



Athlete Name: \_\_\_\_\_

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## Therapeutic Use Exemption (TUE) Application

The following sports require a different application form (found on [USADA.org/tue-apply](http://USADA.org/tue-apply)): Paralympics (IPC); Track and Field (IAAF); Wrestling (UWW); and World Masters Athletics (WMA).

Please do not staple pages together in the TUE Application packet.

### 1. Athlete Information (This is a fillable form. Please type and print to sign.)

Last Name:		First Name:	
Female	Male	Date of Birth (MM/DD/YYYY):	
Mailing Address:			
City:		State:	Zip Code:
Daytime Phone:		Sport/Discipline:	
Email:			
(By entering an email address, you agree to receive communication about this TUE by email.)			

If you would like to nominate someone else to speak to USADA on your behalf regarding this TUE Application, please list their name(s) and information here:

Name(s):	Relationship:
Email:	

Do you have a current valid membership with a US National Sport Governing Body (NGB) and/or International Sport Federation (IF)?	Yes	No
Organization:	Membership Number:	
Are you now, or have you ever been, in a Registered Testing Pool (RTP) for any IF or USADA? (A formal notification is sent to those athletes in a Registered Testing Pool requiring them to also submit whereabouts information.)	Yes	No
Have you ever competed in any event sanctioned by an IF, the IOC, IPC or USOC (i.e. Olympics, Paralympics, Pan-American Games, etc.)? If yes, please provide event details:	Yes	No
Have you ever competed in, plan on competing in, or qualified for any open-elite or professional level national championships? If yes, please provide event details:	Yes	No
Do you receive USOC funding?	Yes	No
Have you ever tested positive for any substance for which you did not have a valid TUE?	Yes	No



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Previous TUEs (if applicable)		
Have you submitted any previous TUE application(s)?	Yes	No
For which substance or method?		
To whom?	When?	
Decision:	Approved	Not Approved

Competition Schedule		
Please list any upcoming National/International Events you intend to compete in. PLEASE INCLUDE SPECIFIC DATES AND EVENT NAMES.		
Competition Name	Dates of Competition	Sanctioning Body (Name of NGB or IF)
Do the results of any of the competitions listed potentially qualify you for immediate selection to represent the US on a National Team for an Olympic, Paralympic, Pan or Para-Pan American Games (including the Youth Olympic Games)?		
	Yes	No

**If typing, please print and complete the rest of the information by pen.**

## 2. Athlete Declaration

I, \_\_\_\_\_, certify that the information is accurate and that I am requesting approval to use a Substance or Method from the World Anti-Doping Agency (WADA) Prohibited List. I authorize the release of personal medical information to USADA including its Therapeutic Use Exemption Committee (TUEC) as well as to WADA staff, the WADA TUEC, other Anti-Doping Organization (ADO) TUECs, and the appropriate International Federations and their TUEC under the provisions of the WADA Code and/or the International Standard for Therapeutic Use Exemptions.

I understand that if I ever wish to revoke the right of the ADO TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact. I consent to my physician(s) releasing to the above entities any health information that they deem necessary in order to consider and determine my application. I understand that I have the right to receive a copy of my TUE application and accompanying documents if I make a request in writing to USADA.

By completing and submitting this form I consent to the use for legitimate anti-doping purposes of the information provided in this form and in all past or future filings or documents submitted to USADA (including all whereabouts filings, updates, doping control forms, TUE filings and other filings) by USADA and other anti-doping organizations.

I understand that International and National-Level Athletes should submit the Form to USADA and USADA will forward the Form to the appropriate Governing Body and/or TUEC. I understand that using any prohibited substance is at my own risk of committing a doping violation until my request has been approved and I receive approval in writing from USADA and/or my IF (if applicable).

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my Personal Information is not used in conformity with this consent and the International Standard for the Protections of Privacy and Personal Information, I can file a complaint to WADA or CAS.

