

TEMPLATE OF TUE APPLICATION FORM
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.**

Athlete to complete sections 1, 5, 6 and 7;

Physician to complete sections 2, 3 and 4.

Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

1. Athlete Information

Surname				Given Names			
Female <input type="checkbox"/>		Male <input type="checkbox"/>		Date of Birth (D/M/YYYY)		/ /	
Address							
City/Town				Country			
				Postcode			
Telephone <small>(with international code)</small>		+		Mobile/Cell <small>with international code)</small>		+	
E-mail							
Sport		Lacrosse		Competing in Which Discipline		Women's <input type="checkbox"/> Men's <input type="checkbox"/> Box <input type="checkbox"/> Sixes <input type="checkbox"/> <small>(Check all that apply)</small>	
Nationality				Member Nation Competing For			
International Sports Organization				World Lacrosse			
<input type="checkbox"/> I am included in a World Lacrosse Testing Pool or,							
<input type="checkbox"/> I am Preparing for an International Competition <small>(Identify which competition)</small>							
If you are an Athlete with an impairment, please indicate the impairment							

2. Medical Information (continue separate sheet if necessary)

Diagnosis with sufficient medical information:
If a permitted medication can be used to treat the medical condition, please provide clinical justification for the requested use of the prohibited medication

Comment:

Evidence confirming the diagnosis shall 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. Evidence should be as objective as possible in the clinical circumstances. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

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 by entering the search term "Medical Information" on the WADA website: <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

3. Medication Details

	Prohibited Substance(s): <u>Generic name</u> (See Note 1)	Dose	Route of Administration	Frequency	Intended Duration of Treatment (See Note 2)
1					
2					
3					

4. Medical Practitioner's Declaration

I certify that the information at sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate. 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 3)					
Name				Qualifications (See Note 4)	
Medical Specialty (See Note 4)					
Address					
City/Town			Country		Postcode
Telephone (with international code)	+		E-mail		
Fax Number (with international code)	+				
Signature of Medical Practitioner					
Date:					

5. Retroactive applications

Is this a retroactive application?	Please Choose One:	
Yes <input type="checkbox"/>	<input type="checkbox"/>	Emergency treatment or treatment of an acute medical condition was necessary
No <input type="checkbox"/>	<input type="checkbox"/>	Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection
If Yes, what date was treatment started? (D/M/YYYY)	<input type="checkbox"/>	Advance application not required under applicable rules
/ /	<input type="checkbox"/>	Fairness (WADA and World Lacrosse approval required)
	Please Explain:	

6. Previous applications

Have you submitted any previous TUE application(s) to any Anti-Doping Organizations (ADO)?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
For which substance or method?	
To Whom?	
When?	
Decision	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>

Has the athletes National Federation Team Doctor been notified of this application?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of IF Team Doctor (See Note 5)

7. Athlete's Declaration

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the relevant 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 any rights I may have, such as my right of access, rectification, restriction, opposition, or deletion; 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 purpose of investigations or proceedings related to 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 ISPPPI, I can file a complaint to WADA (privacy@wada-ama.org), or my 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.

Athlete Signature		Date	
Parent's /Guardian Signature		Date	

(If the Athlete is a Minor or has an impairment preventing him/her from signing this form, a parent or guardian shall sign on behalf of the Athlete)

Please submit the completed form to: Natasha Brophy by email to: nbrophy@worldlacrosse.sport

8. 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 World Lacrosse and the World Lacrosse TUEC 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 Signature		Date	
Parent's /Guardian Signature		Date	

(If the Athlete is a Minor or has an impairment preventing him/her from signing this form, a parent or guardian shall sign on behalf of the Athlete)

Notes

Note 1	Medication details Provide details concerning all medications or treatments. Provide both the commercial and generic name (International Non-proprietary name-INN) of the medication and specify the medication dose, the route of administration and the frequency of administration.
Note 2	Change of Prescription Note that a new TUE application is required for any change in prescription.
Note 3	If a permitted medication cannot be used in the treatment of the athlete's medical condition. Please provide clinical justification (on Page 2) for the requested use of the prohibited medication.
Note 4	Name, Qualifications and medical specialty For example, Dr DB Smith, MD FRACP, Gastroenterologist Dr JA Gonzalez, MSBS, FASCM, Sports Physician
Note 5	National Federation Team Doctor Whenever possible, the National Federation Team Doctor should be notified of the application and the application should include a statement attesting to the necessity of the otherwise prohibited substance or prohibited method in the treatment of the athlete.