



Application No: _____
(Office use only)

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):	_____
City:	_____	Country:	_____	Postcode:	_____
Tel:	_____	Email:	_____		
(With International Code)					
Sport:	_____	Discipline/Position:	_____		
International or National Sport Organization: _____					
If you are an Athlete with an impairment, please indicate impairment:					

2. Medical information (continue on separate sheet if necessary)

Diagnosis:
<hr/>
If a permitted medication can be used for treat the medical condition, please provide clinical justification for the requested use of the prohibited medication
<hr/>
<hr/>
<hr/>
<hr/>

Note	Diagnosis <i>Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical evidence 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.</i>
-------------	--

3. Medication details

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

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: _____

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/>	<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/>
--	--

6. Previous applications

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

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 understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping 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 and CAS

Athlete's signature: _____ **Date:** _____

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

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

Please submit the completed form to the IPF Anti-Doping Administrator, Sabine Zangerle, Haus des Sports - Stadionstrasse 1, 6020 Innsbruck - AUSTRIA - Tel: +43-660-52 56 207 - Fax: +43-512-93 73 31 - E-mail: Sabine.Zangerle@powerlifting-ipf.com

And keep a copy of the completed form for your records