



INTERNATIONAL BOBSLEIGH & SKELETON FEDERATION

Therapeutic Use Exemption - Standard Application Form

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

1. Athlete Information	
Surname:	Given names:
Date of birth (d/m/y):	Gender:
Address:	
Tel. Work:	Tel. Home:
Mobile:	Fax:
E-mail address:	
Sport:	Discipline/position:
National Sporting Organization:	
If you are an Athlete with an impairment, please indicate the impairment:	
Next competition date:	
2. Notifying medical practitioner	
Name, qualifications and medical speciality (<i>see note 1</i>):	
Address:	
Tel. Work:	Tel. Home:
Mobile:	Fax:
E-mail address:	
Diagnosis (<i>see note 2</i>):	
Has the national sporting organization Chief Medical Officer been notified of this request? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Name of NSO's Chief Medical Officer (see note 3):

3. Retroactive applications

Is this a retroactive application? Yes No

If yes, on what date was the treatment started?

Please indicate reason:

Emergency treatment or treatment of an acute medical condition was necessary

Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection

Advance application not required under applicable

Rules

Other

Please explain:

4. Medication details (see note 4)

Prohibited Substance(s) Generic name	Dose of administration	Route of administration	Frequency of administration	Duration of Treatment
1.				
2.				
3.				

Previous/Current TUE request(s): Yes No

If yes:

Date:

Anti-Doping Organization:

Result (attach previous TUE(s)): Approved Not approved

5. Please note additional information and attach sufficient medical information to substantiate the diagnosis and the necessity to use a prohibited substance (see note 5).

If appropriate, reasons for not prescribing alternative therapies



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6. Medical Practitioner's and Athlete's declaration

I, _____ (Medical practitioner) _____ certify the above-mentioned substance/s for the above-named athlete has been/are to be administered as the correct treatment for the above-named medical condition.

Signature of Medical Practitioner: _____ **Date** _____

I, _____ (Athlete) _____, certify that the information set out at sections 1, 3 and 4 is accurate. I authorize the release of personal medical information to the IBSF as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee), the IBSF TUEC and to other TUECs and authorized staff that may have a right to this information under the World Anti-Doping Code ("Code") and/or the International Standard for Therapeutic Use Exemptions.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise my right of access and correction; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I consent to the decision on this application being made available to all ADOs, or other organizations, with Testing authority and/or results management authority over me.

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 Protection of Privacy and Personal Information, I can file a complaint to WADA or CAS.

Athlete's signature: _____ **Date:** _____

Parent's/Guardian's signature: _____ **Date:** _____

(If the Athlete is a Minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete)



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7. Notes	
Note 1	Name, in which country do you practice, medical qualifications and speciality Dr. M Jones, Specialist in Respiratory Medicine
Note 2	Diagnosis 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.
Note 3	NSO Chief Medical Officer Where possible the Chief Medical Officer (CMO) of the sport involved should be notified of the application to the Anti-Doping Organization. When appropriate, the application should include a statement by the Medical Officer of the Athlete's national sport governing body, attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the athlete.
Note 4	Medication Details Provide details concerning all prohibited substances or methods for which approval is sought. Use generic names (INN) and specify medication dose.
Note 5	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.

Incomplete applications will be returned and need to be resubmitted!

Please, submit the completed form to the TUE Committee and keep a copy of the completed form for your records.

Please send to:
TUE Committee
TUE@ibsf.org