



Australian Government

Australian Sports Drug
Medical Advisory Committee

ASDMAC
5 Tennant St Fyshwick ACT 2609
PO Box 345 Curtin ACT 2605
T +61 2 6222 4232 F +61 (0) 6222 4262
E asdmac@asada.gov.au www.asdmac.gov.au

APP

Standard Application Form Therapeutic Use Exemption of a Prohibited Substance

Application Checklist (please complete before sending application)	
1. Athlete details complete	<input type="checkbox"/>
2. Athlete declaration signed	<input type="checkbox"/>
3. TUE details complete	<input type="checkbox"/>
4. Medical practitioner details complete	<input type="checkbox"/>
5. Medication details including all medications and treatments tried (generic names and doses)	<input type="checkbox"/>
6. Evidence confirming diagnosis attached	<input type="checkbox"/>
7. Medical practitioner declaration signed	<input type="checkbox"/>
8. Diagnosis evidence attached <ul style="list-style-type: none"> a. Clinical history b. Examination and Investigations or specialist medical reports c. Copies of original reports or letters (where possible) 	<input type="checkbox"/>

The information collected on this form will be used by ASDMAC to consider approval to use a drug or doping method for therapeutic purposes whose use is otherwise prohibited under the anti-doping rules for sport. ASDMAC is authorised under the *Australian Sports Anti-Doping Authority Act 2006* ('the Act') and clause 5.01 of the National Anti-Doping scheme to provide such approvals. This information, and the results of the application, may be released to the following parties in the circumstances as described by the Act and Regulations:

- > 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); and
- > Other National and International Anti-Doping Organisations

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

Incomplete applications can not be considered. Please attach and forward all relevant medical information that will assist the committee in its consideration of this request. For more information, visit the ASDMAC website <http://www.asdmac.gov.au/>.

ASDMAC (office use)	Application complete:	Yes	No:	Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>
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1. Athlete Information (please write clearly using block letters)				
Title Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>		Surname		Given Name(s)
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		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 <input type="checkbox"/> No <input type="checkbox"/>		If an AWD, please indicate disability		
Current level of competition: International <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Club <input type="checkbox"/> Other <input type="checkbox"/>				
International Federation Registered Testing Pool Member*: Yes <input type="checkbox"/> No <input type="checkbox"/>				
ASADA Registered Testing Pool Member*: Yes <input type="checkbox"/> No <input type="checkbox"/>				
*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 to check.				

2. Athlete application, authority and declaration	
<p>I _____ declare that the information I have provided on and with this application form is accurate and complete. I am requesting 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 my personal information being disclosed to, and used by relevant persons, bodies and agencies as appropriate for the consideration of this application 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 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, and the relevant national and international sporting administration organisations of my sport.</p>	
Athlete's Signature:	Date:
Parent's / Guardian's signature: (athletes under 18 yrs of age)	Date:

3. TUE Details

Is this application for a retroactive TUE?*

Yes

No

*A retroactive TUE is for treatment involving a prohibited substance or method that has already commenced. A retroactive TUE can only be sought when:

- Emergency treatment or treatment of an acute medical condition was necessary;
- "Exceptional circumstances" means that there was insufficient time for ASDMAC to consider the application
- 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: _____

Have you previously had, or do you currently have, any TUEs?

Yes

No

If yes, please attach any current or relevant TUEs 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

4. Notifying medical practitioner (please write clearly using block letters)

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:*

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:

* Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include clinical history, examination, investigations or 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.

6. Medical practitioner's declaration

I, _____ declare the abovementioned medication/s for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications or methods not on the Prohibited List would be unsatisfactory for the treatment of the above medical condition.

Signature of Medical Practitioner: _____ Date: _____