



Therapeutic Use Exemption (TUE) Application

Asthma (inhaled beta-2 agonists)

CANADIAN CENTRE
FOR ETHICS
IN SPORT

CENTRE CANADIEN
POUR L'ÉTHIQUE
DANS LE SPORT

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info@cces.ca www.cces.ca

Step 1: Read all about Therapeutic Use Exemptions (TUE)

- Before submitting your application, visit www.cces.ca/medical to review your requirements and the application process.
- To assist physicians in the preparation of complete and thorough TUE applications, WADA maintains a series of TUE application guidelines for a number of medical conditions commonly affecting athletes. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: www.wada-ama.org.

Step 2: Complete the TUE application form

- The CCES will accept applications submitted on the CCES TUE application form or an IF TUE application form, provided all required information is included.
- All information on the form must be legible (typed or block 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 3: Put together a medical file

The documents included in your medical file must confirm your diagnosis and prescription and include:

- A letter from your physician confirming you were seen within the current year (See Annex 1 for sample);
- Medical report should include details of:
 - Medical history: symptoms of airway obstruction, provocative stimuli, aggravating factors, exacerbations, age at onset, course of disease under treatment (specify)
 - Findings on examination: airflow obstruction at rest, exclusion of differential diagnoses
 - Summary of diagnostic test results: spirometry, if spirometry normal, include reversibility test, if both normal, include provocation test
 - Interpretation of symptoms, signs and test results by respiratory physician
 - Beta-2 agonists (except for salbutamol, salmeterol, formoterol by inhalation and in therapeutic doses, all are prohibited at all times) and/or glucocorticoids (only prohibited in-competition and when given systemically) prescribed including dosage, frequency and route of administration
 - Response to treatment with previous/current medication
- Diagnostic test results should include copies of:
 - Spirometry report with flow curve
 - Spirometry report with flow curve with bronchodilator administration (reversibility test) if above spirometry shows normal findings
 - Documentation (including spirometry report with flow curve) of a recognized provocation test if both spirometries above show normal findings
- Additional information included (not mandatory)
 - Peak flow log, allergy test results, previous spirometry and provocation tests results



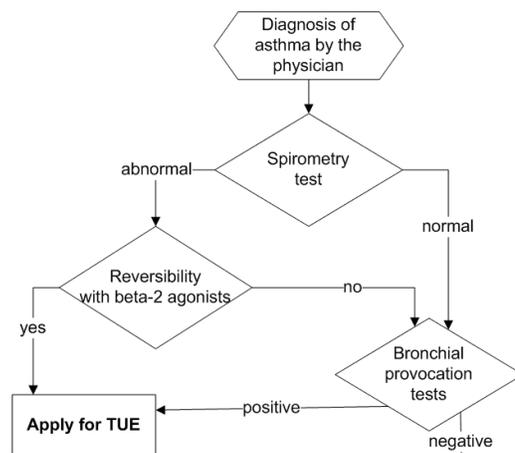
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Spirometry and Bronchial Provocation Test Result Baselines

Spirometry	12% increase in FEV ₁ following B2 use
Methacholine Aerosol Challenge	20% fall of FEV ₁ - PC ₂₀ < 4mg/ml (steroid naïve)
Mannitol Inhalation	15% fall of FEV ₁
Eucapnic Voluntary Hyperpnea (EVH)	10% fall of FEV ₁
Hypertonic Saline Aerosol Challenge	15% fall of FEV ₁
Exercise Challenge	10% fall of FEV ₁

Guidelines for Clinical Reports and Investigations Recommended asthma management



In the case of an athlete with known, well-controlled asthma recording a negative result to any bronchial provocation test seeking approval for the use of inhaled beta-2 agonists, the following documentation should be included with your application:

- copies of physician's consultation notes related to treatment of asthma; and
- hospital emergency department attendance and/or admission records for acute exacerbations of asthma or for treatment with oral corticosteroids.

Additional information to support any TUE application for this substance includes:

- the age of onset of asthma;
- history of atopic disorders and/or childhood asthma;
- a detailed description of asthma symptoms (day and night);
- identification of trigger factors;
- medications previously trialed; and
- the results of any skin-prick tests or RAST to document the presence of allergic hypersensitivity.

Step 4: Submit your completed TUE application form and medical file

- Fax: 613-521-3134;
- Email: tue-aut@cces.ca; or
- Mail: Attn: Athlete Services, CCES, 201-2723 Lancaster Road, Ottawa, ON, K1B 0B1.

Please note:

- The CCES will confirm receipt of your TUE application by email within two business days. If you do not receive a confirmation of receipt within that time frame, please contact the CCES.
- The CCES will contact you once a decision has been rendered on the application, or if more information has been deemed necessary.
- A complete TUE application can take up to 21 days to review.
- 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.
- Medical costs incurred for the completion of the TUE application form or additional investigations, examinations, or imaging studies are the responsibility of the athlete.



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Send completed forms to the CCES by: Fax: (613) 521-3134; Email: tue-aut@cces.ca; or

Mail: Attn: Athlete Services, CCES, 201-2723 Lancaster Road, Ottawa, ON, K1B 0B1.

