Therapeutic Use Exemption (TUE) Application Form

Please complete all sections in capital letters or typing. Athlete to complete sections 1, 2, 3 and 7; Physician to complete sections 4, 5 and 6. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

1. Athlete Information

Last Name :	First Name(s):
Gender:	Date of Birth: *(dd/mm/yyyy)*
Address:	
City:	Country:
Postcode:	Telephone: *(with International code)*
E-mail:	
Sport:	Discipline:

2. Previous Applications

Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition?

Yes ☐ No ☐

For which substance(s) or method(s)?

To whom? When?

Decision: Approved ☐ Not approved ☐

3. Retroactive TUE Applications

Is this a retroactive TUE application?

Yes ☐ No ☐

If yes, on what date did the treatment started?

Do any of the following exceptions apply? (ISTUE Article 4.3):

☐ 4.3 (a) - Emergency or urgent treatment of a medical condition was necessary.

☐ 4.3 (b) - There was insufficient time, opportunity or exceptional circumstances that resulted in you not being able to obtain a TUE prior to Using or Possessing the substance or method in question.

☐ 4.3 (c) - Due to national level prioritization of certain sports or disciplines, your National Anti-Doping Organization did not permit or require you to apply for a prospective TUE.

☐ 4.3 (d) - An Anti-Doping Organization chose to collect a Sample from you when you were not an International-Level Athlete or National-Level Athlete, and you were Using a Prohibited Substance or Prohibited Method for Therapeutic reasons.

☐ 4.3 (e) - You Used Out-of-Competition, for Therapeutic reasons, a Prohibited Substance that is only prohibited In-Competition, e.g., S9 glucocorticoids (see Prohibited List).

Please explain the basis for the retroactive application and attach supporting documents.

☐ **Other Retroactive TUE Applications (ISTUE Article 4.4)**

In exceptional circumstances and notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their Therapeutic Use of a Prohibited Substance or Prohibited Method if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE. For International-Level Athletes and National-Level Athletes, the Anti-Doping Organization may grant such an application only with the prior approval of WADA.

To apply under ISTUE Article 4.4, please include a full reasoning and attach all necessary supporting documentation.

Physician to complete sections 4, 5 and 6.

4. Medical Information (please attach relevant medical documentation)

Diagnosis (Please use the WHO ICD 11 classification when available):

5. Medication Details

Prohibited Substance(s)/Method(s) Generic name(s)	Dosage (with upper limit, if clinically relevant)	Route of Administration	Frequency	Duration of Treatment
1.				
2.				
3.				
4.				
5.				

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must include a comprehensive medical history, documentation from the original diagnosing physician(s) where possible, and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of original reports or letters should be included when possible. A detailed summary including the diagnosis, key elements of clinical examinations, medical tests and the treatment plan is also helpful.

Please explain why the Prohibited Substance or Prohibited Method is an indicated and appropriate treatment for the diagnosed medical condition and why a permitted alternative was not prescribed. Where relevant, include medical justification such as evidence-based guidance, side-effect profiles, geographically specific medical practice, and/or access to the medication. WADA maintains ISTUE Guidelines - Medical Information for TUEs and Checklists to assist athletes and physicians in the preparation of complete and thorough TUE applications. These can be accessed from the Therapeutic Use Exemptions section of the WADA website.

6. Medical Practitioner's Declaration

I certify that the information in sections 4, 5 and 6 is accurate. I acknowledge and agree that my personal information may be used by Anti-Doping Organization(s) (ADO) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my personal information will be uploaded to the Inclusive Skating Sport 80 platform and the Anti-Doping Administration and Management System (ADAMS) for these purposes and all necessary third parties for the purposes of Anti-doping and the ADAMS Privacy Policy and the Inclusive Skating Privacy Policy will apply.

Name:

Medical specialty:

License number: License body:

Address:

City: Country:

Postcode:

Telephone:
(with International code)

Fax:

E-mail:

Signature of Medical Practitioner: Date: *Click or tap to enter a date.*

7. Athlete's Declaration

I, _____, certify that the information in sections 1, 2, 3 and 7 is accurate and complete.

I authorize my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the Anti-Doping Organization(s) (ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), which is responsible for ensuring TUE decisions made by ADOs respect the ISTUE; the medical personnel who are members of relevant ADO and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.

I further authorize _____ to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

I have read and understood the TUE Privacy Notice (below), which explains how my personal information will be processed in connection with my TUE application, and I accept its terms.

Athlete's signature: Date: *Click or tap to enter a date.*

Parent's/Guardian's signature: Date: *Click or tap to enter a date.*

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

Please submit the completed form to Inclusive Skating via the Sport 80 platform on your skater membership page. An upload function is under development on the anti-doping section. Until the TUE upload function is ready in the anti-doping section please complete a new self-classification form for this purpose and use the upload function on that section. Please e-mail notice of the upload to contact@inclusiveskating.org for the attention of the Anti-doping officer. Please keep a copy for your records.

TUE Privacy Notice

This Notice describes how your personal information will be processed in connection with your submission of a TUE Application.

TYPES OF PERSONAL INFORMATION (PI)

- The information provided by you or your physician(s) on the TUE Application Form (including but not limited to your name, date of birth, contact details, sport and discipline, diagnosis, medication, and treatment relevant to your application);
- Supporting medical information and records provided by you or your physician(s) or other persons involved in your TUE application; and
- Assessments and decisions on your TUE application by Inclusive Skating, ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or other persons involved in the TUE process regarding your application.

PURPOSES & USE

Your PI will be used to process and evaluate your TUE application in accordance with the International Standard for Therapeutic Use Exemptions (ISTUE). In some instances, it may also be used for other purposes permitted by the Code and International Standards. This includes:

- Results management, for example where information about your TUE is relevant to an Adverse Analytical Finding or other potential Anti-Doping Rule Violation (ADRV);
- Investigations or proceedings relating to a potential ADRV, and;
- Evaluation of the TUE program.

TYPES OF RECIPIENTS

Your PI, including your medical or health information and records, may be shared with the following:

- ADO(s) responsible for making a decision to grant, reject, or recognize your TUE, as well as their third parties agents, where necessary. The decision on your TUE application will be made available to Inclusive Skating, ADOs with testing authority and/or results management authority over you;
- Authorized WADA staff;
- Members of the TUE Committees (TUECs) authorized to review your TUE application; and
- Other independent medical, scientific or legal experts, where needed.

Due to the sensitivity of TUE information, access to your application must be limited to those who need the information to perform their role. ADOs (including WADA) must handle your PI in accordance with the International Standard for Data Protection (ISDP) and applicable data protection laws. You may also contact the ADO to which you submit your TUE application for more information about how it processes your PI.[1]

Relevant TUE information will be entered or uploaded into ADAMS so that it may be accessed by other ADOs and WADA as necessary for the purposes described above and in accordance with their access rights. ADAMS is operated and managed by WADA. For details about ADAMS, and how WADA processes your PI, consult the ADAMS Privacy Policy (ADAMS Privacy Policy).

FAIR & LAWFUL PROCESSING

When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where an ADO relies on your consent as the legal ground for processing your TUE-related PI, and where permitted by applicable law, your express consent will be obtained as required by the ISDP. Alternatively, ADOs and other parties may rely on another valid legal ground recognized under the ISDP and applicable law, such as compliance with a legal obligation, performance of a task in the public interest, substantial public interest, public health, fulfillment of a contract, or protection of an individual's vital interests.[2]

RIGHTS

You have rights regarding your PI under the ISDP, including the right to obtain information about its processing, access a copy of your PI and, in certain circumstances, have inaccurate, incomplete or excessive PI rectified, amended, blocked or deleted. You also have the right to raise a complaint with an ADO about its compliance with the ISDP and may have additional rights under applicable laws, including the right to lodge a complaint with a competent data protection authority.

Where the processing of your PI is based on your consent, you may withdraw that consent at any time, subject to applicable law. You may also withdraw your authorization for your physician(s) to provide medical information needed to assess your TUE. If you do so, your TUE application or request for recognition will be considered withdrawn and will not be approved or recognized.

In some cases, ADOs may continue to process your PI after consent is withdrawn where this is permitted by applicable law and necessary under the Code and International Standards, for example for ADRV investigations or proceedings, legal claims or compliance with legal obligations.

SAFEGUARDS

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. TUE Committee members, other experts consulted and relevant ADO staff must be subject to appropriate confidentiality obligations.

Under the ISDP, ADOs must implement appropriate privacy and security measures to protect your PI and limit staff access to those who need the information to perform their role. A higher level of security must be applied to TUE information because of its sensitivity. You can find information about security in ADAMS in our ADAMS Privacy and Security FAQs.

RETENTION

Your PI will be retained by ADOs (including WADA) for the periods set out in Annex A of the ISDP. TUE certificates or rejection TUE decisions forms will be retained for 10 years from the expiry of the TUE or the rejection decision. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of a prospective TUE and 12 months from the date of decision of a retroactive TUE. Incomplete TUE applications will be retained for 12 months from their creation.

CONTACT

For questions, requests or complaints about the processing of your PI, contact Inclusive Skating Anti-doping officer [3] at contact@inclusiveskating.org[3] Information about WADA's processing of personal information is available in WADA's privacy policy.