

Application No.:

## Therapeutic Use Exemption (TUE) Application

I apply for approval from the TUE Committee for the therapeutic use of a prohibited substance on the WADA 2008 List of Prohibited Substances and Prohibited Methods.

1. **Type of Application (please tick)**

This is a standard TUE application

This is an Emergency TUE application

2. **Player Information**

<b>Surname:</b>		<b>Given Names:</b>	
<input type="checkbox"/> Male or <input type="checkbox"/> Female (Tick appropriate box)			
<b>Address:</b>			
<b>City:</b>	<b>Country:</b>	<b>Postcode:</b>	
<b>Date of Birth (dd/mm/yy):</b>			
<b>Tel Work:</b>	<b>Tel Home:</b>	<b>Mobile:</b>	
<b>Email:</b>			

3. **Medication details (see note 1)**

Prohibited Substance(s)	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

**Anticipated duration of this medication plan:**

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**4. Previous requests**

Have you made a previous request for this TUE in the last twelve months?

<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>If yes: Date:</b> _____	
<b>Anti Doping Organisation:</b>	
<b>Result (attach previous TUE(s)):</b>	

If the TUE was granted by your NADO you do not need to complete sections 4 – 7. Please sign the declaration at section 8 and submit the form.

**5. Notifying Medical Practitioner**

<b>Name, qualifications and medical speciality (see note 2):</b>	
<b>Address:</b>	
_____	
_____	
<b>Tel Work:</b>	<b>Fax:</b>
<b>Tel Home:</b>	<b>Mobile:</b>
<b>Email:</b>	
<b>*Diagnosis (see note 3):</b>	
_____	
_____	
<b>Has your NSGB Team Doctor been notified of this request:</b>	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Name of your Team Doctor (see note 4):</b>	

**6. If appropriate, reasons for not prescribing alternative therapies (see note 5):**


**7. Please note additional information and attach sufficient medical information to substantiate the diagnosis and the necessity to use a prohibited substance:**


**8. Medical practitioner's declaration**

I, \_\_\_\_\_ certify the above-mentioned substance/s for the above named player has been/is to be administered as the correct treatment for the above named medical condition.

**Signature of Medical Practitioner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**9. Player's Declaration**

I, \_\_\_\_\_ certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the Prohibited List. I authorise the release of personal medical information under the provisions of the Code. I understand that if I ever wish to revoke the right to obtain my health information on my behalf, I must notify ICC in writing of that fact.

**Player's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the player is under 18 years of age, a parent or guardian shall sign together with or on behalf of the player:

**Parent's / Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 10. Notes

<b>Note 1</b>	<b>Medication details</b> <i>Provide details concerning all prohibited substances or methods for which approval is sought. Use generic names (INN) and specify medication dose.</i>
<b>Note 2</b>	<b>Name, qualification and medical specialty</b> <i>For example: Dr SF Jones, MD FRACP, gastroenterologist</i>
<b>Note 3</b>	<b>Diagnosis</b> <i>Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should 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 and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.</i>
<b>Note 4</b>	<b>Team Doctor</b> <i>Where possible the Team Doctor of your NSGB should be notified of the application. When appropriate, the application should include a statement by the Medical Officer of the athlete attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the player.</i>
<b>Note 5</b>	<i>If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification for the requested use of the prohibited medication.</i>
<b>Note 6</b>	<i>Should an athlete require medical treatment during or within 21 days of the commencement of the tournament and that medical treatment will include the use of a banned substance(s) that athlete must apply for an Emergency TUE.</i>  <i>It is recommended where possible that an application for an Emergency TUE be submitted prior to the administration of medication. However, where a player needs emergency medical treatment and there is not sufficient time to submit an Emergency TUE application prior to administering urgent medication, then a TUE <b>may</b> be granted retrospectively. The application shall be submitted to the tournament Medical Committee as soon as possible after the administration of the medical treatment.</i>  <i>All Emergency TUEs will be processed on an expedited basis.</i>  <i>Emergency TUEs will be processed in accordance with the International or BCDS Anti-Doping Code and must satisfy the provisions therein</i>

**Please note incomplete applications will be returned and will need to be resubmitted**

Please submit the completed form to the Bermuda Council for Drug-free Sport for the attention of Cathy Belvedere, who in turn will forward it to the BCDS TUE Committee for approval or where necessary to your International Federation. Please keep a copy of the completed form for your records.

**EMAIL:**                [cbelvedere@bcds.bm](mailto:cbelvedere@bcds.bm)  
**FAX:**                    441 236 0135  
**POST:**                  Bermuda Council for Drug-free Sport  
                                 P O Box HM 1841  
                                 Hamilton HM HX  
**PHONE:**                441 232 6851  
                                 Office hours 8:30am–5pm, Monday to Friday

**11. TUE Committee Decision (*for office use only*)**

<b>Date Received:</b>		
<b>Application Complete:</b>	<b>Yes</b>	<b>No</b>
<b>Office Notes:</b>		
<b>Name of TUE Committee Representative(s):</b>		
<b>Signature(s):</b>		
<b>Date:</b>		