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

1. Athlete Information

Surname:		Given Name(s):	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy):	dd / mm / yyyy
Pronouns:		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:	
Are you in your international federation's registered testing pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
If you know you will be competing at an international event, enter the event name and date:			
If you are an athlete with an impairment, indicate the impairment:			

Have you submitted any previous TUE application(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For which substance(s) or method(s)?		
To which organization?		
When was it submitted?		
Decision:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved

2. Medical Information (To be completed by your physician)

Diagnosis:			
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Exercise-induced asthma
<input type="checkbox"/>	Exercise-induced bronchoconstriction	<input type="checkbox"/>	Other, please specify:
Diagnosis - please attach sufficient medical information (see Step 3 of checklist):			
If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication:			

Medical History Related to Asthma			
<input type="checkbox"/>	Atopic disorders	<input type="checkbox"/>	Childhood asthma
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Family history of asthma
<input type="checkbox"/>	Acute exacerbations (please provide details on frequency, severity, etc., and attach hospital reports)		
Summarize:			
<i>*please attached document(s) if necessary</i>			
Clinical Examination - Summarize findings with specific focus on respiratory system:			
<i>*please attached document(s) if necessary</i>			
Clinical Reports and Investigations			
Please attach the results of pulmonary function tests (PFTs), consultation notes, laboratory reports, hospital records, and any other clinical investigations as applicable. Where no PFT has been performed or where results were negative, please refer to Step 3 of checklist.			

3. Medication Details (To be completed by your 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.				

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

I certify that the information in sections 2 and 3 above is accurate. I acknowledge and agree that my personal information may be used by Anti-Doping Organization(s) (ADO) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my personal information will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see the [ADAMS Privacy Policy](#) for more details).

Surname:		Given Name(s):	
Medical Specialty:			
Address:			
City:		Province/State:	
Country:		Postal Code:	
Telephone:		Email Address:	
Signature:		Date (dd/mm/yyyy):	dd / mm / yyyy

5. Diagnosing physician (if different from treating physician)

Surname:		Given Name(s):	
Medical Specialty:			
Address:			
City:		Province/State:	
Country:		Postal Code:	
Telephone:		Email Address:	

6. Retroactive applications

Is this a retroactive application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, on what date was treatment started?	Date (dd/mm/yyyy):	dd / mm / yyyy
Please indicate the reason: <input type="checkbox"/> An emergency or urgent treatment of a medical condition was necessary. <input type="checkbox"/> There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before sample collection. <input type="checkbox"/> Under the rules of the Canadian Anti-Doping Program (CADP), the CCES did not require you to apply for a TUE in advance of sample collection. <input type="checkbox"/> You are using a prohibited substance or method for therapeutic reasons, and you compete in sport at a level that is not considered to be international or national as defined by your international federation or under the CADP (e.g., athletes that are not in the CCES' National Athlete Pool (NAP) who do not compete in international events) and you were tested. <input type="checkbox"/> You tested positive after using a substance out of competition that was only prohibited in competition (e.g., glucocorticoids).		
Please explain:		
<input type="checkbox"/> Other Retroactive Applications In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE. In order to apply under this section, please include a full reasoning and attach all necessary supporting documentation.		
Please explain:		

7. Consent to sharing information

I, _____ authorize the CCES to share my medical information associated with my Therapeutic Use Exemption application with my team's athletic and/or medical personnel or third party, specifically _____ <u>name</u> _____. I understand that the CCES can contact this person(s) should more information be required or to provide an update on the status of this application.			
Athlete's Signature:		Date (dd/mm/yyyy):	

8. Athlete's Declaration

I, _____, certify that the information set out in this form is accurate and I am requesting approval to use a substance or method from the World Anti-Doping Agency (WADA) Prohibited List. I authorize the release of personal health information to the Canadian Centre for Ethics in Sport (CCES) or to another Anti-Doping Agency (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other CCES or ADO TUECs and authorized staff that may require access to this information under the World Anti-Doping Code ("Code") and/or the International Standard for Therapeutic Use Exemptions (ISTUE). I consent to my physician(s) releasing any personal information or personal health information that they deem necessary in order to consider and determine my application.

I consent to my physician(s) releasing any personal information or personal health information that they deem necessary to the CCES or ADOs to permit a TUEC to consider and determine my applications.

I consent to the use and disclosure of my personal information or personal health information by the CCES or other ADOs for the purposes described in this application or as otherwise required by this application. I consent to the CCES or other ADOs distributing my personal information or personal health information to third parties as required by the Code, ISTUE or for any other purpose arising from this application.

I understand and accept that the recipients of my personal health information and of the decision on this application may be located outside the province or 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 authorize CCES and/or other ADOs to use or distribute my personal health information to any province or country as required by the Code, ISTUE or for any other purpose arising from this 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 personal or personal 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, CCES and/or 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 ADOs, or other organizations, with testing authority and/or results management authority over me.

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 with WADA or CAS.

Check the box to authorize the release of personal health information:

I authorize the release of my personal health information to members of the Health Care Team attending Major Games where I may participate, to my Team Physician, and to my national sport organization.

I do not wish to have this information shared with anyone but the CCES, WADA, applicable TUECs and my international federation.

Athlete's Signature:		Date (dd/mm/yyyy):	dd / mm / yyyy
<i>(If the athlete is a minor or has an impairment preventing him/her from signing this form, a parent or guardian is to sign together with, or on behalf of, the athlete.)</i>			
Surname:		Given Name(s):	
Parent/Guardian's signature:		Date (dd/mm/yyyy):	dd / mm / yyyy