

Abbreviated Therapeutic Use Exemption Form Instructions

[as of December 20, 2005]



Please read the International Standard for Therapeutic Use Exemptions for the requirements of receiving an exemption. Below are only a portion of the requirements for exemption. Failure to follow these instructions will delay the processing of your request(s).

1. The correct Abbreviated Therapeutic Use Exemption (TUE) form must be completed fully.
2. All information on the form **MUST** be clear and legible (typed or block letters work best) to allow faxing. Please avoid using abbreviations as these will be read by the international medical community.
3. The doctor **MUST** use the generic rather than the brand name. For Albuterol, please use the International name Salbutamol. These forms will be faxed to International Federations and WADA, and brand names differ from country to country.
4. **Badminton** athletes must submit their requests for use of prohibited substances on the International Badminton Federation (IBF) Abbreviated TUE form. This form may be found at www.intbadfed.org.
5. **Basketball** athletes must submit their requests for use of prohibited substances on the International Basketball Federation (FIBA) Abbreviated TUE form. Please note that there are two Abbreviated TUE forms: one for Beta-2 agonists and one for glucocorticosteroids. Athletes submitting notification of Beta-2 agonists (for Asthma) must comply with the FIBA Information form Asthmatic Players. This information as well as the FIBA Abbreviated TUE forms may be obtained by contacting USADA.
6. **Biathlon** athletes requesting use of a prohibited substance must type all information on the appropriate form. The International Biathlon Union (IBU) will not accept handwritten requests.
7. **Bobsled & Skeleton** athletes submitting notification of Beta-2 Agonists (for Asthma) must have the medical evaluation completed by an asthma or respiratory specialist.
8. **Cyclists** must submit requests for use of prohibited substances on the International Cycling Union (UCI) Abbreviated TUE form which can be found at <http://www.uci.ch/modello.asp?1stlevelid=C&level1=1&level2=15&idnews=3220>.
9. **Gymnastics** athletes submitting notification of Beta-2-Agonists (for Asthma) must comply with the International Gymnastics Federation (FIG) Information for Asthmatics Exemption Procedures. These procedures may be obtained by contacting USADA.
10. **Paralympic** athletes should not fill out this form unless they participate in Paralympic Sailing or Paralympic Wheelchair Tennis. All other Paralympic athletes must submit their requests for use of prohibited substances on the International Paralympic Committee's TUE Application and Notification form. This form can be found at www.paralympic.org.
11. **Rowing** athletes must submit their requests for use of prohibited substances on the Federation Internationale des Societes d'Aviron (FISA) Abbreviated TUE form. This form may be obtained from www.worldrowing.com.
12. **Tennis** athletes must submit their requests for use of prohibited substances on the International Doping Tests and Management Abbreviated TUE form. This form may be found at www.idtm.com.
13. **Track and Field** athletes must submit their requests for use of prohibited substances on the International Association of Athletics Federation (IAAF) International Abbreviated TUE form. This form may be found at www.iaaf.org. Athletes submitting notification of Beta-2 Agonists (for Asthma) must comply with the IAAF Abbreviated TUE exemption procedures. The IAAF Exemption Procedures can also be found at www.iaaf.org.
14. **Volleyball** athletes must submit their requests for the use of prohibited substances on the International Volleyball Federation (FIVB) Abbreviated TUE form. This form may be found at www.fivb.org. For athletes submitting notification of Beta-2 Agonists (for Asthma) FIVB requests that pulmonary function test graphic evidence and the athlete's medical file as it pertains to the diagnosis be submitted in conjunction with the FIVB Abbreviated TUE form.
15. **Wrestling** athletes must submit their requests for use of prohibited substances on the International Federation of Association Wrestling Styles (FILA) TUE form. This form may be obtained from <http://www.fila-wrestling.com/officiel/antidopage.php3?lang-am>.

Your Abbreviated TUE form may be returned or denied for all of the above reasons as well as for:

1. Missing signatures by the doctor, the athlete or the athlete's parent/guardian (if applicable).
2. Missing athlete or doctor contact information including, but not limited to, address, city, state, zip code, phone number.
3. Missing medical information including, but not limited to, Diagnosis; the Prohibited substances; the dose, route of administration and frequency of the prohibited substance.
4. Failure to fully comply with the WADA International Standard and/or your International Federation procedures.
5. Illegible handwriting (PLEASE PRINT)



ABBREVIATED THERAPEUTIC USE EXEMPTIONS

Please be sure that you are filling out the correct form for your sport and including any additional information that your sport may require.

Please complete ALL sections. Type or print in block letters.

beta-2 agonists by inhalation <input type="checkbox"/>	glucocorticosteroids by <input type="checkbox"/> inhalation, local & intra-articular injection, & iontophoresis.
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* Oral, rectal, intravenous, and intramuscular uses are prohibited and require a Standard TUE.*

Topical glucocorticosteroids do not require an Abbreviated TUE.
(Dermal, ophthalmic, otic, and nasal)

1. Athlete Information (Please type or print in block letters.)

Last Name: First Name:

Female Male Date of Birth (month/day/year):

Mailing Address:

City:..... State:..... Zip Code:.....

Tel. Work: Tel. Home: Tel. Mobile:.....

Email: Fax:

Sport:..... Discipline/Position:

International or National Sporting Organization:

Paralympic Athletes: Please use IPC TUE Application and Notification form

2. Medical information (Please type or print in block letters.)

Diagnosis:.....

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Prohibited substance(s): <i>Generic name</i>	Dose	Route	Frequency
1.			
2.			
3.			
Intended duration of treatment: (Please check appropriate box.)	One-Time Only <input type="checkbox"/> emergency <input type="checkbox"/> one year <input type="checkbox"/> or duration (week/month):		



Athlete's Name: _____
Abbreviated TUE

3. Medical practitioner's and athlete's declaration

(Please type or print in block letters.)

All information is required unless otherwise noted.

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 (optional):

E-mail (optional):

Signature of Medical Practitioner: Date:

I,, certify that the information under section one 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 the Anti-Doping Organization including its Therapeutic Use Exemption Committee (TUEC) as well as to WADA staff, to the WADA TUEC, and to other Anti-Doping Organizations under the provisions of the WADA Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organization TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact. I acknowledge that this form is effective upon receipt (if complete) by the appropriate Anti-Doping Organization.

I understand that National-Level Athletes must submit the Form to USADA. International-level Athletes may submit the completed Form to USADA and USADA will forward the Form to the appropriate International Federation (IF). I understand that using any prohibited substance in- or out-of-competition that requires an Abbreviated TUE is at my own risk of committing a doping violation until a complete form is received by USADA and/or my IF (if applicable).

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 will need to be resubmitted.

Please submit the completed form to the U.S. Anti Doping Agency and keep a copy for your records.

United States Anti-Doping Agency
1330 Quail Lake Loop, Suite 260
Colorado Springs, CO 80906
Fax: (719) 785-2029

Telephone: (866) 601-2632 (toll-free) or (719) 785-2000

Drug Reference Online: www.usantidoping.org/dro

Drug Reference Line: (800) 233-0393 or (719) 785-2020 (outside of the U.S.)

or drugreference@usantidoping.org

E-mail: webmaster@usantidoping.org

Web Site: www.usantidoping.org

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