

Please send us your application typed and not handwritten ! Many thanks for your understanding!

Application No.:

Appendix 1

# Therapeutic Use Exemptions

## Application Form

I apply for approval from (Anti-Doping Organisation : the FIA or the name of the ASN) for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.

Please complete all sections

### 1. Driver Information

Surname : .....		Given Names : .....	
Female <input type="checkbox"/> Male <input type="checkbox"/> (tick appropriate box)			
Address : .....			
City : .....		Country : .....	Postcode : .....
Date of Birth (d/m/y) : .....			
Tel. Work : .....		Tel. Home : .....	Mobile : .....
E-mail : .....		Fax : .....	
Automobile Sport - Discipline/Position : .....			
National Sporting Authority : .....			
If driver with disability, indicate disability : .....			

### 2. Notifying medical practitioner

Name, qualifications and medical speciality (see note 1): .....			
.....			
.....			
Address : .....			
E-mail : .....			
Tel. Work : .....		Tel. Home : .....	
Mobile : .....		Fax : .....	
*Diagnosis (see note 2) : .....			
.....			
Has the National Sporting Authority Chief Medical Officer been notified of this request? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of ASN's Chief Medical Officer (see note 3) : .....			

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**3. Medication details** (see note 4)

Prohibited substance(s) (generic name of the drug) :	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			

<b>Anticipated duration of this medication plan</b>	
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<p>Previous / Current TUE request(s) : yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If yes : Date : .....</p> <p>Anti-Doping Organisation (the FIA or the name of the ASN) :</p> <p>.....</p> <p>Result (attach previous TUE(s)) : .....</p>
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<p>If appropriate, reasons for not prescribing alternative therapies (see note 5) : .....</p> <p>.....</p> <p>.....</p>
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**4. Please note additional information and attach sufficient medical information to substantiate the diagnosis and the necessity to use a prohibited substance :**

.....

.....

.....

.....

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### 5. Medical practitioner's and driver's declaration

I, ....., certify the above-mentioned substance/s for the above named driver has been/are to be administered as the correct treatment for the above named medical condition.

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

I, ....., certify that the information under 1. is accurate and that I am requesting approval to use a Substance of Method from the WADA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organisation. I understand that if I ever wish to revoke the right of the Anti-Doping Organisation TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

**Driver's signature :** ..... **Date :** .....

**Parent's/Guardian's signature :** .....

**Date :** .....

***(if the driver 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 driver)***

### 6. Notes

<b>Note 1</b>	Name, qualifications and medical specialty For example : Dr AB Cook, MD FRACP, Gastro-enterologist.
<b>Note 2</b>	Diagnosis <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 3</b>	ASN Chief Medical Officer <i>Where possible the Chief Medical Officer (CMO) of the ASN involved should be notified of the application to the Anti-Doping Organisation (if the Anti-Doping Organisation concerned is the FIA and not the ASN itself). When appropriate, the application should include a statement by the Medical Officer of the Driver's National Sporting Authority, attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the driver.</i>
<b>Note 4</b>	Medication details <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 5</b>	<i>If a permitted medication can be used in the treatment of the driver's medical condition, please provide clinical justification for the requested use of the prohibited medication.</i>

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*Incomplete Applications will be returned and will need to be resubmitted.*

Please submit the completed form to the Anti-Doping Organisation and keep a copy of the completed form for your records.

**7. TUEC Decision (for office use only)**

**Date received :** .....

**Application complete :**    yes     no

**Office notes :** .....  
.....  
.....  
.....

**Name of TUEC Representative(s) :** .....  
**Signature(s) :** .....  
.....  
**Date :** .....

