



Procedure for Obtaining a Therapeutic Use Exemption for a Prohibited Substance.

1. Download forms. Please be sure to download the appropriate TUE Application form for your sport AND the Specific Information for the medication or condition published by The World Anti-Doping Agency (WADA) and available from both the USADA and WADA website.

The following sporting Federations require the use of a specific application form: Archery(FITA); Badminton(BWF); Basketball(FIBA); Bobsled and Skeleton (FIBT); Cycling(UCI); Field Hockey (FIH); Paralympic Athletes(IPC); Rowing(FISA); Tennis(ITF); Track and Field(IAAF); Wrestling(FILA); Volleyball(FIVB). If you compete in one of these sports, PLEASE make sure you have downloaded the correct form. If you submit the wrong form your application will be returned to you. For all other sports, please use the USADA TUE Application Form on the USADA website.

There are additional pages attached to this form for applications for **Beta-2 Agonists in the treatment of Asthma**. Please ensure your physician fills out ALL of the relevant forms (Pages 2,3,7,8). **If pages 7 and 8 are not filled out by your physician, your application will be returned to you.** If you are not applying for a Beta-2 Agonist then disregard pages 5-8.

2. Bring all relevant documents to your physician. All forms must be filled out completely. Incomplete applications will NOT be submitted to the Therapeutic Use Exemption Committee for review, and cannot be approved. The documents detailing the medical information to support decisions of TUECs are very useful, and will help the physician provide information that will help in the decision process for this TUE application.

3. Submit the completed application by email, fax, or mail as detailed below. You should receive a confirmation of receipt within 3 business days. **If you do not receive confirmation of receipt, please notify the TUE Administrator immediately.**

By Mail:
United States Anti-Doping Agency
ATTN: TUE Department
5555 Tech Center Dr Suite 200
Colorado Springs, CO 80919

By Fax: (719) 785-2029

By E-mail: tue@usada.org

TUE Administrator (719) 785-2045

4. Review of your Application. If your application is complete, it will be forwarded to the Therapeutic Use Exemption Committee of USADA or that of the relevant International Federation for your sport. It is very important that you notify us of your competition status, your membership in a Registered Testing Pool, and whether you intend to compete in an event sanctioned by your International Sporting Federation (whether the event takes place in the USA or abroad; You may need to consult the website of your International Federation to make this determination). Such information will determine who has the authority to grant your Therapeutic Use Exemption. Failure to provide this information, or the provision of incorrect information will result in delays in the processing of your Therapeutic Use Exemption.

5. Await Decision. Your application will normally be processed within 21 days of receipt. Until you are formally granted a Therapeutic Use Exemption, the use of prohibited substances may result in a doping violation. We will formally notify you of a decision by email, and by postal mail. If your Therapeutic Use Exemption is granted, you will receive a formal Approval Letter and Certificate.



Athlete's Name: _____

Therapeutic Use Exemption (TUE) Application Form

For International-Level Athletes, these Federations require their own application form which should be obtained from the USADA Website: Archery(FITA); Badminton(BWF); Basketball(FIBA); Cycling(UCI); Paralympic Athletes(IPC); Rowing(FISA); Tennis(ITF); Track and Field(IAAF); Wrestling(FILA); Volleyball(FIVB)

Sections 1, 4, and 6 – Completed By Athlete

Sections 2, 3, 5 – Completed By Prescribing Physician

For Beta-2 Agonists- Physicians Please read pages 5 and 6, and fill out pages 7 and 8.

1. Basic Athlete Information (Please print in BLOCK LETTERS.)

Last Name: First Name:.....

Female Male Date of Birth (month/day/year):

Mailing Address:

City:..... State:..... Zip Code:.....

Work Phone: Home Phone: Mobile Phone:.....

Email: Fax:

International or National

Sport :..... Sporting Organization :

CONFIRM YOUR COMPETITION STATUS¹ (please check all that apply) :

USADAs Registered Testing Pool International Federation Testing Pool Neither/unsure

Please list the upcoming National/Internationally Sanctioned Events you intend to participate in:

.....

2. Medical information –For BETA-2 AGONISTS PLEASE ALSO fill in pages 6 and 7 (Physician Worksheet). For all other medications you consult the relevant publication in note 2 (below).

Diagnosis. Please attach additional sheets with sufficient medical information to support the diagnosis and necessity to use the prohibited substance (see below, note²):

If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication (attach additional sheets).

.....

.....

.....

¹ Your competition status will determine who has the authority to grant this TUE. You may wish to contact the National Governing Body or the International Federation for your sport to confirm your competition status.

² The physician and athlete should consult the relevant publication entitled **Medical information to support the decisions of TUECs** for the use of prohibited substance available on the World Anti-Doping Website www.wada-ama.org/en/exemptions.ch2



Athlete's Name: _____

3. Medication details –(Please use BLOCK LETTERS)

Prohibited substance(s): <i>Generic name</i>	Dose	Route	Frequency
1.			
2.			
3.			

Intended duration of treatment: (Please tick appropriate box.)	<input type="checkbox"/> One-Time Only <input type="checkbox"/> Emergency (*If this is an emergency- please write EMERGENCY in block letters on the top of the application to expedite processing). <input type="checkbox"/> Long term (note duration: weeks/months):
---	---

4. TUE Request History (Please type or print in block letters.)

Have you submitted any previous TUE application?: yes <input type="checkbox"/> no <input type="checkbox"/>
For which substance?
To whom (e.g. USADA, International Federation)?.....When?...../...../.....
Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/>

5. Medical practitioner's declaration (Please type or print in block letters.)

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.	
Name:	
Medical Speciality:.....	
Address:	
Tel: Fax (optional):	
E-mail (optional):	
Signature of Medical Practitioner: Date:	



Athlete's Name: _____

6. Athlete's declaration

I, _____, certify that the information under section one is accurate and that I am requesting approval to use a Substance or Method from the World Anti-Doping Agency (WADA) Prohibited List. I authorize the release of personal medical information to USADA including its Therapeutic Use Exemption Committee (TUEC) as well as to WADA staff, to the WADA TUEC, and to the appropriate International Federations and their TUEC under the provisions of the WADA Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organization TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

I understand that International and National-Level Athletes should submit the Form to USADA and USADA will forward the Form to the appropriate Governing Body and/or TUEC. I understand that using any prohibited substance is at my own risk of committing a doping violation until my request has been approved and I receive approval in writing from USADA and/or my IF (if applicable).

Athlete's signature: _____ Date: _____

Parent's/Guardian's signature: _____ Date: _____

(If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete.)

7. Attention

Diagnosis with sufficient medical information to support the diagnosis and necessity to use the prohibited substance should be included:

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.

A statement by an appropriately qualified physician attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the athlete and describing why an alternative, permitted medication cannot, or could not, be used in the treatment of this condition should also be included.

Incomplete Applications will be returned and will need to be resubmitted.

No TUE will be in effect until the athlete is notified following review of the documentation after submission.

Please submit the completed request to the U.S. Anti Doping Agency and keep a copy for your records.

You should receive confirmation of receipt of this application within 3 business days.

If you do not receive confirmation, please contact the TUE Administrator immediately.

United States Anti-Doping Agency

ATTN: TUE Department
5555 Tech Center Dr Suite 200
Colorado Springs, CO 80919
Fax: (719) 785-2029

Telephone (for TUE Questions): (866) 601-2632 (toll-free); TUE Administrator (719) 785-2045

Drug Reference Online: www.usada.org/dro

Drug Reference Line: (800) 233-0393 or (719) 785-2020 (outside of the U.S.) or drugreference@usada.org

E-mail: tue@usada.org

Web Site: www.usada.org