

Date :
Request Number :
(To be filled by ALIS)

Therapeutic Use Exemption (TUE) application form

Please complete all sections in capital letters. Incomplete and illegible requests will be returned and must be resubmitted.

Sections 1, 2, 3, and 7 are to be completed by the athlete. Sections 4, 5, and 6 are to be completed by the physician.

1. Information about the athlete

Surname : First name :
Female Male Date of birth (d/m/y) :

Nationality :

Address :

City : Country :

Post code :

Office number : Home number :

Mobile number :

e-mail

Sport :

Discipline :

National Sports organisation :

If you have a disability, please specify:
.....

2. Previous application

Have you previously submitted one or more applications for a TUE to an anti-doping organization for the same condition?

TUE application in the past : yes no

If yes, name of the prohibited substance or method :

To which anti-doping organization :

Date of the request:

Decision : Approved
 Declined

3. Retroactive application

Is this a retroactive application ? Yes No

If no, please continue with section 4.

If yes, when did the treatment start (date) :

Which of the following scenarios applies to your retroactive request? (article 4.1 of the ISTUE)

4.1 (a) It was an emergency or urgent treatment for a medical condition (in the case of a medical emergency, this procedure should in no way hinder or delay the implementation of a medically necessary treatment).

4.1 (b) There was not enough time or opportunity, or there were other exceptional circumstances preventing the athlete from submitting (or the TUE Committee from reviewing) an TUE request before the sample collection.

4.1 (c) Due to national priorities established in certain sports or disciplines, the athlete's national anti-doping organization did not allow or require the athlete to apply for a prospective TUE.

4.1 (d) If an anti-doping organization chooses to collect a sample from an athlete who is not an international-level or national-level athlete, and that athlete is using a prohibited substance or method for therapeutic reasons, the anti-doping organization must allow the athlete to apply for a retroactive TUE.

4.1 (e) The athlete used, out of competition and for therapeutic reasons, a prohibited substance that is only prohibited in competition (e.g., S 9: Glucocorticoids).

Other retroactive requests (article 4.3 of the ISTUE)

In exceptional circumstances and notwithstanding any other provisions of the International Standard for Therapeutic Use Exemptions (ISTUE), an athlete may request and obtain a retroactive therapeutic use exemption for a prohibited substance or method if, in view of the objective of the Code, it would be manifestly unfair not to grant a retroactive TUE.

To meet the conditions set out in Article 4.3, please specify the reasons for this request.

Please specify and attach all supporting documents.

Sections 4, 5, and 6 are to be completed by the physician.

4. Medical Information (Please attach all relevant documents)

Provide a well-supported diagnosis with the necessary medical information (see note). If possible, use the most recent version of the International Classification of Diseases (ICD) from the World Health Organization.

If an authorized medication can be used to treat the medical condition, please provide the clinical justification for the use of the prohibited medication.

5. Details of medications

Prohibited substance(s): Generic name:	Dosage	Administration	Frequency	Duration of treatment
Note for the physician	<p>The elements confirming the diagnosis will be attached and submitted with this request. The medical evidence will include a complete medical history as well as the results of all relevant tests, laboratory analyses, and imaging studies. Whenever possible, a copy of all original reports or letters will be included. The evidence will be as objective as possible given the clinical circumstances. In cases of conditions that are difficult to demonstrate, an independent medical opinion will be included to support this request.</p> <p>Attention: Medical reports must be written in French or English (as required by the WADA).</p> <p>WADA maintains a series of guidelines to assist physicians in preparing complete and detailed TUE requests. These documents, titled <i>Medical Information to Support the Decisions of the TUE Committees</i>, can be accessed by searching for the term « medical information » on the WADA website (https://www.wada-ama.org/). These guidelines cover the diagnosis and treatment of a wide range of conditions that commonly affect athletes and require treatment with prohibited substances.</p>			

6. Attestation from the treating physician

I certify that the information contained in sections 4 and 5 above is accurate. I acknowledge and accept that the anti-doping organizations (ADOs) may use my personal information to communicate with me regarding this TUE request, to validate the professional assessment related to the TUE process, or in connection with an investigation or procedure related to a breach of anti-doping rules. I acknowledge and accept that my personal information may be uploaded into the Anti-Doping Administration and Management System (ADAMS) for these purposes (see the ADAMS [Privacy Policy](#) for more details).

Surname : First name :

Medical speciality :
.....

License number : Issuing organisation :

Address :

City :

Post code :

e-mail :

Tel. :

Mobile :

Signature of the treating physician :

Date (d/m/y) :

7. Declaration of the athlete

I, the undersigned,,....., certify that the information provided in sections 1, 2, 3, and 7 is accurate and complete.

I authorize my physician(s) to provide the following individuals or organizations with information related to my health or medical records that they deem necessary for evaluating my request: the anti-doping organizations (ADOs) responsible for deciding whether to grant, deny, or recognize my TUE; the World Anti-Doping Agency (WADA), which ensures that the decisions made by ADOs comply with the ISTUE provisions; the medical professionals who are members of the relevant ADOs and WADA TUE committees, who may need to review my request under the World Anti-Doping Code and International Standards; as well as other independent medical, scientific, or legal experts, if necessary.

I also authorize the ADO to forward my complete TUE request, including supporting information and medical records, to one or more other ADOs and to WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application file to their TUE committee members and relevant experts for evaluation.

I have read and understood the Privacy Notice related to AUTs (below), which describes how my personal information will be handled in connection with my AUT request, and I agree to its terms.

Athlete signature :.....

Date (d/m/y) :.....

