

# STANDARD THERAPEUTIC USE EXEMPTIONS APPLICATION FORM



All applicable areas must be completed.  
Incomplete forms will be returned.



Please PRINT clearly using BLOCK CAPITALS

*I apply for approval from the Irish Sports Council for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods*

## 1. Athlete Information

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
(tick) Male  Female  Date of Birth (dd/mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
Tel: Home: \_\_\_\_\_ Tel Work/School: \_\_\_\_\_  
Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Sport: \_\_\_\_\_ Discipline/ Position: \_\_\_\_\_  
National Governing Body \_\_\_\_\_  
If athlete with a disability, complete section 2

## 2. Disability Information

Amputee  Cerebral Palsy   
Spinal Cord Injury  Intellectually Disabled   
Blind/Visually Impaired  Other \*

\*Please specify \_\_\_\_\_  
\_\_\_\_\_  
Sport Class(es) if applicable \_\_\_\_\_ Duration of Disability (Year/months) \_\_\_\_\_

### 3. Notifying medical practitioner

Name, qualifications and medical speciality (see \*note 1): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Tel. Work: \_\_\_\_\_ Tel. Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Has the National Governing Body's Chief Medical Officer been notified of this request? Yes:  No:

Name of NGB's Chief Medical Officer (see \*note 2): \_\_\_\_\_ Contact No. \_\_\_\_\_

Statement by the Medical Officer attached? Yes:  No:

### 4. Medication details (see \*note 3)

Prohibited Substances incl. Brand name	Dose of Admin.	Route of Admin.	Frequency of Admin.	Date of Admin.	Duration of this Medication Plan

Previous / Current TUE request(s) granted:  yes  no If YES give details below:-

Date: \_\_\_\_\_ Anti-Doping Organisation: \_\_\_\_\_ Substance \_\_\_\_\_

Date: \_\_\_\_\_ Anti-Doping Organisation: \_\_\_\_\_ Substance \_\_\_\_\_

Date: \_\_\_\_\_ Anti-Doping Organisation: \_\_\_\_\_ Substance \_\_\_\_\_

Date: \_\_\_\_\_ Anti-Doping Organisation: \_\_\_\_\_ Substance \_\_\_\_\_

Please attach copies of previous TUE(s) granted, to this application

### 5. Medical Information (see \*note 4)

5 (a) Diagnosis of condition or injury sustained: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5 (b) Please note additional information and **attach** a detailed medical report including test results to substantiate the diagnosis and the necessity to use a prohibited substance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5 (c) If appropriate, reasons for not prescribing alternative therapies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 6a. Medical Practitioner's Declaration

I, \_\_\_\_\_ certify the above mentioned substance(s) for the above named Athlete has been/are to be administered as the correct treatment for the above-named medical condition.

**Signature of Medical Practitioner:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### 6b. Athletes Declaration

I, \_\_\_\_\_ certify that the information in section 1 is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorise the release of personal medical information only to the Irish Sports Council, the Irish Sports Council Therapeutic Use Exemption Committee (TUEC) and, as required, other independent medical or scientific experts and to all necessary staff involved in the management, review or appeals of TUE applications as well as to WADA staff and to the WADA TUEC under the provision of the Irish Anti-Doping Rules and the World Anti-Doping Code. I understand that if I ever wish to revoke the right of the Irish Sports Council TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact. I hereby consent for the decisions of the Irish Sports Council TUEC and the WADA TUEC to be distributed to other relevant Anti-Doping Organisations under the provisions of the Code.

**Signature of Athlete** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Parents/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(If the Athlete is a minor or has a disability preventing him/her from signing this form, a Parent or Guardian shall sign together with or on behalf of the Athlete.)

### 7. Notes:

**\*Note 1** Name, qualifications and medical specialty  
*For example: Dr AB Cook, MD FRACP, Gastro-enterologist.*

**\*Note 2** NGB Chief Medical Officer  
*Where possible the Chief Medical Officer (CMO) of the sport involved should be notified of the application to the Anti-Doping Organisation. When appropriate, the application should include a statement by the Medical Officer of the Athlete's national sport governing body, attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the athlete.*

**\*Note 3** Medication details  
*Provide details concerning all prohibited substances or methods for which approval is sought. Use generic names and specify medication dose.*

**\*Note 4** Diagnosis  
*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 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 and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.*

*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 prohibited medication.*

**Please submit the completed form to :-**

The Therapeutic Use Exemption Secretariat,  
Anti Doping Unit,  
Irish Sports Council,  
Top Floor,  
Block A,  
West End Office Park,  
Blanchardstown,  
Dublin 15

Please keep a copy of the completed application form for your records.

Incomplete Applications will be returned to you. Complete the form and return it immediately as this application is not valid until it has been approved by the Irish Sports Council

**\*\* Renewal of the TUE is the athlete's responsibility \*\***

**TUEC Decision (for office use only)**

**Date Received:-**

**Application:-**

**Approved**      **Complete the 'Certificate of Approval' and return it to TUE Secretariat attached to this form.**

**Not Approved**      **Complete a 'Notice of Rejection' and return it to the TUE Secretariat attached to this form.**

**Office Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of TUEC Representative(s):-**

**1** \_\_\_\_\_

**2** \_\_\_\_\_

**3** \_\_\_\_\_

**Dated** \_\_\_\_\_