

Therapeutic Use Exemption Checklist and Application

Please read about Therapeutic Use Exemptions (TUEs) at www.cces.ca/tue before completing the CCES 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:
 - Substance Classification Booklet (www.cces.ca/pdfs/CCES-PUB-SubstanceClassification-E.pdf);
 - www.globaldro.com (available September 2009);
 - Substances@cces.ca; or
 - CCES toll-free: 1-800-672-7775.

- Step 2:** Check which organization is responsible for processing your TUE application:
 - International Federation (IF): Athletes in their IF's Registered Testing Pool (RTP), or who compete at an international level (in IF-sanctioned events), must ensure that they comply with their IF's TUE and/or Declaration of Use requirements. Contact the CCES if you need assistance obtaining information from your IF.
or
 - The CCES: Any CCES RTP athlete or domestic athlete who will be competing in domestic events in Canada.

- Step 3:** Check when your TUE application should be submitted:
 - CCES RTP athletes must submit:
 - At the time the medication is prescribed by your physician (for medications prohibited in- and out-of-competition); or
 - No less than 21 days prior to participating in an event (for medications prohibited in-competition only).
 - Domestic athletes must submit:
 - Upon request by the CCES pending the results of a doping control test; or
 - No less than 21 days prior to participating in an event (for medications prohibited in-competition only).

- Step 4:** Check the specific application process and/or criteria for particular substances and/or conditions to ensure that all relevant supporting medical documentation is included with the application. This may include:
 - The information listed in the "Notes" portion of the application form; or
 - The requirements for the use of:
 - Beta-2 Agonists used in the treatment of asthma and its clinical variants, e.g., salbutamol (www.cces.ca/pdfs/CCES-PUB-TUEChecklist-Beta2-E.pdf);
 - Glucocorticosteroids used in the treatment of various conditions, e.g., Budesonide, Depo-Medrol (www.cces.ca/pdfs/CCES-PUB-TUEChecklist-Gluco-E.pdf);
 - Insulin used in the treatment of Type 1 Diabetes, e.g., Humalog, Innova (www.cces.ca/pdfs/CCES-PUB-TUErequirements-Type1Diabetes-E.pdf); or
 - Stimulants used in the treatment of ADD/ADHD, e.g., Methylphenidate (www.cces.ca/pdfs/CCES-PUB-TUErequirements-ADDADHD-E.pdf);.

- **Step 5:** Completing the form:
 - The CCES will accept applications submitted on the CCES TUE application form or on any IF TUE application form, provided all required information is included.
 - All information on the form must be legible (typed or block letters preferred). Illegible forms will be returned unprocessed.
 - All fields must be properly completed, and the form must be dated and signed by the athlete and the prescribing physician. Incomplete forms will be returned to the athlete unprocessed.

- **Step 6:** Send completed application form and supporting documentation to the CCES by:
 - Fax: 613-521-3134;
 - Email: tue-aut@cces.ca; or
 - Mail: Attn: Athlete Services Manager, CCES, 350-955 Green Valley Cr, Ottawa, ON, K2C 3V4.

- **Step 7:** If you are selected for doping control, be sure to declare the use of all prescription, non-prescription medications and nutritional supplements taken in the last ten days when asked by the doping control officer.

Please note:

- A complete TUE application can take up to 30 days to review.
- The CCES will contact the athlete once a decision has been rendered on the application, or if more information has been deemed necessary.

Therapeutic Use Exemption Application

Send completed forms to the CCES by: Fax: (613) 521-3134; Email: tue-aut@cces.ca; or
 Mail: Attn: Athlete Services Manager, CCES, 350-955 Green Valley Cres, Ottawa, ON, K2C 3V4.

Keep a copy for your records. Please complete all sections clearly in block letters or type.

1. Athlete Information

| | | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|--|
| Surname: | | Given Name: | |
| Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (dd/mm/yyyy): | |
| Preferred method of communication: | | <input type="checkbox"/> Email <input type="checkbox"/> Canada Post | |
| Email Address: | | | |
| Mailing Address: | | | |
| City: | | Province/State: | |
| Country: | | Postal Code: | |
| Telephone: | | | |
| Sport: | | Discipline / Position: | |
| International or National Sport Organization: | | | |
| If you know you will be competing at an international event, enter the event name and date: | | | |
| If you are an athlete with a disability, indicate disability: | | | |

2. Medical Information (To be completed by the treating physician)

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnosis - please attached sufficient medical information (see Section 6, Notes, 1. Diagnosis): |
| If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication: |

3. Medication Details (To be completed by the treating physician)

| Prohibited Substance(s): Generic name | Dose | Route of Administration | Frequency of Administration | 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 |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

| | | |
|--------------------------------------------------|-----------------------------------|---------------------------------------|
| Have you submitted any previous TUE application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| For which substances? | | |
| To which organization? | | |
| When? | | |
| Decision | <input type="checkbox"/> Approved | <input type="checkbox"/> Not approved |

4. Treating Physician's Declaration (To be completed by the physician)

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|
| I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the WADA Prohibited List would be unsatisfactory for this condition. | | | |
| Surname: | | Given Name: | |
| Medical Specialty: | | | |
| Address: | | | |
| City: | | Province/state: | |
| Country: | | Postal Code: | |
| Telephone: | | Email Address: | |
| Signature: | | Date (dd/mm/yyyy): | |

5. Athlete's Declaration

I, _____ certify that the information under Section 1. of this form is accurate and that I am requesting approval to use a substance or method from the WADA Prohibited List. I authorize the release of personal medical information to the appropriate Anti-Doping Organization (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADOs as permitted under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact.

I authorize the release of my medical information to members of the Health Care Team attending Major Games where I may participate, to my Team Physician, and to my NSO and IF.

I do not wish to have this information shared with anyone but the CCES.

Athlete's
Signature:

Date
(dd/mm/yyyy):

(If the athlete is a minor or has a disability preventing him/her from signing this form, a parent or guardian is to sign together with, or on behalf of, the athlete.)

Surname:

Given Name:

Parent/Guardian's
signature:

Date
(dd/mm/yyyy):

6. Notes

1. 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 regarding the clinical circumstances, and in the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

Incomplete applications will be returned and will need to be resubmitted with further information. Please submit the completed form to the CCES and keep a copy for your records.

(DISPONIBLE EN FRANÇAIS)

January 2009

Application No: