

# THERAPEUTIC USE EXEMPTION (TUE) APPLICATION FORM

Please complete all sections in **English** in **CAPITAL LETTERS** or typing. Athlete to complete sections 1, 2, 3 and 7; Physician to complete sections 4, 5 and 6. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

Completed applications should be submitted to: [tue@athleticsintegrity.org](mailto:tue@athleticsintegrity.org)

Please consider using an encrypted or other secure file sharing system to submit applications.  
Always keep a copy of the completed form for your records.  
Illegible or incomplete applications will be returned and will need to be re-submitted.

1. ATHLETE INFORMATION					
<b>Last Name</b>					
<b>First Name</b>					
<b>Male</b>		<b>Female</b>		<b>Date of Birth</b> <small>(dd/mm/yyyy)</small>	
<b>Address</b>					
<b>Email</b>					
<b>City</b>		<b>Country</b>			
<b>Postal Code</b>		<b>Telephone</b> <small>(With international code)</small>			
<b>Athletics Discipline</b>					
I am included in the <a href="#">World Athletics Registered Testing Pool</a>	<b>Yes</b>		<b>No</b>		
I am entered to compete in one of the <a href="#">World Athletics International Competitions</a>	<b>Yes</b>		<b>No</b>		
<b>If yes, what is the name of Competition</b>					

## 2. PREVIOUS APPLICATIONS

Have you submitted any previous TUE application(s) to any AntiDoping Organization for the same condition?		Yes		No	
If yes, please complete the rest of this section. If no, please go to section 3					
For which substance(s) or method(s)?					
To whom?		When?			
Decision approved		Yes		No	
If yes, please attach previous TUE(s) where applicable					
Has the athlete's National Federation Team Doctor been notified of this application?		Yes		No	
Name of National Federation's Team Doctor					

### 3. RETROACTIVE APPLICATIONS

Is this a retroactive application?	Yes		No	
If yes, on what date was the treatment started? (dd/mm/yyyy)				
Do any of the following exceptions apply? (Article 4.1 of the ISTUE)				
4.1 (a) - You required emergency or urgent treatment of a medical condition	Yes		No	
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	Yes		No	
4.1 (c) - You were not permitted or required to apply in advance for a TUE as per the World Athletics Anti-Doping Rules	Yes		No	
4.1 (d) - You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Antidoping Organization and were tested	Yes		No	
4.1 (e) - You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., S9 glucocorticoids (See <a href="#">Prohibited List</a> )	Yes		No	
Please explain (If necessary, attach further documents)				
Other Retroactive Applications (ISTUE Article 4.3)	Yes		No	
<p>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 in the space below and attach all necessary supporting documentation.)</p>				

## PHYSICIAN TO COMPLETE SECTIONS 4, 5 AND 6

### 4. MEDICAL INFORMATION *(please attach relevant medical documentation)*

**Diagnosis** *(Please use the WHO ICD 11 classification if possible)*

**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:**

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must include a comprehensive medical history and the results of all relevant clinical examinations, laboratory investigations, specialist medical reports 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 several medical conditions commonly affecting athletes and requiring treatment with prohibited substance.

## 5. MEDICATION DETAILS

<b>Prohibited Substance(s)/Method(s)</b> <i>Commercial name/Generic name (INN)</i> <i>e.g., Humuline©/Insulin</i>	<b>Dosage</b>	<b>Route of Administration</b>	<b>Frequency</b>	<b>Duration of Treatment</b>
1.				
2.				
3.				
<b>Intended duration of treatment</b> <i>(complete as required)</i>				
<b>Once only</b>		<b>Emergency</b>		<b>Duration</b> <i>(week/month)</i>

## 6. MEDICAL PRACTITIONER'S DECLARATION

I certify that the information in sections 4 and 5 above is accurate and that the abovementioned treatment is medically appropriate. I acknowledge and agree that my personal information may be used by World Athletics to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my personal information will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes. (See the [ADAMS Privacy and Security](#) for more details)

<b>Name and qualification(s)</b>			
<b>Medical specialty</b>			
<b>License number</b>			
<b>License body</b>			
<b>Address</b>			
<b>City</b>		<b>Postcode</b>	
<b>Country</b>			
<b>Telephone</b> <i>(With International code)</i>			
<b>Mobile Telephone</b> <i>(With International code)</i>			
<b>E-mail</b>			
<b>Signature of Medical Practitioner</b>			
<b>Date</b> <i>(dd/mm/yyyy)</i>			

## 7. ATHLETE'S DECLARATION

I,  certify that the information set out at sections 1, 2, 3 and 7 is accurate and complete.