**Athlete Signature:**

**Date:**

**Parent/Guardian 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.)



**3. Medical Information & Diagnosis (\*\*to be filled out legibly by a licensed physician\*\*):**

<b>Medical Diagnosis:</b>	
<b>ICD or DCM Code:</b>	

**4. Supporting Documentation – Important Information for Physicians**

The number-one reason why TUE applications are denied is a lack of supporting documentation. **Keep in mind, the Therapeutic Use Exemption Committee (TUEC) must have enough medical documentation to come to the same diagnosis and treatment plan WITHOUT EVER SEEING THE PATIENT.** If this documentation is not provided, the TUE will be returned to the athlete without review by the TUEC. Please check the supporting documentation that you are including with the application:

USADA & WADA maintain a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed on the USADA website at [USADA.org/substances/tue/apply/](http://USADA.org/substances/tue/apply/) or by entering the search term “Medical Information” on the WADA website: [wada-ama.org](http://wada-ama.org). The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

Comprehensive medical history

Copies of all relevant examinations and clinical notes (for example, if you reference a clinic visit in a letter or summary, you must include a copy of the clinical notes taken during the visit).

Copies of laboratory results/reports, and imaging studies (a paragraph summarizing lab results is not sufficient. If laboratory results form a part of your diagnosis, it is not enough to just say so. You must submit a copy of the lab results).

A statement of why the Prohibited Substance is needed, and why permitted alternatives are not effective. Note, many TUEs are returned or denied because there is no documentation that any other treatment has been tried. If there are permitted alternatives available, *you must document a failed trial* of those alternatives.

If you don’t know which alternative medications are permitted, you can search [GlobalDRO.com](http://GlobalDRO.com) or call USADA Drug Reference 1-800-233-0393 for more information.

Independent supporting medical opinion, when available or appropriate

**5. Medication Details (Physicians: You can confirm the status of medications by searching [GlobalDRO.com](http://GlobalDRO.com) from your computer or smart phone, or call Drug Reference at 1-800-233-0393)**

<b>Prohibited substance(s) or method: <u>Generic or Brand Name</u></b>	<b>Dose</b>	<b>Route of Administration</b>	<b>Frequency</b>	<b>Not to Exceed (if applicable)</b>
1.				
2.				
3.				
4.				



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<b>Intended duration of intended treatment: (Mark any/all boxes that apply)</b>  	<b>Emergency</b> – If this is an emergency (life threatening or urgent care) please write EMERGENCY in block letters on the top of the application to expedite processing.  <b>One-Time Use Only</b>  <b>Short Term</b> – to treat an acute condition (days)  <b>Long Term</b> – to treat a chronic condition (weeks/months/years)
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**6. Medical Practitioner’s Declaration (CAPITAL LETTERS)**

I certify that the above-mentioned treatment is clinical best practice and that the use of permitted alternative medications not on the WADA Prohibited List are unsatisfactory for this condition.

Full Name (with qualification):

Medical Specialty:

Address, State, Zip:

Phone Number: Fax (optional):

E-mail:

Signature of Medical Practitioner: Date:

Completion of this TUE Application does not guarantee a TUE will be granted. In the absence of a signed *Certificate of Approval for Therapeutic Use* granted by USADA, athletes do not have permission to use a Prohibited Substance and/or Method.

**Please submit your application to the U.S. Anti-Doping Agency and keep a copy for your records.**

**By Mail:**  
United States Anti-Doing Agency  
ATTN: TUE Department  
5555 Tech Center Drive, Suite 200  
Colorado Springs, CO 80919

**By Fax:** (719) 785-2029

**By E-mail:** [TUE@USADA.org](mailto:TUE@USADA.org)

**\*\*Please do not send smartphone photos of this TUE Application\*\***

**If you do not receive confirmation of receipt within 3 business days, Please contact the TUE Program Lead at 719-785-2045 immediately.**

For more information, check your medications as GlobalDRO: [GlobalDRO.com](http://GlobalDRO.com)  
Or contact the Drug Reference Department: 1-800-233-0393, or [DrugReference@USADA.org](mailto:DrugReference@USADA.org)