



# Therapeutic Use Exemptions

## TUE - Standard Application Form

Please complete all sections in capital letters or typing

I apply for approval from the **Badminton World Federation** for the therapeutic use of a prohibited substance on the WADA list of Prohibited Substances and Prohibited Methods.

*Please complete all sections*

### 1. Player Information

**Surname:** ..... **Given Names:** .....

Female  Male  (*tick appropriate box*) BWF Player No: .....

Address: .....

City: ..... Country: ..... Postcode: .....

Date of Birth (*d/m/y*): .....

Tel. Work: ..... Tel. Home: ..... Mobile: .....

E-mail: ..... Fax: .....

Discipline: (*men's singles/women's doubles etc*) .....

Member Association (MA): .....

If player has disability, please indicate disability: .....

### 2. Notifying Medical Practitioner

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

.....

.....

Address: .....

..... E-mail address: .....

Tel. Work: ..... Tel. Home: .....

Mobile: ..... Fax: .....

\*Diagnosis (see note 2): .....

.....

Has the MA Chief Medical Officer been notified of this request? Yes  No

Name of MA's Chief Medical Officer (see note 3): .....

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

Prohibited Substance(s)	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

<b>Anticipated duration of this medication plan</b>	
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Previous/current TUE request(s): Yes  No

If yes: Date: .....

Anti doping Organisation: .....

Result: (attach previous TUE(s): .....

If appropriate, state reasons for not prescribing alternative therapies (see note 5):

.....

.....

.....

**4. Please note additional information and attach sufficient medical information to substantiate the diagnosis and the necessity to use a prohibited substance:**

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.....  
.....  
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.....

**5. Medical Practitioner's and Player's declaration:**

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

**Signature of Medical Practitioner:** .....

**Date:** .....

I, .....certify that the information under 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 to the Badminton World Federation as well as to WADA staff and to the WADA Therapeutic Use Exemption Committee (TUEC) under the provisions of the Code. I understand that if I ever wish to revoke the right of the Badminton World Federation TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

**Player's signature:** ..... **Date:** .....

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

**(If the player 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 player)**

**6. Notes:**

<b>Note 1</b>	Name, qualifications and medical speciality For example: Dr AB Cook, MD FRACP, Gastro-enterologist.
<b>Note 2</b>	Diagnosis <i>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.</i>
<b>Note 3</b>	<b>NSO chief Medical Officer</b> <i>Where possible, the Chief Medical Officer (CMO) of badminton should be notified of the application to the Badminton World Federation. When appropriate, the application should include a statement by the Medical Officer of the player's MA, attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the player.</i>
<b>Note 4</b>	<b>Medication Details</b> <i>Provide details concerning all prohibited substances or methods for which approval is sought. Use generic names (INN) and specify medication dose.</i>
<b>Note 5</b>	If a permitted medication can be used in the treatment of the player's medical condition, please provide clinical justification for the requested use of the prohibited medication.

***Incomplete applications will be returned and will need to be resubmitted.***

**Please submit the completed form to the Badminton World Federation and keep a copy of the completed form for your records.**

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

<b>Date Application Received:</b>
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<b>Application Complete:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Office Notes:</b> .....
.....
.....

<b>Name of TUEC Representative(s):</b>
.....
<b>Signature(s):</b> .....
.....
..... <b>Date:</b> .....