



## MEDICAL INFORMATION TO SUPPORT A TUE APPLICATION

### Iron Infusions

Iron supplementation is **not** prohibited by WADA.

But, if iron is given by an intravenous infusion of **greater than 100mls**, that volume of intravenous fluid is a **prohibited method** by WADA (>100ml in 12 hours unless performed in a hospital setting).

Iron intravenous (IV) infusions may be indicated for athletes in the following situations:

- Iron deficiency anaemia (Low haemoglobin in association with low ferritin)
- Iron deficiency without anaemia (Normal haemoglobin with ferritin <30\* mcg/L) where
  - oral supplementation has been ineffective or has resulted in unacceptable side effects
  - There is a need for rapid correction of low iron stores (e.g. imminent competition or altitude training)

(\* Ferritin 30-50 mcg/L may still indicate iron deficiency in the setting of co-existent inflammation and/or relevant symptoms and may be accompanied by elevated CRP/ESR, increased transferrin, reduced transferrin saturation)

IV iron can be administered as

- a bolus injection (10ml for 500mg iron or 20 ml for 1000mg iron) e.g. *Ferrinject* (as the volume of fluid is <100ml it is not prohibited by WADA) or
- in an infusion (up to 500mls of 0.9%NaCl solution for 1000mg iron). (as the volume of the infusion is **≥100mls**, this is a **prohibited method** of administration by WADA) so a TUE is required unless the infusion is delivered in a hospital setting.)

Therefore if an iron infusion with a volume of fluid >100ml is contemplated for an athlete (and the athlete requires a TUE), the doctor should either...

1. Consider using a permitted method of administration for the Iron (oral or Ferrinject) or
2. Apply for a therapeutic use exemption (TUE) for the fluid infusion required to deliver the iron. Clinical justification for the infusion will be required (see below).

#### What information is required for a TUE application?

- A completed TUE application form signed by the treating doctor and athlete
- A (typed) clinical letter from the treating doctor that includes:
  - current diagnosis and a summary of clinical history of iron deficiency
  - reason for use of IV infusion to deliver the iron, rather than oral iron (or smaller volume bolus infusion)
  - A description of the fluid (type and volume) that will be infused
  - the date of infusion
  - Place where infusion will be performed (e.g. Drs rooms)
  - any other additional relevant clinical information from the treating physician
- Copy of original pathology reports of iron levels (Iron Studies) and Full Blood Examination (FBE)

For additional information please refer to the medical information relating to your condition on the WADA website at <[www.wada-ama.org](http://www.wada-ama.org)>.