



Australian Government

Australian Sports Drug  
Medical Advisory Committee

APP

**Therapeutic Use Exemption (TUE) Application Form**

Please complete ALL sections in CAPTIALS 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 and more information may be requested.**

**1. Athlete Information**

Surname: \_\_\_\_\_ Given Name/s: \_\_\_\_\_

Female  Male  Other  Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ National Sporting Organisation: \_\_\_\_\_

Sport: \_\_\_\_\_ Discipline: \_\_\_\_\_

**Current Level of Athlete:**  
Do you need an in-advance TUE? Check here: [In-advance Therapeutic Use Exemption | Sport Integrity Australia](#)

**If yes, which criteria do you meet?**

1) I have been notified by SIA that I am in the:  
Registered Testing Pool (RTP)  National Testing Pool (NTP)  Domestic Testing Pool (DTP)

2) I am currently selected in the: Australian Olympic Team (Summer and Winter)   
Australian Paralympic Team (Summer and Winter)   
Commonwealth Games Teams

3) Sport, Team/Squad & Competition Details: \_\_\_\_\_

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(s) or method(s)? \_\_\_\_\_

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 that 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 Organisation 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(s)/method(s) detected: \_\_\_\_\_

**Medical Practitioner to complete sections 4, 5 and 6.**

**4. Medical Information**

Diagnosis (please use the [WHO ICD 11 classification](#) or [DSM-V](#) if possible): \_\_\_\_\_  
\_\_\_\_\_

**On a separate sheet/s please provide:**

a) Medical evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must include a comprehensive medical history and the results of all relevant examinations, 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 as to why there is a need to use the prohibited medication specified 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](#). The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.**

**WADA also maintains a series of TUE Checklists to assist athletes and physicians in the preparation of TUE applications. These can be accessed by entering the search term "Checklist" on the [WADA website](#).**

**5. Medication details**

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

**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 Organisation(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 Speciality: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Registering Body: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

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	Yes / No
7.2 – Previous applications complete	Yes / No
7.3a – In-Advance applications complete	Yes / No
7.3b – Retroactive applications complete	Yes / No
7.4 – Medical information complete	Yes / No
7.5 – Medication details complete	Yes / No
7.6 – Medical Practitioner's declaration complete	Yes / No
7.7 – Application checklist complete	Yes / No
7.8 – Athlete's Declaration complete	Yes / No

**8. Athlete's declaration**

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

I authorise my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the Anti-Doping Organisation(s) (ADO) responsible for making a decision to grant, reject, or recognise my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of relevant ADO(s) and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts. These people are subject to a professional or contractual confidentiality obligation.

I further authorise ASDMAC to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

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 organisations 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 organisations, 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 the Court of Arbitration for Sport 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 and the TUE Privacy Notice (below) 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](mailto:asdmac@sportintegrity.gov.au)**

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

## **TUE Privacy Notice**

This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.

### **TYPES OF PERSONAL INFORMATION (PI)**

- The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
- Supporting medical information and records provided by you or your physician(s); and
- Assessments and decisions on your TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

### **PURPOSES & USE**

Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code (Code), the International Standards, and the antidoping rules of ADOs with authority to test you. This includes:

- Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and
- In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

### **TYPES OF RECIPIENTS**

Your PI, including your medical or health information and records, may be shared with the following:

- ADO(s) responsible for making a decision to grant, reject, or recognize your TUE, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available to ADOs with testing authority and/or results management authority over you;
- WADA authorized staff;
- Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and
- Other independent medical, scientific or legal experts, if needed.

Note that due to the sensitivity of TUE information, only a limited number of ADO and WADA staff will receive access to your application. ADOs (including WADA) must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult [ASDMAC](#) to obtain more details about the processing of your PI.

Your PI will also be uploaded to ADAMS by the ADO who receives your application so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your PI, consult the [ADAMS Privacy and Security](#) page on the WADA website.

## **FAIR & LAWFUL PROCESSING**

When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing described in this Notice.

Alternatively, ADOs and these other parties may rely upon other grounds recognised in law to process your PI for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfill contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfill legitimate interests associated with their activities.

## **RIGHTS**

You have rights with respect to your PI under the ISPPPI, including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.

Where the processing of your PI is based on your consent, you can revoke your consent at any time, including the authorization to your physician to release medical information as described in the Athlete Declaration. To do so, you must notify your ADO and your physician(s) of your decision. If you withdraw your consent or object to the PI processing described in this Notice, your TUE will likely be rejected as ADOs will be unable to properly assess it in accordance with the Code and International Standards.

In rare cases, it may also be necessary for ADOs to continue to process your PI to fulfil obligations under the Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, WADA and/or an ADO.

## **SAFEGUARDS**

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

Under the ISPPPI, ADO staff must also sign confidentiality agreements, and ADOs must implement strong privacy and security measures to protect your PI. The ISPPPI requires ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in ADAMS by consulting the response to How is your information protected in ADAMS? in our ADAMS Privacy and Security FAQs

## **CONTACT**

Consult the ASDMAC Secretariat at [asdmac@sportintegrity.gov.au](mailto:asdmac@sportintegrity.gov.au) for questions or concerns about the processing of your PI. To contact WADA, use [privacy@wada-ama.org](mailto:privacy@wada-ama.org).