



Therapeutic use exemption (TUE) Checklist and Application

Please read about medical exemptions at www.wada-ama.org **or** refer to the World ParaVolley (WPV) Guide to Therapeutic Exemptions before completing the World ParaVolley TUE form.

Step 1: Check to see if your medication, or its route of administration, is prohibited. If it is not prohibited, no further action is required. Verify through one of the following resources:

- WADA Prohibited list Online: www.wada-ama.org or link from the World ParaVolley home anti-doping page
- Global Drug Reference Online: www.globaldro.com

Step 2: Determine **which organization** is responsible for processing your TUE application:

- Athletes who compete at an international-level (i.e. in World ParaVolley sanctioned events) must comply with World ParaVolley's TUE requirements.
- If you are taking new or regular medication that is on the prohibited list, your TUE can be submitted to your National Anti-doping Organization (NADO). If your TUE is granted by your NADO or if your NADO has already granted a TUE to you for a prohibited substance, the TUE will not be valid for international competition unless it is recognized by World ParaVolley. Your NADO should assist you in submitting the TUE to World ParaVolley or to the Major Event Organization (e.g. IPC) for recognition via ADAMS.
- World ParaVolley will review the TUE and will notify you via ADAMS if the TUE will be recognized.
- If you are required to take a prohibited medication during a competition event due to an emergency, a TUE must still be submitted to WPV retroactively, along with written justification from the physician .

Step 3: Determine **when** your TUE application should be submitted to World ParaVolley:

- At the time the medication is prescribed by your physician for medications prohibited in- and out-of-competition; **or**
- No less than 30 days prior to participating in an event for medications prohibited only in-competition.

Step 4: Compile medical evidence (**all in English**) confirming your diagnoses and prescription including:

- Comprehensive medical history related to the diagnosis;
- The results of all relevant objective examinations, laboratory investigations and imaging studies;
- Independent supporting medical opinion in the case of non-demonstrable conditions; and
- Relevant correspondence (copies of original reports, letters, and specialist reviews) between physicians regarding the diagnosis and prescription.
- Clinical justification of the use of a Prohibited Substance or Prohibited Method when there are reasonable alternative medications available.

Step 5: Complete and submit the form:

- World ParaVolley will accept applications submitted on the World ParaVolley TUE application form, provided all required information is included. Applications submitted via ADAMS are preferred.
- **All** information on the form must be legible (**typed or BLOCK CAPITAL letters** preferred).
- **All** fields must be properly completed, and the form must be dated and signed by the athlete and the prescribing physician.

- Illegible and/or incomplete forms will be returned to the athlete unprocessed.

Step 6: Send the completed application form **and** supporting documentation to World ParaVolley by:

- ADAMS (processing through ADAMS is more expedient)
- **or**
- Email: generalmanager@worldparavolley.org

Step 7: If you are selected for doping control, be sure to verbally declare your medications to the doping control officer, including the following:

- All prescribed medications (e.g., asthma medications and glucocorticoids); and
- All non-prescribed medications and supplements taken in the last seven days.

Please note:

- TUE applications will not be reviewed unless the additional medical evidence is submitted with the application to justify the need for Therapeutic Use Exemption.
- A complete TUE application can take up to 21 days to review by World ParaVolley.
- World ParaVolley will contact the athlete once a decision has been rendered on the application, or if more information has been deemed necessary.
- Medical costs incurred for the completion of the TUE application form or additional investigations, examinations, or imaging studies are the responsibility of the athlete.
- World ParaVolley will confirm receipt of your TUE application by email within three business days. If you do not receive a confirmation of receipt within that time frame, please contact World ParaVolley.
- Incomplete applications will be returned and will need to be resubmitted with further information.
- Keep a copy of your application form and medical file for your records.



Therapeutic Use Exemption (TUE) Application Form

Send completed forms & documents to World ParaVolley by:

Email: generalmanager@worldparavolley.org

Mail: Attn: Dr. Jun Ming Zhang, World ParaVolley Anti-doping Commission Chairman,
5 Foxwood Road, London, SE3 9HT, United Kingdom

Please complete all sections clearly in block capital letters or type. Keep a copy for your records. Athlete to complete sections 1,5,6 and 7; physician to complete sections 2,3 and 4. Illegible or incomplete applications will be returned and need to be re-submitted in legible and complete form.

1. Athlete Information

Surname:		Given (first) Name:	
Sex:	Male Female	Date of Birth (dd/mm/yyyy)	
Preferred method of communication:		Email Regular Mail	
Email Address:			
Mailing Address			
City/State:			
Country:		Postal Code:	
Telephone:(with international code)			
Sport:		Discipline:	
International or National Sport Organization:			
If you will be competing in an international event, enter the event name and date:			
If you are an athlete with an impairment, please indicate the impairment:			

2. Medical Information (continue on separate sheet if necessary)

(To be completed by your physician)

Diagnosis:

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

Comment:

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 (To be completed by your physician)

Prohibited Substance(s): Generic Name	Dose	Route of Administration	Frequency	Duration of treatment
Enter all that apply	e.g. 200 mg	e.g. inhalation, local injection	e.g. BID, QID	e.g. one-time use, emergency, one year

4. Medical Practitioner's Declaration (To be completed by your physician)

I certify that the information at sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.

Name: _____

Qualifications: _____

Medical Specialty: _____

Address: _____

Telephone: _____

Email: _____

Signature of Medical Practitioner: _____ Date: _____

5. Retroactive applications

<p>Is this a retroactive application?</p> <p>YES:</p> <p>NO:</p> <p>If yes, on what date was treatment started?</p>	<p>Please indicate reason:</p> <p>Emergency treatment or treatment of an acute medical condition was necessary</p> <p>Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection</p> <p>Advance application not required under applicable rules</p> <p>Other</p> <p>Please explain:</p>
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6. Previous applications

<p>Have you submitted any previous TUE application(s)?</p> <p>For which substance or method?</p> <hr/> <p>To whom? _____</p> <p>Decision: _____</p>	<p>YES</p> <p>NO</p> <p>When? _____</p> <p>Approved</p> <p>Not Approved</p>
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7. Athlete's Declaration

I, _____, certify that the information set out at sections 1,5 and 6 is accurate. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic use Exemption Committee) and other ADO 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 ADO's 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/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)