



Australian Government

Australian Sports Drug
Medical Advisory Committee

ASDMAC

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Therapeutic Use Exemption (TUE) APPLICATION FORM

Please complete ALL sections in CAPITALS or typing. Illegible or incomplete applications will NOT be processed and will be returned.

NOTE: This application will be reviewed by a panel of medical practitioners, bound by strict confidentiality. Please supply relevant medical details and reports to allow ASDMAC to formulate an informed decision on this application. If no supporting medical documents are attached, the application will be returned to the applicant.

1. Athlete Information

Surname: _____ Given Name: _____

Female Male Other Date of Birth (DD/MM/YY): _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ E-mail: _____

Sport: _____

National Sporting Organisation: _____

Current Level of Athlete:

Open National team or squad Other _____

Are you in an: RTP DTP N/A

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

2. Medical information

Diagnosis:

On a separate sheet/s please provide:

- a) *Medical information confirming the diagnosis should be attached and forwarded with this application. It should include a comprehensive medical history and examination and the results of all relevant laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. The information provided should be sufficient for the medical committee assessing the application to make their own assessment of the diagnosis.*
- b) *If relevant, there should be some clinical justification why there is a need to use the prohibited medication in the application if there is a reasonable permitted alternative medication.*

Note: WADA maintains 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 Sport Integrity Australia website: <https://www.sportintegrity.gov.au/substances/therapeutic-use-exemption/medical-evidence-needed-tues>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

3. Medication details

Prohibited Substance(s): <u>Generic name</u>	Dose	Route of Administration	Frequency	Duration of Treatment	Date Medication Commenced

4a. In-Advance applications

Are you applying due to:

- Starting a new medication or
- A change in your level of competition, meaning that you now require an in advance TUE for a medication you are already using.

4b. Retroactive applications

<p>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>Date: _____</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 (planned retroactive TUE)</p> <p><input type="checkbox"/> Fairness - <i>Fairness is an exceptional and infrequently applied criteria for retroactive TUE applications that requires approval by both WADA and ASDMAC. This criteria should be discussed with the ASDMAC secretariat and Chair prior to submission.</i></p> <p><input type="checkbox"/> Other: Please explain: _____</p> <p>_____</p>
<p>If the retroactive request is for a substance/method detected as a result of doping control, please state:</p> <p>Date of sample collection: _____</p> <p>Substance/method detected: _____</p>	

5. Previous applications

<p>Have you submitted any previous TUE application(s) to any Anti-Doping Organisation (including ASDMAC) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please attach any current or relevant TUE(s) to this application or please fill out the following information in relation to those applications:</p> <p>For which substance or method? _____</p> <p>To whom? _____ Date? _____</p> <p>Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>

6. Medical practitioner's declaration

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

Name: _____

Medical specialty: _____

Address: _____

Tel.: _____

Mobile: _____

E-mail: _____

Signature of Medical Practitioner: _____ Date: _____

ASDMAC correspondence will be by email. Please ensure that you provide a valid email address.

7. Application checklist

8.1 - Athlete information complete	<input type="checkbox"/>
8.2 - Medical information complete	<input type="checkbox"/>
8.3 - Medication details complete	<input type="checkbox"/>
8.4a - In-Advance applications complete	<input type="checkbox"/>
8.4b - Retroactive applications complete	<input type="checkbox"/>
8.5 - Previous applications complete	<input type="checkbox"/>
8.6 - Medical Practitioner declaration complete	<input type="checkbox"/>
8.7 - Application checklist complete	<input type="checkbox"/>
8.8 - Athletes Declaration complete	<input type="checkbox"/>

Please email your completed application and supporting medical information as a pdf document to asdmac@sportintegrity.gov.au.

Please keep a copy of any documents submitted for your records.

8. Athlete's declaration

I, _____, certify that the information set out at sections 1, 4a, 4b and 5 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. These people are subject to a professional or contractual confidentiality obligation.

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 potential 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*, *International Standards*, or national anti-doping laws; or to establish, exercise or defend a legal claim involving me, WADA, and/or an ADO.

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 in my country of residence. I understand that my information may be stored in ADAMS, which is hosted by WADA on servers based in Canada, and will be retained for the duration as indicated in the WADA International Standard for the Protection of Privacy and Personal Information (ISPPPI).

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 or the national regulator responsible for data protection in my country.

I understand that the entities mentioned above may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

Athlete's signature: _____ **Date:** _____

Parent's/Guardian's signature: _____ **Date:** _____

(If the Athlete is a Minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete).