



**INTERNATIONAL SKATING UNION**

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**Therapeutic Use Exemptions  
Application Form**

*I apply for approval from the International Skating Union for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.*

- **Please complete all sections in BLOCK CAPITALS.**
- **Athlete has to complete sections 1, 5, 6 and 7.**
- **Physician has to complete sections 2, 3 and 4.**
- **Application Form as well as any attached documents or medical evidence MUST be written in English.**
- **Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.**

**1. Athlete Information**

**Surname:** ..... **Given Names:**.....

Female  Male  (*tick appropriate box*) Date of Birth (dd/mm/yy):.....

Address: . .....

City: ..... Country: ..... Postcode: . .....

Tel: ..... Email: .....

Sport: ..... Discipline: .....

ISU Member: .....

Please mark the appropriate box:

I am part of the ISU Registered Testing Pool

I am part of my National Anti-Doping Organization Testing Pool

I am participating in an ISU international event for which a TUE granted pursuant to the ISU's Anti-Doping Rules is required – Name of the competition: .....

None of the above



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## 2. Medical information

Diagnosis with sufficient medical information:

.....

.....

.....

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

.....

.....

.....

### Comment:

*Evidence, written in English, 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

<b>Prohibited Substance(s): <u>Generic Name</u></b>	<b>Dose</b>	<b>Route of Administration</b>	<b>Frequency</b>
1.			
2.			
3.			

Anticipated duration of treatment (please tick appropriate box)	once only <input type="checkbox"/>	emergency <input type="checkbox"/>
	or duration (week/month): <input type="checkbox"/>	.....



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## 4. Medical doctor's declaration

I, ..... Certify that I am a licensed Medical Doctor treating the applicant athlete and I further certify that the information at section 2 and 3 is accurate and 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.

Name .....

Medical speciality: .....

Address: .....

Tel.: ..... Fax: .....

Email: .....

Signature of Medical Doctor: ..... Date: .....

## 5. Retroactive applications

**Is this a retroactive application?**

- No
- Yes, the treatment started on (dd/mm/yy): .....

Please indicate the 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
- Advance application not required under applicable rules
- Other, please explain: .....

.....

## 6. Previous applications

**Have you submitted any previous TUE application?**

- yes     no

For which substance or method? .....

To whom? ..... When?.....

Decision:    Approved                       Not approved



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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 International Skating Union (ISU) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to 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 the ISU 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 a disability preventing him/her from signing this form, a parent or guardian shall sign together with or on behalf of the athlete)

Please submit the completed form to the ISU either by post or email at [antidoping@isu.ch](mailto:antidoping@isu.ch) and keep a copy for your records.