



Australian Government

Australian Sports Drug
Medical Advisory Committee

ASDMAC

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APP

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: _____ Country: _____ Phone: _____

E-mail: _____ National Sporting Organisation _____

Sport: _____ Discipline: _____

Current Level of Athlete:

Open National Team or Squad Other _____

Are you in a: Registered Testing Pool (RTP) National Testing Pool (NTP)
Domestic Testing Pool (DTP) N/A

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

2. Previous applications

Have you submitted any previous TUE application(s) to any Anti-Doping Organisation (including ASDMAC) for the same condition?

Yes No

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:

For which substance or method? _____

To whom? _____ When? _____

Decision: Approved Not approved

3a. 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.

3b. Retroactive applications

Is this a retroactive application?

Yes No

If yes, on what date was the treatment started? _____

Do any of the following exceptions apply? (Article 4.1 of the ISTUE):

4.1 (a) - You required emergency or urgent treatment of a medical condition.

4.1 (b) - There was insufficient time, opportunity or other exceptional circumstances prevented you from submitting the TUE application, or having it evaluated, before getting tested.

4.1 (c) - You were not permitted or required to apply in advance for a TUE as per your sports anti-doping rules.

4.1 (d) - You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.

4.1 (e) - You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., S9 glucocorticoids (See [Prohibited List](#)).

Please explain and if necessary, attach further documents: _____

Other Retroactive Applications (ISTUE Article 4.3)

In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.

In order to apply under Article 4.3, please include with your application a typed letter and all necessary supporting documentation outlining how article 4.3 applies to you.

If the retroactive request is for a substance/method detected as a result of doping control, please state:

Date of sample collection: _____

Substance/method detected: _____

Medical Practitioner to complete sections 4, 5 and 6.

4. Medical information

Diagnosis (Please use the [WHO ICD 11 classification](#) if possible): _____

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.

5. Medication details

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

6. Medical practitioner’s declaration

I certify that the information in sections 4, 5 and 6 is accurate. I acknowledge and agree that my supplied contact details may be used by Anti-Doping Organization(s) (ADO) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my contact details will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see the [ASDMAC](#) and [ADAMS](#) Privacy Policies for more details).

Name: _____ Medical Specialty: _____

Registration Number: _____ Registering Body: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____ 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

7.1 - Athlete information complete	<input type="checkbox"/>
7.2 – Previous applications complete	<input type="checkbox"/>
7.3a - In-Advance applications complete	<input type="checkbox"/>
7.3b - Retroactive applications complete	<input type="checkbox"/>
7.4 – Medical information complete	<input type="checkbox"/>
7.5 – Medication details complete	<input type="checkbox"/>
7.6 - Medical Practitioner declaration complete	<input type="checkbox"/>
7.7 - Application checklist complete	<input type="checkbox"/>
7.8 - Athletes Declaration complete	<input type="checkbox"/>

8. Athlete's declaration

I, _____, certify that the information set out at sections 1, 2, 3a, 3b and 8 is accurate and complete. 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.

I have read and understood the [ASDMAC](#) and [ADAMS](#) Privacy Policies explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

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).

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.