



**APP**

## Standard Application Form Therapeutic Use of a Prohibited Substance

The information collected on this form will be used by ASDMAC to consider approval to use a drug or doping method for therapeutic purposes whose use is otherwise prohibited under the anti-doping rules for sport. ASDMAC is authorised under the *Australian Sports Anti-Doping Authority Act 2006 ('the Act')*, and *clause 92(2) of the Australian Sports Anti-Doping Authority Regulations 2006 ('the Regulations')*, to provide such approvals. This information, and the results of the application, may be released to the following parties in the circumstances as described by the Act and Regulations:

- > The Australian Sports Anti-Doping Authority (ASADA);
- > The Australian Sports Commission (ASC);
- > A Sporting Administration Body (as defined by section 4 of the Act);
- > The World Anti-Doping Agency (WADA); and
- > Other National and International Anti-Doping Organisations

for the purposes of the implementation, co-ordination, administration, monitoring and enforcement of anti-doping programs in sport.

**Incomplete applications can not be considered.** Please attach and forward all relevant medical information that will assist the committee in its consideration of this request (note 1 on reverse). For more information, visit the ASDMAC website <http://www.asdmac.gov.au/>.

Application Checklist (please complete before sending application)	
1. Athlete details complete	Complete <input type="checkbox"/>
2. Previous TUE requests complete	Complete <input type="checkbox"/>
3. Medical practitioner details complete	Complete <input type="checkbox"/>
4. Medication details including all medications and treatments tried (generic names and doses)	Complete <input type="checkbox"/>
5. Diagnosis evidence attached <ul style="list-style-type: none"> <li>a. Clinical history</li> <li>b. Examination and Investigations or specialist medical reports</li> <li>c. Copies of original reports or letters (where possible)</li> </ul>	Attached <input type="checkbox"/>

1. Athlete Information (please write clearly using block letters)			
Title Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Surname	Given Name(s)	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (dd/mm/yyyy)		
Address	Suburb	State	Postcode
Email	Phone (h)	Mobile	
Sport	Discipline/position	National Sporting Organisation	
Athlete with a disability (AWD) Yes <input type="checkbox"/> No <input type="checkbox"/>	If an AWD, please indicate disability		
Current level of competition International <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Club <input type="checkbox"/> Other <input type="checkbox"/>			

2. Previous / current TUE requests Yes <input type="checkbox"/> No <input type="checkbox"/> (please attach previous TUEs to this application)			
Date	Anti-Doping Organisation	Substance	Result

3. Notifying medical practitioner (please write clearly using block letters)			
Surname		Given Name(s)	
Specialty and qualifications			
Email		Phone	Mobile
Address		Suburb	State Postcode
Diagnosis (see note 1): .....			
<p><b>Note 1: Evidence confirming the diagnosis must be <u>attached</u> and forwarded with this application. The medical evidence should include clinical history, examination, investigations or specialist medical reports. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.</b></p>			
If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited substance:			
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.....			
Full details of all medications or treatments that have been trialled:			
.....			
.....			

4. Medication details (please write clearly using block letters)				
Prohibited Medication	Prohibited Substances	Dose & Frequency	Route of Administration	Duration
Comments:				

5. Medical practitioner's declaration
<p>I, _____ declare the abovementioned medication/s for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above medical condition.</p> <p>Signature of Medical Practitioner: _____ Date: _____</p>

6. Athlete application, authority and declaration
<p>I _____ declare that the information I have provided on and with this application form is accurate and complete. I am requesting that ASDMAC provide me with an approval to use a substance or method that is prohibited by the rules of my sport. I consent to my personal information being disclosed to, and used by relevant persons, bodies and agencies as appropriate for the consideration of this application and the implementation, co-ordination, administration, monitoring and enforcement of the therapeutic use exemptions under the relevant national and international anti-doping programs of my sport. I understand that these bodies may include the Australian Sports Anti-Doping Authority, Commonwealth Minister for Sport, Sporting Administration Bodies as defined under section 4 of the ASADA Act including, but not limited to, the Australian Sports Commission, the World Anti-Doping Agency, other national and international anti-doping agencies and organisations, and the relevant national and international sporting administration organisations of my sport.</p> <p>Athlete's Signature: _____ Date: _____</p> <p>Parent's / Guardian's signature: _____ Date: _____ (athletes under 18 yrs of age)</p>

ASDMAC (office use)	Application complete:	Yes	No:	Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>
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