



Fédération Internationale
de Basketball

FIBA

International Basketball
Federation

We Are Basketball

Application no.:

**APPLICATION FOR A
THERAPEUTIC USE EXEMPTION**

Please complete all sections in capital letters or typing

1. Athlete information

Surname: Given name(s):

Sex: **M** **F** Date of birth: / / (day/month/year)

Address:

.....

Tel. home: Mobile:

Fax: E-mail:

Club: National federation:

Name and date of the next FIBA competition in which the player will participate:

..... Date:

2. Medical information

Diagnosis:

Medical history:

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

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3. Medication details:

Prohibited substance(s): <u>Generic name</u>	Dosage	Route of administration	Frequency of administration
1.			
2.			
3.			
Intended duration of treatment: (Please tick appropriate box)		Once only <input type="checkbox"/> emergency <input type="checkbox"/> or duration:	
<p>Have you submitted any previous TUE application: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>For which substance?</p> <p>To whom? When?</p> <p>Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>			

4. Additional information:

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5. Medical practitioner's declaration

<p>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.</p> <p>Name:</p> <p>Medical specialty:</p> <p>Address:</p> <p>Tel:</p> <p>Fax:</p> <p>E-mail:</p> <p>Signature of Medical Practitioner: Date:</p>

6. Athlete's declaration

I, the undersigned, certify that the information under point 1 is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the International Basketball Federation (FIBA) and as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other Anti-doping organization under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and to FIBA in writing of that fact.

Signature: Date:

Parent's or guardian's signature:
(if the athlete is a minor or is unable to sign):

7. Note

Note 1	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
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This application must be sent, preferably by e-mail, to FIBA:

**53, avenue Louis-Casai
P.O. Box 110
1216 Cointrin / Geneva
SWITZERLAND**

**Fax: +41-22-545 00 99
E-mail: tue@fiba.com**

Important : Illegible and/or incomplete applications will be returned and need to be resubmitted.