Signature of the parent or legal guardian:.....

Date (d/m/y) :.....

(If the athlete is a minor or has a disability that prevents them from signing this form, a parent or legal guardian must sign on their behalf.)

**Please submit the completed form to: ALIS
2, rue Thomas Edison,
L-1445 Strassen**

or per e-mail: comite.aut@alis.lu

and be sure to keep a copy of the documents for your records.

**If you have questions about the handling of your personal data, please refer to the
« [data protection](#) » section on the ALIS website.**



Privacy Notice Related to TUEs

This Notice describes the process for handling your personal information when you submit a TUE application form.

TYPES OF PERSONAL INFORMATION (PI)

- All information provided by you or your physician(s) in the TUE application form (including your name, date of birth, contact details, sport and discipline, as well as the diagnosis, medications, and treatment related to your application);
- Supporting information and medical records provided by you or your physician(s); and
- Assessments and decisions by ADOs (Anti-Doping Organizations), including WADA (World Anti-Doping Agency), their TUE Committees, and other experts on TUEs regarding your application, including communications with you and your physician(s), the relevant ADOs, or support personnel related to your application.

PURPOSES AND USES

Your PI will be used to process your TUE application and assess its validity under the International Standard for Therapeutic Use Exemptions. In some cases, your PI may also be used for other purposes in accordance with the World Anti-Doping Code (the Code), International Standards, and the anti-doping rules of the ADOs with the authority to test you for doping. This includes:

- Results management, in the event of an abnormal or atypical result based on your sample(s) or biological passport; and
- In rare cases, an investigation or related proceedings regarding an alleged anti-doping rule violation.

TYPES OF RECIPIENTS

- Your PI, including health information and medical records, may be shared with the following:
 - The ADO(s) responsible for deciding to grant, reject, or recognize your TUE, as well as their third-party delegates (if applicable). The decision to grant or deny your TUE application will also be shared with the ADOs with the authority to test you for doping and/or manage the results of such testing;
 - Authorized WADA personnel;
 - Members of the TUE Committees of each relevant ADO and WADA; and
 - Other independent medical, scientific, or legal experts, if necessary.

Please note that due to the confidential nature of information related to TUEs, only a limited number of staff members from the ADO and WADA will have access to your application. ADOs (including WADA) must handle your personal information (PI) in accordance with the International Standard for the Protection of Privacy (ISPP). You can also contact the ADO to which you are submitting your TUE application for more details on how it will handle your PI.

Your PI will also be uploaded into ADAMS by the ADO receiving your application so that other ADOs and WADA can access it, if necessary, for the purposes described above. The ADAMS platform is hosted in Canada and managed by WADA. For more information about ADAMS and how WADA will handle your PI, please refer to the ADAMS Privacy Policy ([ADAMS Privacy Policy](#)).

FAIRNESS AND LAWFULNESS OF PROCESSING

By signing the Athlete Declaration, you confirm that you have read and understood this Privacy Notice related to TUEs. Where applicable, and to the extent permitted by applicable laws, the ADOs and the other mentioned parties may also consider that this signature confirms your explicit consent to the processing of PI as described in this Notice. Furthermore, ADOs and these other parties may rely on other legally recognized grounds to process your PI for the purposes described in this Notice, such as important public interests related to the fight against doping, the necessity to fulfill contractual obligations to you, the necessity to ensure compliance with a legal obligation or mandatory judicial process, or the necessity to satisfy legitimate interests associated with their activities.

YOUR RIGHTS

You have certain rights under the International Standard for the Protection of Privacy (ISPP), including the right to obtain a copy of your PI and to request that it be corrected, blocked, or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to file a complaint with a data protection authority in your country.

Insofar as the processing of your PI is subject to your consent, you may withdraw your consent at any time, including the authorization given to your physician to transmit your medical information, as described in the Athlete Declaration. In such cases, you must inform your ADO and your physician(s) of your decision. If you withdraw your consent or object to the processing of your PI as described in this Notice, your TUE application will likely be rejected, as the ADOs will not be able to assess your application in accordance with the provisions of the Code and International Standards.

In rare cases, it may still be necessary for ADOs to continue processing some of your PI to fulfill their obligations under the Code and International Standards, even if you object to the processing of your data or have withdrawn your consent to this processing (where applicable). This includes processing for the purposes of investigation or in the context of proceedings related to an anti-doping rule violation, as well as processing to establish, exercise, or defend legal claims involving you and/or WADA or an ADO.

PROTECTIVE MEASURES

All information contained in a TUE application form, including supporting medical information and records, as well as any other relevant information for the evaluation of the application, must be handled with the utmost respect for strict medical confidentiality principles. Physicians on a TUE committee and any other consulted experts must be bound by confidentiality agreements.

Under the ISPP, the personnel of the relevant ADO must also sign confidentiality agreements; ADOs are required to implement robust privacy and security measures to protect your personal information. The ISPP mandates that ADOs apply particularly high levels of security to TUE-related information due to the sensitivity of these data. For information on the security measures related to ADAMS, please refer to the question "[How is your information protected in ADAMS?](#)" under the Privacy and Security section [Privacy and Security section](#) on the WADA website, as well as on our website.

RETENTION

Your PI will be retained by ADOs (including WADA) for the retention period described in Annex A of the ISPP. TUE certificates of approval and rejection decision forms will be kept for 10 years.

TUE application forms and additional medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will also be retained for 12 months.

CONTACT INFORMATION

If you have any questions or concerns regarding the processing of your PI, please contact ALIS at the following address: info@alis.lu. To contact WADA, send an email to privacy@wada-ama.org.