

THERAPEUTIC USE EXEMPTION (TUE)



APPLICATION FORM

Schedule 3b

World Rugby fax: +353 1 2409 289

e-mail: TUE@worldrugby.org

In accordance with Section 4 of the WADA International Standard for Therapeutic Use Exemptions and World Rugby Regulation 21.4.4, any Player who wishes to apply for the use of a Prohibited Substances or Prohibited Method to treat a legitimate medical condition must apply to the relevant Therapeutic Use Exemption Committee (TUEC) via their national Union.

SECTION A - Player Information - PLEASE PRINT CLEARLY IN CAPITALS

First Name: _____	Surname: _____	Date of Birth: ____ / ____ / ____
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Contact Telephone Number - Mobile: <input type="text"/>	
National Union and level: _____ <small>(i.e. Nat 15's Squad/7's/U21's etc)</small>	Team/Club: _____	

SECTION B - Notifying Medical Practitioner and Medical Information

Name: _____	Medical Specialty: _____	
Business Address: _____		
Telephone Number - Business: <input type="text"/>	Fax Number: <input type="text"/>	Telephone Number - Mobile: <input type="text"/>
Email: _____		
Diagnosis with sufficient medical information (see note 1): _____ _____		
Has the national Unions Chief Medical Officer / Doctor been notified of this application? Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION C - Medical Details

Prohibited Substance – Generic Name	Dose of Administration	Route of Administration	Frequency of Administration
1.			
2.			

Intended duration of treatment: Once only Emergency Weeks Months Years

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

SECTION D - Medical Practitioner's Declaration

I, certify that the above mentioned treatment is medically appropriate and that the use of alternative medication not on the Prohibited List would be unsatisfactory for this condition.

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

SECTION E -- Previous or Current TUE Applications

Have you submitted any previous TUE application: Yes No **What date?:** ____ / ____ / ____

If Yes, for what substance/s? _____

TUE Body who provided TUE Decision: _____ **TUE Decision:** Attach copy of previous TUE application and Certificate of Approval if for same Prohibited Substance

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SECTION F - Player's Declaration

I, certify that the information under Section A & B is accurate and that I am requesting approval to use a Prohibited Substance or Method from the WADA Prohibited List. I authorise the recording (whether electronically or otherwise) and/or storage by release of personal medical information to the Anti-Doping Organisation (including without limitation its TUEC and any external expert consulted by the TUEC), relevant Tournament Organisers as well as to WADA staff and to the WADA TUEC (including without limitation any external expert consulted by the TUEC) under the provisions of the Code. I understand that if I ever wish to revoke the right of the relevant TUEC or WADA TUEC (including without limitation any external expert(s) consulted by such TUEC) to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact. I also understand that if I withdraw my consent to the release of my personal medical information, I may not receive approval for a TUE or the renewal of an existing TUE, since no TUE can be granted or renewed without the disclosure of comprehensive medical data.

I am aware that an application for a TUE requires the processing (for example transmission, disclosure, use and storage) of all data pertaining to such application through relevant anti-doping administration/data management systems including but not limited to ADAMS* to ensure harmonized, coordinated and effective anti-doping programs for detection, deterrence and prevention of doping. Signing this form will indicate that I have been so informed and that I give my express consent to such processing of data.

I understand and agree that my application for a TUE will only be considered following the submission in ADAMS or otherwise, by myself or by my Anti-Doping Organisation (ADO), of the present completed application form, as well as all relevant documents related to the application.

I understand and agree that my TUE related data will be made accessible through ADAMS and/or any other relevant anti-doping administration/data management system, to the authorized ADO, to WADA and to the ADO/WADA TUEC(s) (including without limitation any external expert consulted by such TUEC). I understand and agree that if a TUE is granted, such TUE and the related information will be stored electronically in ADAMS (and/or in any other relevant anti-doping administration/data management system) for a minimum period of 10 years, the period of 10 years being the period within which an action can be commenced following a violation of an anti-doping rule contained in the WADA Code/World Rugby Regulation 21.

WADA, ADOs and TUECs (and any external expert consulted by the relevant TUEC) will not disclose any of my TUE related information beyond those persons within their organisation with a need to know for doping control purposes according to the Code (and to any external expert consulted by the relevant TUEC as appropriate).

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

RELEASE

I hereby release WADA as well as ADOs and TUECs and any external expert consulted by a TUEC from all claims, demands, liabilities, damages, costs and expenses that I may have arising in connection with the processing of my TUE related data through ADAMS and/or any other relevant anti-doping administration/data management system.

WITHDRAWAL OF CONSENT

I understand that I may at any time revoke my consent for the processing of my TUE related data through ADAMS and/or any other relevant anti-doping administration/data management system. I also understand that as a consequence of such withdrawal of consent, I will not receive approval for a TUE or a renewal of an existing TUE.

Player's Signature: _____

Date: ____ / ____ / ____

Parent's/Guardian's Signature: _____

Date: ____ / ____ / ____

(if a Player is a minor a parent or guardian shall sign together with or on behalf of the Player)

(Day/Month/Year)

* ADAMS is the Anti-Doping Administration and Management System, which has been developed to enable athletes and anti-doping organisations to enter and share data related to doping control. ADAMS is an on-line, web-based system, which allows restricted sharing of data only with those organisations with the right to access such data in accordance with the World Anti-Doping Code.

SECTION G - Application Notes

Note 1 Evidence confirming the diagnosis shall 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 (where applicable). Copies of the original reports or letters should be included where 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.

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.

World Rugby TUEC Contact Details

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INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED.

STRICTLY CONFIDENTIAL