



TUE Case No: _____

**THERAPEUTIC USE EXEMPTION (TUE)
APPLICATION FORM**

Please complete all sections in capital letters. Athletes are required to complete sections 1, 5, 6 and 7. Physicians are required to complete sections 2, 3 and 4. All illegible and incomplete applications will be returned and applicants will need to re-submit a new form.

1. Athlete Information	
Surname: _____	Given Name: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy): _____
Address: _____	
Country: _____	Postal Code: _____
Telephone: _____ (H) _____ (O) _____ (HP)	
Email: _____	
Sport: _____	Discipline: _____
National Sports Association (NSA): _____	
International Federation (IF): _____	
Please select the appropriate box:	
<input type="checkbox"/> I am part of Anti-Doping Singapore's Registered Testing Pool / Domestic Testing Pool*	
<input type="checkbox"/> I am under Sport Singapore's Sports Excellence Carding (<i>spex</i> Carding) programme	
<input type="checkbox"/> I am participating in a NSA's National Championship for which a TUE granted pursuant to the ADS Anti-Doping Rules is required ¹	
Name of Competition: _____	
<input type="checkbox"/> Other levels, please state: _____	
If you are an athlete with impairment, please indicate the impairment: _____	

* Delete accordingly

¹ Refer to Anti-Doping Singapore (ADS) Rules

2. Medical Information

Diagnosis with sufficient medical information to support the diagnosis and necessity to use the prohibited substance (see Note 1 below):

If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication:

Note 1:

Diagnosis

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information must 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. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: <https://www.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.

3. Medication Details

Prohibited substance(s): <u>Generic name</u>	Dose	Route of Administration	Frequency	Duration of Treatment
1.				
2.				
3.				

4. Medical Practitioner's Declaration	
<p>I certify that the information at sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.</p>	
Name:	_____
Medical Specialty:	_____
Address:	_____
Tel:	_____ Fax: _____
Email:	_____
Signature of medical practitioner:	_____ Date: _____

5. Retroactive Applications	
Is this a retroactive application?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If (Yes), please state the date when the treatment started:	_____
Please indicate reason:	
• Emergency treatment or treatment of an acute medical condition was necessary	<input type="checkbox"/>
• Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection	<input type="checkbox"/>
• Advance application not required under applicable rules	<input type="checkbox"/>
• Fairness (WADA and ADS approval required)	<input type="checkbox"/>
Please indicate reason:	

6. Previous Applications	
Have you submitted any previous TUE application(s) to any ADO?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For which substance or method?	

To Whom?	When?
_____	_____
Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

7. Athlete's Declaration

I, _____, certify that the information set out at Sections 1, 5 and 6 is accurate. I authorise the release of personal medical information to ADS as well as to WADA authorised staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other Anti-Doping Organisation (ADO) TUECs and authorised staff that may have a right to this information under the World Anti-Doping Code (the "Code") and/or the International Standard for Therapeutic Use Exemptions (TUEs).

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, rectification, restriction, opposition, or deletion; or
- (3) revoke the right of these organizations to obtain my health information,

I must notify my medical practitioner and ADS 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 purpose of investigations or proceedings related to a possible anti-doping rule violation, where this is required by the Code, International Standards, any relevant anti-doping laws and regulations (where applicable); or to establish, exercise or defend a legal claim involving me, WADA, and/or ADS.

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 my information may be stored in Anti-Doping Administration & Management System (ADAMS), which is hosted by WADA on servers based in Canada, and will be retained for the duration as indicated in the WADA International Standard for the Protection of Privacy and Personal Information (ISPPPI).

I understand that if I believe that my Personal Information is not used in conformity with this consent and the ISPPPI, I can file a complaint to WADA (privacy@wada-ama.org), or my national regulator responsible for data protection in my country.

I understand that the abovementioned entities may rely on and be subject to relevant anti-doping laws and regulations that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I understand that I may obtain more information on the relevant anti-doping laws from my International Federation or ADS.

Athlete's Signature:

Date:

Parent/Guardian's Signature:

Date:

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

Please submit the completed form to ADS and keep a copy for your records.

For use of substances or methods of treatment prohibited **AT ALL TIMES**:

TUE Application Forms and all supporting documents must be submitted **immediately** upon diagnosis of the medical condition and prescription of the prohibited substance or method as a means of treatment.

For use of substances or methods of treatment prohibited **IN-COMPETITION**:

TUE Application Forms and all supporting documents shall be submitted **at least 30 days** prior to the requirement of the TUE:

All completed TUE Application Forms shall be submitted to:

Anti-Doping Singapore

3 Stadium Drive

Singapore 397630

Tel: 65-65005451/430

Fax: 65-6440 9205

Email: ADS@sport.gov.sg