Identification of Anti-Doping Organization

(Logo or Name of the ADO)

Appendix 2

Abbreviated Therapeutic Use Exemptions ATUE

Please complete all sections <u>in capital letters or typing</u>

beta-2 agonists by inhalation ❑	**glucocorticosteroids by non-systemic routes * ❑**

*** All routes other than orally, rectally, intravenously and intramuscularly. Dermatological glucocorticosteroids do not require any TUE**

1. Athlete Information

Surname: ..... Given Names: .....

Female ❑ Male ❑ Date of Birth (d/m/y): .....

Address: .....

City: ..... Country : ..... Postcode: .....

Tel.: ..... E-mail : .....
(with international code)

Sport: ..... Discipline/Position: .....

International or National Sporting Organization: .....

2. Medical information

Diagnosis: .....

.....

.....

.....

N.B. Any ATUE may be reviewed at any time, by the ADO and/or WADA

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Prohibited substance(s): ***Generic name***	Dose	Route	Frequency
1.			
2.			
3.			
Intended duration of treatment: (*Please tick appropriate box*)	once only ❑ emergency ❑ or duration (week/month):		

3. Medical practitioner's and athlete's declaration

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:** .....

E-mail: .....

Signature of Medical Practitioner: ..... **Date:** .....

I, ... certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact.

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)

Incomplete Applications will be returned and need to be resubmitted.

Please submit the completed form to the ADO and keep a copy for your records.

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