUE request(s) ☐ yes ☐ no (tick appropriate box)

If yes: Date: .....

Organisation (to whom TUE application was sent) ..... Result

(attach previous TUE(s) where applicable) .....

## Section 6 - Medical Practitioner's Declaration

I, . . . . . certify that the above-mentioned medication(s) for the above-named athlete has been/are to be administered as the correct treatment for the above-named medical condition. I further certify that the use of alternative medications not on the WADA Prohibited List would be unsatisfactory for the treatment of the above- named medical condition **(see Note 5)**.

Specify reasons: . . . . . .

. . . . . .

. . . . . .

**Signature of Medical Practitioner:** . . . . . **Date:** . . . . . .

**Section 7 - Athlete's declaration**

I, . . . . . certify that the information in section 1 above is accurate and that I am requesting for approval to use a prohibited substance or prohibited method in the WADA Prohibited List. I authorize the release of my personal medical information to the members of the WMA Therapeutic Use Exemption Sub-Commission (WMA TUESC), as well as to any other relevant persons (including, where applicable, WADA or IAAF staff and/or members of the WADA or IAAF Therapeutic Use Exemption Committees) who may be involved in the management, review or administration of my application in accordance with the IAAF Procedural Guidelines. I understand that, if I ever wish to revoke the right of the WMA TUESC to obtain any health information on my behalf, I must notify my medical practitioner in writing of the fact. As a consequence of such a decision, I understand that I will not receive approval for a TUE (or renewal of an existing TUE).

I further authorise for the decision of the WMA TUESC to be notified to other relevant organisations in accordance with IAAF Rule 34.5.

**Athlete's signature:** . . . . . **Date:** . . . . . .

**Send to:**

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

| | |
|---|---|
| ***Note 1*** | *Name, qualifications and medical specialty*<br>For example: Dr AB Cook, MD FRACP, Gastro-enterologist.<br>Dr JA Gonzalez, MBBS, FACSM, Sports Physician |
| ***Note 2*** | *Diagnosis*<br>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*** | *Medication details*<br>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*** | *Change of Prescription*<br>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).