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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. Keep a copy for your records.

Send completed form and supporting documentation to the CCES by: **email:** tue-aut@cces.ca, **fax:** (613) 521-3134, or **mail**: Attn: Athlete Services, CCES, 201-2723 Lancaster Road, Ottawa, ON, K1B 0B1.

1. Athlete Information

Surname(s):		Given name(s):	
Sex at birth:	☐ Male ☐ Female	Date of birth (dd/mm/yyyy):	dd / mm / yyyy
Pronouns:			
Mailing address:			
City:		Province/State:	
Country:		Postal code:	
Telephone:		Email address:	
Sport:		Discipline:	
According to your international federation, are you considered an international-level athlete?		☐ Yes ☐ No ☐ Unsure	
If you know you will be competing at an international event, enter the event name and date:			
If you are a para-athlete with a physical impairment, indicate the impairment:			

2. Previous Applications

Have you submitted a TUE application(s) to any other anti-doping organization for the same condition?	☐ Yes	☐ No
For which substance(s) or method(s)?		
To which organization?		
When was it submitted?		
Decision:	☐ Approved	☐ Denied

3. Retroactive Applications

Complete this section only if you are submitting an application for a retroactive TUE. Refer to the retroactive TUE webpage to determine whether this section applies to you.

Is this a retroactive application?	☐ Yes	☐ No
If yes, what date was the treatment started?	Date (dd/mm/yyyy):	dd / mm / yyyy

For a TUE application to be considered retroactively, one or more of the criteria from the International Standard for Therapeutic Use Exemptions (ISTUE) listed below must be met. Please select which exception(s) apply to your situation:

☐ **4.1 a)** You required emergency or urgent treatment of a medical condition.

☐ **4.1 b)** There was insufficient time, opportunity, or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.

☐ **4.1 c)** You were not permitted or required to apply in advance for a TUE as per the Canadian Anti-Doping Program (CADP) rules.

☐ **4.1 d)** You are a lower-level athlete who is not under the jurisdiction of an international federation or national anti-doping organization, and you were tested.

☐ **4.1 e)** You tested positive after using a substance out of competition that was only prohibited in competition, e.g., glucocorticoids (see the WADA Prohibited List).

Please explain:

☐ **4.3 Other Retroactive Applications (ISTUE Article 4.3)**

In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, you may apply for and be granted retroactive approval for the therapeutic use of a prohibited substance or a prohibited method if, considering the purpose of the World Anti-Doping Code, it would be manifestly unfair not to grant a retroactive TUE. To apply under ISTUE Article 4.3, include a full reasoning and attach all necessary supporting documentation.

Please explain:

Physician to complete sections 4, 5 and 6.

4. Medical Information (To be completed by physician)

Diagnosis. Please use the World Health Organisation International Classification of Diseases 11th revision (WHO ICD 11), if possible.
Provide a clinical justification for the prescription of the prohibited medication if a permitted medication can be used to treat the medical condition. Explain which permitted medication(s) have been trialed before, if relevant.

5. Medication Details (To be completed by physician)

When completing this section, the physician may request approval for a specific dose (i.e. for a patient whose ADHD symptoms have been optimally stabilized) or dosage range if an athlete's treatment may fluctuate over time (i.e. treatment was recently initiated or may require optimization with changing circumstances).

Prohibited Substance(s)/Method(s): Generic name(s)	**Dosage**	**Route of Administration**	**Frequency of Administration**	**Duration of Treatment**
Enter all that apply. Only list medication(s) that contain a prohibited substance according to the WADA Prohibited List (Global DRO).	e.g., 200 mg	e.g., inhalation, local injection	e.g., BID, QID	e.g., one-time use, one year, 6 months, emergency
1.				
2.				
3.				

6. Medical Practitioner's Declaration (To be completed by physician)

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 Anti-Doping Administration and Management System (ADAMS) for these purposes (see the ADAMS Privacy Policy for more details).			
Surname(s):		Given name(s):	
Medical specialty:		License number:	
Address:			
City:		Province/State:	
Country:		Postal code:	
Telephone:		Email address:	
Signature:		Date (dd/mm/yyyy):	dd / mm / yyyy

Diagnosing Physician Information (If different from treating physician)

Surname:		Given name(s):	
Medical specialty:		License number:	
Address:			
City:		Province/State:	
Country:		Postal code:	
Telephone:		Email address:	

7. Athlete's Declaration

I, _____, certify that the information set out in this form is accurate and 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 health information to the Canadian Centre for Ethics in Sport (CCES) or other Anti-Doping Organizations (ADOs) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other CCES or ADO TUECs and authorized staff that may require access to this information under the World Anti-Doping Code ("*Code*") and/or the International Standard for Therapeutic Use Exemptions. I consent to my physician(s) releasing any personal information or personal health information that they deem necessary in order to consider and determine my application.

I consent to my physician(s) releasing to the above persons any personal information or personal health information that they deem necessary in order for my application to be considered and determined by the CCES or ADOs.

I consent to the use and disclosure of my personal information or personal health information by the CCES or other ADOs for the purposes described in this application or as otherwise required by this application. I consent to the CCES or other ADOs distributing my personal information or personal health information to third parties as required by the *Code*, ISTUE or for any other purpose arising from this application.

I understand and accept that the recipients of my personal health information and of the decision on this application may be located outside the province or 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 authorize CCES and/or other ADOs to use or distribute my personal health information to any province or country as required by the *Code*, ISTUE or for any other purpose arising from this application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my personal or personal 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 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 with WADA or the Court of Arbitration for Sport (CAS).

Check the box to authorize the release of personal health information (**please check only one box**):

☐ I authorize the release of my personal health information to members of the health care team attending Major Games where I may participate, to my team physician, and to my national sport organization.

☐ I do not wish to have this information shared with any of the above-referenced organizations but understand that it may be shared with the CCES, WADA, applicable TUECs, and my international federation.

Athlete's signature:		Date (dd/mm/yyyy):	dd / mm / yyyy
(If the athlete is a minor or has an impairment preventing him/her from signing this form, a parent or guardian is to sign together with, or on behalf of, the athlete.)			
Surname:		Given name(s):	
Parent/Guardian's signature:		Date (dd/mm/yyyy):	dd / mm / yyyy

8. Consent to sharing information

I, _____, authorize the CCES to share my medical information associated with my Therapeutic Use Exemption application with my team's athletic and/or medical personnel or third party, specifically _____name_____. I understand that the CCES can contact this person(s) should more information be required or to provide an update on the status of this application.			
Athlete's signature:		Date (dd/mm/yyyy):	dd / mm / yyyy
(If the athlete is a minor or has an impairment preventing him/her from signing this form, a parent or guardian is to sign together with, or on behalf of, the athlete.)			
Surname:		Given name(s):	
Parent/Guardian's signature:		Date (dd/mm/yyyy):	dd / mm / yyyy

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