



# CIPS TUE Commission

## Athlete Consent Form

As a member of [National Federation or International Federation] and/or a participant in an event authorized or recognized by [National Federation or International Federation or MEO], I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of the [IF or MEO] Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the "**Code**") and the *International Standards* issued by the World Anti-Doping Agency, as amended from time to time, and published on WADA's website.
2. I consent and agree to the creation of my profile in the WADA Doping Control Clearing House ("**ADAMS**"), as requested under the *Code* to which [IF or MEO] is a *Signatory*, and/or any other authorized *National Anti-Doping Organization's* similar system for the sharing of information, and to the entry on my *Doping Control*, *Whereabouts* and *Therapeutic Use Exemptions* related data in such systems.
3. I acknowledge the authority of [IF or MEO] [and its member National Federations and/or *National Anti-Doping Organizations*] under the [IF or MEO] Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the [IF or MEO] Anti-Doping Rules.
4. I acknowledge and agree that any dispute arising out of a decision made pursuant to the [IF or MEO] Anti-Doping Rules, after exhaustion of the process expressly provided for in the [IF or MEO] Anti-Doping Rules, may be appealed exclusively as provided in Article [13] of the [IF or MEO] Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of *International-Level Athletes* is the Court of Arbitration for Sport (CAS).
5. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.

I have read and understand the present declaration.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Last Name, First Name)

\_\_\_\_\_  
Date of Birth  
(Day/Month/Year)

\_\_\_\_\_  
Signature (or, if a minor, signature of  
legal guardian)



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## Therapeutic Use Exemptions (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 Organization: _____			
If you are an Athlete with an impairment, please indicate the impairment: _____			



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## 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

### 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.](https://www.wada-ama.org)

## 3. Medication details

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



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## 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: \_\_\_\_\_

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

Tel.: \_\_\_\_\_

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

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

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



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## 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?</p> <hr/> <hr/>	<p>Please indicate reason:</p> <p>Emergency treatment or treatment of an acute medical condition was necessary <input type="checkbox"/></p> <p>Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection <input type="checkbox"/></p> <p>Advance application not required under applicable rules <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please explain:</p> <hr/> <hr/> <hr/>
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## 6. Previous applications

Have you submitted any previous TUE application(s)?	Yes <input type="checkbox"/>
No <input type="checkbox"/>	
For which substance or method?	<hr/>
To whom? _____	When? _____
Decision:    Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>



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## 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 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 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.

Athlete's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please submit the completed form to..... by the following means (keeping a copy for your records):

.....

Athlete may appeal

IF may appeal