

STRICTLY CONFIDENTIAL

Application No:

(For internal IAAF use only)



IAAF 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

- ☐ I am included in IAAF Registered Testing Pool **or**
☐ Preparing for IAAF International Competition (which competition)

1. Athlete information

First Name: Last Name:
Female ☐ Male ☐ Date of birth (dd/mm/yy):
Nationality: Discipline:
Address:
City: Country:
Postal Code: E-mail:
Tel.: (with international code) Mobile:

2. Medical information

Diagnosis with sufficient medical information (☞ 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:
.
.

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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 ☐ Emergency ☐ Or duration (week / month):
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Additional information:
.....
.....

Have you submitted any previous TUE application? ☐ yes ☐ no (tick appropriate box)

For which substance(s)?

Organisation (to whom TUE application was sent)

When (dd/mm/yy):

Result (attach previous TUE(s) where applicable): Approved ☐ Not approved ☐

Has the athlete's National Federation Team Doctor been notified of this application?

Yes: ☐ No: ☐

Name of National Federation's Team Doctor (☞ see **Note 4**):

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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 IAAF and to members of the IAAF Therapeutic Use Exemption Sub-Commission (IAAF TUESC), as well as to any other relevant persons who may be involved in the management, review or administration of my application in accordance with IAAF Anti-Doping Regulations (including, where applicable, WADA or IOC staff and/or members of the WADA or IOC Therapeutic Use Exemptions Committees). I understand that the members of IAAF staff and the IAAF TUESC 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 IAAF Anti-Doping Regulations.

I understand that, if I ever wish to revoke the right of the IAAF 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 IAAF TUESC to be notified to other relevant organizations in accordance with IAAF Rule 34.9. 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 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 IAAF and the IAAF TUESC 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)

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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> <u>For applications for the use of Beta-2-agonists only:</u> To constitute a complete application, International-Level athletes must include the following documentation required by the IAAF Beta-2-Agonists Protocol: 1. Detailed Medical Records 2. Provocation Test Results Both must be filled in on appendix A of this Application Form Refer to the IAAF Beta-2 Agonists Protocol in the “athletes area” of www.iaaf.org/antidoping for further more detailed information on the documentation that is required.
Note 2	Medication details <i>Provide details concerning all medications or treatments.</i> <i>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.</i> <i>Dr JA Gonzalez, MBBS, FACSM, Sports Physician</i>

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

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Please submit the completed form to the IAAF Medical and Anti-Doping Department (see contact details below) and keep a copy of the form for your records:

IAAF Medical and Anti-Doping Department

17, Rue Princesse Florestine

BP 359 – MC 98007

Monaco

Confidential Fax: +377 93 50 83 95

If there are further questions arising from this Form or regarding the relevant procedures for standard applications for TUEs, please contact the IAAF for further information on: +377 93 10 88 89 (tel) or tue-application@iaaf.org (e-mail).

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Appendix A

**IAAF INHALED BETA-2-AGONIST APPLICATION FOR ASTHMA TREATMENT
Medical Records FORM**

NAME OF THE ATHLETE: _____
DATE OF BIRTH: _____ COUNTRY: _____

Diagnosis:

Age of onset:

Symptoms spontaneous or exercise related:

Coughing during or post-exercise:	Yes or No	Dyspnoea:	Yes or No
Shortness of breath:	Yes or No	Wheezing:	Yes or No
Chest tightness:	Yes or No	Excess sputum:	Yes or No
If yes, specify:			

Identified triggering factors :

Past history of atopic disorders and/or childhood asthma:

Past physical examinations:

Results of skin prick tests or RAST to document the presence of allergic hypersensitivity:

Details of all consultations with qualified physicians in the treatment of asthma:

Details of any attendance in hospital emergency departments for treatment or admission to hospital for treatment of acute exacerbation of asthma.

Details of the individual's currently prescribed medication and any other medication prescribed in the past years, with particular details in the last 6 months.

Details of medication in the 3 months prior to provocation test:

PFTesting information

Date of test: / /

- ☐ Bronchodilator test: FEV₁ after bronchodilator: change compared to baseline: %
- ☐ Methacholine challenge test
PD₂₀ = µmol or µg / PC₂₀ = mg/mL
- ☐ Eucapnic Voluntary Hyperpnoea: FEV₁ decrease of % within min
- ☐ Exercise challenge: FEV₁ decrease of % within min
- ☐ Hypertonic saline test: FEV₁ decrease of % within min
- ☐ Mannitol test: FEV₁ decrease of % within min

Date:

Physician Name:

Physician Signature: