Australian Government
Australian Sports Drug Medical Advisory Committee

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APP

Appendix 15: Application For a Therapeutic Use Exemption of a Prohibited Substance and/or Prohibited Method

Incomplete applications cannot be considered. Please attach and forward all relevant medical information that may assist ASDMAC in its consideration of this request. ***If no supporting medical documents are attached, the application will be returned to the applicant.*** Please keep a copy of any documents submitted for your records. For more information, visit the ASDMAC website http://www.asdmac.gov.au/.

Application Checklist (please complete before sending application)	
1. Athlete details complete	☐
2. Athlete declaration signed	☐
3. TUE application details complete	☐
4. Medical practitioner details complete	☐
5. Medication details including all medications and treatments tried (generic names and doses)	☐
6. **Separate diagnosis and medical evidence attached:** **(a) Comprehensive medical history;** **(b) Results of examinations, laboratory investigations, imaging studies and/or specialist medical reports;** **(c) Copies of original reports or letters (where appropriate).**	☐ ☐ ☐
7. Medical practitioner declaration signed	☐

ASDMAC is a body created under the *Australian Sports Anti-Doping Authority Act 2006* ('the ASADA Act'). The anti-doping rules of various sporting organisations and sports authorise ASDMAC to consider applications for use of a drug or doping method for therapeutic purposes where use of that substance or method is otherwise prohibited under the anti-doping rules for the sport. The information collected on this form will be used by ASDMAC to consider matters relating to your application. Information associated with your application (including information collected on this form), and the results of the application, may be released to:

> The Australian Sports Anti-Doping Authority (ASADA);
> The Australian Sports Commission (ASC);
> A Sporting Administration Body (as defined by section 4 of the Act);
> The World Anti-Doping Agency (WADA);
> Other National and International Anti-Doping Organisations;
> Any body nominated by ASADA to conduct an appeal of ASDMAC's decision in respect of this application; and
> Medical practitioners consulted by ASDMAC and ASDMAC staff and agents;

for the purposes of the implementation, co-ordination, administration, monitoring and enforcement of anti-doping programs in sport.

ASDMAC (office use)	Application complete:	Yes	No:	Approved: ☐	Not Approved: ☐

1. **Athlete Information** (please write clearly using block letters)		
Title Dr☐ Mr☐ Ms☐ Mrs☐ Miss☐	**Surname**	**Given Name(s)**
Gender Male☐ Female☐	**Date of Birth** (dd/mm/yyyy)	
Address		
Suburb	**State**	**Postcode**
Email		
Phone (h)	**Mobile**	
Sport	**Discipline/position**	
National Sporting Organisation		
Athlete with a disability (AWD) Yes☐ No☐	**If an AWD, please indicate disability**	
Current level of competition: International ☐ National☐ State☐ Club☐ Other☐		
International Federation Registered Testing Pool Member*: Yes ☐ No ☐ **ASADA Registered Testing Pool Member*:** Yes ☐ No ☐ *If you are unsure of whether you are a member of your International Federation's or ASADA's Registered Testing Pool/s, please contact your National Sporting Organisation or ASADA to check.		

2. Athlete application, authority and declaration

I _____ declare that the information I provide in connection with this application is accurate and complete. I request that ASDMAC provide me with an approval to use a substance or method that is prohibited by the rules of my sport. I consent to personal information relating to me being disclosed to, and used by relevant persons, bodies and agencies as appropriate for the consideration of this application (and any appeal) and the implementation, co-ordination, administration, monitoring and enforcement of the therapeutic use exemptions under the relevant national and international anti-doping programs of my sport. I understand that these bodies and agencies may include the Australian Sports Anti-Doping Authority, Commonwealth Minister for Sport, Sporting Administration Bodies as defined under section 4 of the ASADA Act including, but not limited to, the Australian Sports Commission, the World Anti-Doping Agency, other national and international anti-doping agencies and organisations, the relevant national and international sporting administration organisations of my sport and any body authorised to conduct an appeal of ASDMAC's decision in respect of this application. I understand that relevant persons include, but is not limited to, ASDMAC staff, medical practitioners consulted by ASDMAC and ASDMAC's agents. I understand that if I wish to revoke the consent I must notify my medical practitioner and ASDMAC in writing to highlight that effect.

Athlete's Signature:	Date:
Parent's / Guardian's signature: *(athletes under 18 yrs of age)*	Date:

3. Previous TUE		
Have you previously had, or do you currently have, any TUE(s)? Yes ☐ No ☐ If yes, please attach any current or relevant TUE(s) to this application.		
Have you previously had any TUE applications rejected? Yes ☐ No ☐ If yes, please fill out the following information in relation to those applications:		
Date	**Anti-Doping Organisation/TUE Committee**	**Substance**
Is this application for a retroactive TUE? No – go to Q4 ☐ Yes – indicate below A retroactive TUE is for treatment involving a prohibited substance or method that has already commenced and can only be sought for the following circumstances: ▪ ☐ Yes - Emergency treatment or treatment of an acute medical condition was necessary; ▪ ☐ Yes - "Exceptional circumstances" means that there was insufficient time for ASDMAC to consider the application ▪ ☐ Yes - A Beta-2 Agonist has been detected in your doping control sample (drug test) and notified to you by ASADA or another Anti-Doping Organisation		
If the retroactive request is for a substance/method detected as a result of doping control, please state: date of sample collection: _____ ; substance/method detected: _____		

4. **Notifying medical practitioner** (please write clearly using block letters or practice stamp)		
Surname	**Given Name(s)**	
Specialty and qualifications		
Address		
Suburb	**State**	**Postcode**
Email		
Phone (w)	**Mobile**	

5. **Medication/Treatment details** (please write clearly using block letters)

Medication/Treatment	Prohibited Substances/Method	Dose & Frequency	Route of Administration	Duration

Diagnosis with medical information*:

*** Evidence confirming the applicant's diagnosis must be attached and forwarded with this application.**

The medical evidence should include **clinical history and the results of all examinations, investigations, imaging studies and specialist medical reports**. 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. Any additional investigations, examinations or imaging studies requested by ASDMAC will be undertaken at the expense of the applicant or his/her National Sporting Organisation.

If a permitted substance or method is available to treat the medical condition, provide clinical justification for the requested use of the prohibited substance or method:

Full details of all medications or treatments that have been trialled:

Additional Comments:

6. Medical practitioner's declaration

I, _____ declare the abovementioned medication/s for the above named athlete is the medically appropriate treatment for the above named medical condition. I further certify that the use of alternative medications or methods not on the WADA Prohibited List would be unsatisfactory for the treatment of the above medical condition.

Signature of Medical Practitioner: Date: