

Therapeutic Use Exemption (TUE) Application Form

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/y): _____	
Address: _____			
City: _____		Country: _____	Postcode: _____
Tel.: _____		E-mail: _____	
(with International code)			
Sport: _____		Discipline/Position: _____	
International or National Sport Organisation: _____			
Current Level of Competition:			
International <input type="checkbox"/>	National <input type="checkbox"/>	Club <input type="checkbox"/>	Other <input type="checkbox"/> _____
Next Competition and date: _____			
If you are an Athlete with an impairment, please indicate the impairment: _____			

2. Medical Information *(continue on separate sheet if necessary)*

Diagnosis: <hr/> <p>If a permitted medication can be used to treat the medical condition, please provide clinical justification for the requested use of the prohibited medication:</p>
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OFFICE USE ONLY:

APPLN RECEIVED	/ /	CERT. #		SUBMITTED	Yes / No
APPLN APPROVED	Yes / No	Drug Free Sport New Zealand, PO Box 17451, Greenlane, Auckland 1546. Ph: 09 5820388, 0800 DRUGFREE (0800 378437) Fax: 09 5800381			

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>	Dose	Route of Administration	Frequency	Duration of Treatment
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.

Name:

Medical specialty:

MCNZ Registration Number:

Address: _____

Tel.: _____

Fax: _____

E-mail: _____

Signature of Medical Practitioner: _____ Date: _____

5. Retroactive applications

Is this a retroactive application? Yes: No:

(Has use of medication already started?)

If yes, on what date was treatment started? _____

Please choose one:

- 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 DFSNZ anti-doping rules
- 4.1 (d) You are a lower-level athlete who is not under the jurisdiction of an IF or NADO 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 (refer to Prohibited List)

Other Retroactive Applications (ISTUE Article 4.3)- WADA and IF/NADO approval is required

- 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 a full reasoning and attach all necessary supporting documentation.

Please explain: _____

6. Previous applications

Have you submitted any previous TUE application(s) to any ADO? _____

Yes No

For which substance or method?

To whom? _____ When? _____

Decision: Approved Not approved

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's signature: _____ **Date:** _____

Parent's/Guardian's 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 remember to keep a copy of the completed form for your records. Submit by fax, email or post to: Drug Free Sport New Zealand, PO Box 17451, Greenlane, Auckland 1546 **Fax:** 09 5800381 **Email:** TUE@drugfreesport.org.nz