



Therapeutic Use Exemption (TUE) APPLICATION FORM

Please complete all sections legibly in capital letters or typing. Fencer to complete sections 1, 5, 6 & 7. Medical practitioner to complete sections 2, 3 & 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:

FIE Licence number:

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

Address:
.....

City: Country:

Postcode:

Tel.:
(with international code)

E-mail:

Weapon (F/E/S): National Federation:

2. Medical information (continue on separate sheet if necessary)

Diagnosis:

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

.....

Note

Diagnosis

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence 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 must 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.

3. Medication details

Prohibited Substance(s): Generic name	Dose	Route of Administration	Frequency	Duration of Treatment
1.				
2.				
3.				
4.				

4. Medical practitioner's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name:.....

Medical speciality:

Address:

Tel.:..... **Fax:**

E-mail:

Signature of Medical Practitioner:

Date:

5. Retroactive applications

<p>Is this a retroactive application* ?</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>If yes, on what date was treatment started ? (dd/mm/yy):</p> <p>.....</p> <p><i>* Retroactive approval for TUE may be considered if certain conditions are met (see International Standard for Therapeutic Use Exemption art. 4.3)</i></p>	<p>Please indicate reason:</p> <ul style="list-style-type: none"> • Emergency treatment or treatment of an acute medical condition was necessary <input type="checkbox"/> • Due to other exceptional circumstances there was insufficient time or opportunity to submit an application prior to sample collection <input type="checkbox"/> • Advance application is not required under the applicable rules <input type="checkbox"/> • Other <input type="checkbox"/> <p>Please explain:</p> <p>.....</p> <p>.....</p> <p>.....</p>
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6. Previous applications

<p>Have you submitted any previous TUE application: yes <input type="checkbox"/> no <input type="checkbox"/></p>	
<p>For which substance or method ?</p> <p>.....</p>	
<p>To whom?.....When?.....</p>	
<p>Was your application: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>	

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 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.

I consent to my medical practitioner(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 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 sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

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 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 CAS.

Fencer's signature: **Date:**

Parent's/Guardian's signature: **Date:**

(If the Fencer is a Minor, a parent or guardian must sign on behalf of the Fencer)

WHERE MUST YOU SEND THIS APPLICATION AND SUPPORTING DOCUMENTS ?

- "International-Level Fencers" (as defined in the 2015 FIE Anti-Doping Rules) must submit their completed TUE application forms, including supporting documents **direct to the FIE**;
- All other Fencers must submit their TUE application forms, including supporting documents **to their respective NADOs** (National Anti-Doping Organisations).

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