

THERAPEUTIC USE EXEMPTION (TUE) APPLICATION & NOTIFICATION FORM

INSTRUCTIONS

- Please read Section 6 (IPC Anti-Doping Code) carefully prior to completing this form
- Type information or write legibly in block letters using black ink in English
- Leave no blanks and answer all questions
- Section 1 & 5 must be completed by the athlete applying for a Therapeutic Use Exemption (TUE)
- Section 2, 3 & 4 must be completed by the athlete's medical practitioner
- The generic/chemical name of the substance must be included for all medications listed in the request.
- Section 6 must be completed and signed by the Medical Officer/Medical Representative of the National Paralympic Committee (NPC)
- Completed TUE Applications & Notification Forms should be sent by the NPC to the International Paralympic Committee to:

Betsy Liebsch
Anti-Doping and Classification Manager
International Paralympic Committee
Adenauerallee 212-214
53113 Bonn
Germany
Fax: +49 228 2097 209
Email: andy.parkinson@paralympic.org

**INCOMPLETE TUE APPLICATIONS & NOTIFICATION FORMS WILL NOT
BE CONSIDERED AND WILL BE RETURNED TO THE NPC**

International Paralympic Committee
Adenauerallee 212-214
53113 Bonn, Germany

Tel. + 49 228 2097-200
E-mail: info@paralympic.org
Web: <http://www.paralympic.org>



1. ATHLETE INFORMATION

I apply for approval from the International Paralympic Committee for the therapeutic use of a prohibited substance on the World Anti-Doping Code Prohibited List

I notify the International Paralympic Committee of the use of beta-2-agonists by inhalation or glucocorticosteroids by non-systemic routes

Surname: _____ Given Names: _____

Male Female Date of Birth (dd/mm/yy): _____ / _____ / _____

Address: _____

City: _____ Country: _____ Postcode: _____

Phone Number (Include Country Code): _____

National Paralympic Committee: _____

Sport: _____ Discipline/Position: _____

Sport Class(es) e.g. S7, B1, T44 (if applicable): _____

Type of Disability:

| | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|
| Amputee | <input type="checkbox"/> | Cerebral Palsy | <input type="checkbox"/> |
| Spinal Cord Injury | <input type="checkbox"/> | Intellectually Disabled | <input type="checkbox"/> |
| Blind/Visually Impaired | <input type="checkbox"/> | Other* | <input type="checkbox"/> |

*Please Specify _____

Duration of Disability: _____ / _____
Years Months



2. MEDICATION DETAILS (PLEASE PRINT)

Ensure only substances on the World Anti-Doping Code Prohibited List are detailed in this section (*see Note 2*):

| Commercial Name | Generic Name | Dose of Administration | Route of Administration | Frequency of Administration |
|--|--------------|------------------------|-------------------------|-----------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| <i>Anticipated duration of the above medication plan</i> | | | | |

Diagnosis of Athlete (*see Note 3*):

State reasons for not prescribing alternative therapies, if appropriate (*see Note 4*):



3. ADDITIONAL INFORMATION

Provide evidence to substantiate the diagnosis and the necessity to use substances on the World Anti-Doping Code Prohibited List (*see Notes 3 & 4*). Attach additional information, where necessary.

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4. NOTIFYING MEDICAL PRACTITIONER DECLARATION

Medical Practitioner's Name:

Qualifications & Medical Speciality (*see Note 1*):

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Address:

City:..... Country:..... Postcode:.....

E-mail address:.....

Tel. Work:..... Tel. Home:.....

Mobile:..... Fax:.....

I, certify the aforementioned substance/s for the aforementioned athlete has been/are to be administered as the correct treatment for the identified medical condition.

Signature of Medical Practitioner:.....

Date:.....



5. ATHLETE DECLARATION

I, _____ certify that the information detailed in Section 1. is accurate and that I am requesting approval to use a Substance or Method from World Anti-Doping Code Prohibited List. I authorize the release of personal medical information to the IPC including its Therapeutic Use Exemption Committee (TUEC) as well as to WADA staff, the WADA TUEC and other Anti-Doping Organization (ADO) under the provision of the IPC Anti-Doping Code (the Code). I understand that if I ever wish to revoke the right of the IPC TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner and IPC in writing of that fact.

I am aware that an application for a Therapeutic Use Exemption (TUE) requires the processing (for example Transmission, Disclosure, Use and Storage) of all data pertaining to such application through Anti-Doping Administration Management System (ADAMS) to ensure harmonized, coordinated and effective anti-doping programs for detection, deterrence and prevention of doping.

I understand and agree that my TUE related data will be made accessible to through ADAMS to the authorized ADO, to WADA, and to the TUE Committee.

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 eight (8) years, the period of eight (8) years being the period within which an action can be commenced following a violation of an anti-doping rule contained in the Code. WADA, ADOs and TUECs will not disclose any of my TUE related information beyond those persons within their organization with a need to know according to the Code.

I understand that I may refuse/revoke my consent for the processing through ADAMS of my related TUE information. I also understand that as a consequence of such refusal of consent, I may, in some instances, not receive approval for a TUE or renewal of an existing TUE.

By signing this application, I agree that I have been informed and I give my express consent to such processing of data. I hereby release the IPC, WADA as well as ADOs and TUE Committees from all claims, demands, liabilities, damages, costs, and expenses that I may have arising in connection with the processing of my TUE related data through ADAMS.

I understand that using any prohibited substance in- or out-of-competition is at my own risk of committing an anti-doping rule violation until a complete form is either 1) received by the IPC or relevant ADO and 2) I have been granted permission to use such a substance and received such permission in writing.

Signature of Athlete: _____ **Date:** _____

Signature of Parent/ Guardian*: _____ **Date:** _____

*(*If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)*



6. NPC DETAILS

All correspondence relating to this TUE application will be directed to the NPC Doping Control/Medical Officer of the applicable NPC, as detailed below (see *Note 5*):

Name of NPC Doping Control/Medical Officer:

Signature: **Date:**

Tel.: **Fax:**

E-mail:



7. NOTES

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|----------------------|---|
| <p>Note 1</p> | <p><i>Name, Qualifications & Medical Speciality</i> For example: Dr AB Cook, MD FRACP, Gastro-enterologist.</p> |
| <p>Note 2</p> | <p><i>Medication Details</i> Provide details concerning the substance(s) on the World Anti-Doping Code Prohibited List for which approval is sought. Use generic/chemical names (INN) as well as commercial names and specify medication dose, route of administration, frequency, and duration of the administration of the treatment.</p> |
| <p>Note 3</p> | <p><i>Diagnosis</i> Evidence confirming the diagnosis must be attached and forwarded with this application and must be in English. The medical evidence should 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 where 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.</p> |
| <p>Note 4</p> | <p><i>Medical Evidence</i> If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification for the requested use of the substance(s) on the World Anti-Doping Code Prohibited List. A statement, in English, by an appropriately qualified physician attesting to the necessity to use the Prohibited Substance or Prohibited Method in the treatment of the Athlete and describing why an alternative, permitted medication cannot, or could not, be used in the treatment of this condition. Trials of non-prohibited therapies should be noted.</p> |
| <p>Note 5</p> | <p><i>NPC Medical Officer</i> All applications must include a statement by the Medical Officer of the athlete's NPC, attesting to the necessity of the use of substance(s) on the World Anti-Doping Code Prohibited List in the treatment of the athlete.</p> |