

STRICTLY CONFIDENTIAL

Application No:



WMRA Therapeutic Use Exemptions (TUE) Application Form

I hereby apply for approval for the therapeutic use of a prohibited substance or prohibited method on the WADA Prohibited List

Please complete all sections in **CAPITAL LETTERS** or **typing**

1. Athlete information

First Name:	Last Name:
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of birth (dd/mm/yy):
Nationality:.....	Discipline:
Address:	
City:	Country:
Postal Code:	E-mail:
Tel.: <i>(with international code)</i>	Mobile:

2. Medical information

Diagnosis (☞ see Note 1):

.....

.....

.....

If a permitted medication cannot be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication:

.....

.....

3. Medication details

Prohibited substance(s) (☞ see Note 2): Commercial name/Generic name (INN) e.g: Humuline©/Insulin	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

Intended duration of treatment (☞ see Note 3):	Once only <input type="checkbox"/>	Emergency <input type="checkbox"/>
	Or duration (week / month):	

Additional information:

.....

.....

<p>Have you submitted any previous TUE application? <input type="checkbox"/> yes <input type="checkbox"/> no (tick appropriate box)</p> <p>For which substance(s)?</p> <p>Organisation (to whom TUE application was sent)</p> <p>When (dd/mm/yy):</p> <p>Result (attach previous TUE(s) where applicable): Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>
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<p>Has the athlete's National Federation Team Doctor been notified of this application?</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Name of National Federation's Team Doctor (☞ see Note 4):</p>
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4. Medical practitioner's declaration

I certify that the above-mentioned medication(s) for the above-named athlete is 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**).

Name, qualifications and medical speciality (☞ see **Note 6**):

.....

Address:

City: State/Province: Country

Postal Code: E-mail:

Tel.: (*with international code*) Mobile:

Signature of medical practitioner: **Date:**

5. Athlete's declaration and consent

I, certify that the information under section 1 above is accurate and that I am requesting approval to use a Prohibited Substance or Prohibited Method from the WADA Prohibited List. I authorize the release of my personal medical information to the WMRA and to members of the WMRA Therapeutic Use Exemption Sub-Commission, as well as to any other relevant persons who may be involved in the management, review or administration of my application in accordance with WMRA Anti-Doping Regulations. I understand that the members of WMRA involved in the administration of TUE applications will not disclose any of my TUE related information beyond those persons with a need to know according to the WMRA Anti-Doping Regulations.

I understand that, if I ever wish to revoke the right of the WMRA TUESC to obtain my health information on my behalf, I must notify my medical practitioner and the IAAF in writing of that fact. I also understand that, if I withdraw my consent to the release of my personal medical information, I may not receive approval for a TUE or the renewal of an existing TUE, since no TUE can be granted or renewed without the disclosure of comprehensive medical data. I am aware that an application for a TUE requires the processing (for example, transmission, disclosure, use and storage) of all data pertaining to such application through relevant administration/data management systems, including those at the IAAF and the Anti-Doping Administration and Management System (ADAMS), to ensure harmonized, coordinate and effective anti-doping programmes for detection, deterrence and prevention of doping. By signing this form, I consent to such processing of my TUE related data.

I authorize for the decision of the WMRA to be notified to other relevant organizations. I understand and agree that if a TUE is granted, such TUE and the related information will be stored electronically in ADAMS for a minimum period of 8 years, the period of 8 years being the period within which an action can be commenced following an anti-doping rule violation under WMRA rules and, where applicable, IAAF Rules.

WITHDRAWAL OF CONSENT

I understand that I may at any time revoke my consent for the processing of my TUE related data through the relevant administration/data management system, including ADAMS. I understand however that, as a consequence of such withdrawal of consent, I will not receive approval for a TUE or a renewal of an existing TUE.

RELEASE

I hereby release the WMRA 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, a parent or guardian shall sign together with or on behalf of the athlete)

Notes:

Note 1	Diagnosis <i>Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history, and the results of all relevant clinical examinations, investigations, specialist medical reports and imaging studies. 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.</i>
Note 2	Medication details <i>Provide details concerning all medications or treatments. Provide both the commercial and generic name (International Nonproprietary Name - INN) of the medication and specify the medication dose, the route of administration and the frequency of administration.</i>
Note 3	Change of Prescription <i>Note that a new TUE application is required for any change in prescription.</i>
Note 4	National Federation Team Doctor <i>Whenever possible, the National Federation Team Doctor should be notified of the application and the application should include a statement by the Team Doctor attesting to the necessity of the otherwise prohibited substance or prohibited method in the treatment of the athlete.</i>
Note 5	<i>If a permitted medication cannot be used in the treatment of the athlete's medical condition, please provide clinical justification (on page 1) for the requested use of the prohibited medication.</i>
Note 6	Name, qualifications and medical specialty <i>For example: Dr AB Cook, MD FRACP, Gastro-enterologist. Dr JA Gonzalez, MBBS, FACSM, Sports Physician</i>

! WARNING: Incomplete Applications will be returned and will need to be re-submitted !

Please submit the completed form to:
WMRA Medical Doctor.
Dr med. Sonja Ambrosy,
Harrasser str. 6, 83209
Prien, Germany.
Fax number: 0049-8051-9655110.

If there are any questions arising from this Form or regarding the relevant procedures for standard applications for TUEs , please contact the WMRA for further information on e-mail: [**sonja.ambrosy@gmx.de**](mailto:sonja.ambrosy@gmx.de).