

# INTERNATIONAL SKATING UNION

HEADQUARTERS ADDRESS: CHEMIN DE PRIMEROSE 2 CH 1007 LAUSANNE SWITZERLAND  
TELEPHONE (+41) 21 612 66 66 TELEFAX (+41) 21 612 66 77 E-MAIL: info@isu.ch

## Therapeutic Use Exemptions Standard 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**

### 1. Athlete Information

Surname: .....	Given Names: .....
Female <input type="checkbox"/> Male <input type="checkbox"/> ( <i>tick appropriate box</i> )	Date of Birth (d/m/y): .....
Address: .....	
City: .....	Country: ..... Postcode: .....
Tel: .....	Email: .....
Sport: .....	Discipline/Position: .....
ISU Member: .....	

### 2. Medical information

Diagnosis with sufficient medical information (see note 1): ..... ..... ..... .....
If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication: ..... ..... .....

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### 3. Medication details

Prohibited Substance(s): Generic Name	Dose	Route	Frequency
1.			
2.			
3.			

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

<b>Have you submitted any previous TUE application?</b> <input type="checkbox"/> yes <input type="checkbox"/> no
For which substance? .....
To whom? ..... When?.....
Decision:    Approved <input type="checkbox"/> Not approved <input type="checkbox"/>

### 4. Medical practitioner's declaration

I, ..... Certify 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 Practitioner: .....Date: .....

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## 5. Athlete's declaration

I, ..... certify that the information under 1. 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 Anti-Doping Organization (ADO) as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADOs 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.

**Athlete's signature:** ..... **Date:** .....

**Parent's/Guardian's signature:** ..... **Date:** .....

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

## 6. Notes

<i>Note</i>	<u>Diagnosis</u>
<i>1</i>	<i>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 in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.</i>

**Incomplete Applications will be returned and will need to be resubmitted.**

Please submit the completed form to the ISU and keep a copy for your records.

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## **TUEC Decision** *(for office use only)*

Date Received: .....

Application Complete:  yes  no

Office Notes: .....  
.....  
.....  
.....

Names of TUEC Representative(s): .....  
.....  
Signature(s): .....  
.....  
.....  
Date: .....