I authorize my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: World Athletics, other Anti-Doping Organization(s) (ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of the World Athletics TUE Committee, other relevant ADO(s) and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Athletics Anti-Doping Rules and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.

I further authorize  to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

I have read and understood the TUE Privacy Notice (below) explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

<b>Athlete signature</b>	<input type="text"/>
<b>Date (dd/mm/yyyy)</b>	<input type="text"/>
<b>Parent's/Guardian's signature*</b>	<input type="text"/>
<b>Date (dd/mm/yyyy)</b>	<input type="text"/>
<i>*(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete)</i>	

## TUE PRIVACY NOTICE

This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.

### TYPES OF PERSONAL INFORMATION (PI)

- The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application); • Supporting medical information and records provided by you or your physician(s); and
- Assessments and decisions on your TUE application by World Athletics, ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

### PURPOSES & USE

Your PI will be used to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the World Athletics Anti-Doping Rules, the International Standards, and the Anti-Doping rules of ADOs with authority to test you. This includes:

- Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and
- In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

## TUE APPLICATION FORM

## TYPES OF RECIPIENTS

Your PI, including your medical or health information and records, may be shared with the following:

- ADO(s) responsible for making a decision to grant, reject, or recognize your TUE, including World Athletics, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available to WADA and ADOs with testing authority and/or results management authority over you.
- World Athletics authorized staff.
- WADA authorized staff.
- Members of the TUE Committees (TUECs) of World Athletics, each relevant ADO, and WADA; and
- Other independent medical, scientific, or legal experts, if needed.

Note that due to the sensitivity of TUE information, only a limited number of World Athletics, ADO and WADA staff will receive access to your application. World Athletics and ADOs (including WADA) must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult the [AIU Privacy Notice](#) to obtain more details about the processing of your PI.

Your PI will also be uploaded to ADAMS by World Athletics so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your PI, consult the ADAMS Privacy and Security ([ADAMS Privacy and Security](#)).

## FAIR & LAWFUL PROCESSING

When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Your PI will be processed in accordance with the World Athletics Anti-Doping Rules and the International Standards and processing is necessary for the purposes of the legitimate interests pursued by the AIU on behalf of World Athletics to ensure that the integrity of the sport of Athletics is protected.

## RIGHTS

You have rights with respect to your PI under the ISPPPI, including the right to a copy of your PI and to have your PI corrected, blocked, or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator.

If you object to the PI processing described in this Notice, your TUE will likely be rejected as World Athletics and other ADOs will be unable to properly assess it in accordance with the World Athletics Anti-Doping Rules and the International Standards. In rare cases, it may also be necessary for World Athletics and other ADOs to continue to process your PI to fulfil obligations under the World Athletics Anti-Doping Rules and the International Standards, despite your objection to such processing. This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, World Athletics, WADA and/or an ADO.

## SAFEGUARDS

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

Under the ISPPPI, World Athletics and other ADO staff must also sign confidentiality agreements, and World Athletics and other ADOs must implement strong privacy and security measures to protect your PI. The ISPPPI requires World Athletics and other ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in ADAMS by consulting the response to [How is your information protected in ADAMS?](#) in WADA's [ADAMS Privacy and Security FAQs](#).

## RETENTION

Your PI will be retained by World Athletics and other ADOs (including WADA) for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for 10 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

## CONTACT

For questions or concerns about the processing of your application please consult the TUE Application section of the AIU website. Alternatively contact [tue@athleticsintegrity.org](mailto:tue@athleticsintegrity.org).

In case of need to contact WADA, use [privacy@wada-ama.org](mailto:privacy@wada-ama.org).