

THERAPEUTIC USE EXEMPTIONS (TUE) APPLICATION FORM

Please complete all sections in **capital letters** or typing. Athlete to complete sections 1, 2, 3 and 7; Physician to complete sections 4, 5 and 6. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

1. ATHLETE INFORMATION

Last name:	First name(s):
Female <input type="checkbox"/>	Male <input type="checkbox"/>
	Date of Birth: <i>(dd/mm/yyyy)</i>
Address:	
Postcode:	City:
Country:	Telephone: <i>(with international code)</i>
E-mail:	Sport:
Discipline:	Sports Federation: <i>(national or international)</i>

2. PREVIOUS APPLICATIONS

Have you ever submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition?

Yes No

For which substance(s) or method(s)?

To whom? When?

Decision: Approved Not approved

3. RETROACTIVE APPLICATIONS

Is this a retroactive application?

Yes No

If yes, on what date was the treatment started?

Do any of the following exceptions apply? (Article 4.1 of the ISTUE)

- 4.1 (a)** – You required emergency or urgent treatment of a medical condition.
- 4.1 (b)** – There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.
- 4.1 (c)** – You were not permitted or required to apply in advance for a TUE as per **ONAD Communauté française** anti-doping rules.
- 4.1 (d)** – You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.
- 4.1 (e)** – You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition (See S6 to S9 of the [Prohibited List](#); e.g. S9 glucocorticoids).

Please explain (if necessary, attach further documents)

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Other Retroactive Applications (Article 4.3 of the ISTUE)

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 Article 4.3, please include a full reasoning and attach all necessary supporting documentation.

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Physician to complete sections 4, 5 and 6.

4. MEDICAL INFORMATION (please attach relevant medical documentation)

Diagnosis (Please use the latest WHO ICD classification if possible):

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5. MEDICATION DETAILS

Prohibited Substance(s)/Method(s) <u>Generic name(s)</u>	Dosage	Route of administration	Frequency	Duration of treatment
1.				
2.				
3.				
4.				
5.				

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must 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. In addition, a short summary that includes the diagnosis, key elements of the clinical exams, medical tests and the treatment plan would be helpful.

If a permitted medication can be used to treat the medical condition, please provide justification for the therapeutic use exemption for the prohibited medication.

WADA maintains a series of TUE Checklists to assist athletes and physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term "Checklist" on the WADA website (<https://www.wada-ama.org/en>) or on the ONAD Communauté Française website (<https://dopage.be/autorisations/check-lists/>).

6. MEDICAL PRACTITIONER'S DECLARATION

I certify that the information in sections 4, 5 and 6 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 'insert link/reference to ADO's privacy policy' and] the [ADAMS Privacy Policy](#) for more details).

Name:

Medical speciality: License number:

Address:

Postcode: City:

Country:

Telephone: Mobile phone:
(with international code) (with international code)

E-mail:

Signature of Medical practitioner: Date:
(dd/mm/yyyy)

7. ATHLETE'S DECLARATION

I,, certify that the information set out at sections 1, 2, 3 and 7 is accurate and complete.

I authorize my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the Anti-Doping Organization(s) (ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of relevant ADO(s) and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts, and in respect with confidentiality and security measures of the ONAD Communauté française's datas and the principle of proportionality provided for in articles 8, § 4 and 10, of the Decree of 20 October 2011 on the fight against doping and in article 3, of its execution's Decree of 21 October 2015.

I further authorize ONAD Communauté française, in respect with confidentiality and security measures of the ONAD Communauté française's datas and the principle of proportionality provided for in articles 8, § 4 and 10, of the Decree of 20 October 2011 on the fight against doping and in article 3, of its execution's Decree of 21 October 2015, to release my TUE application including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide confidentially my complete application to their TUEC members and relevant experts to assess my application.

I have read and understood the TUE Privacy Notice explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

Athlete's signature:

Date:
(dd/mm/yyyy)

Parent's/Guardian's signature:

Date:
(dd/mm/yyyy)

(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete).

TUE PRIVACY NOTICE

This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.

TYPES OF PERSONAL INFORMATION (PI)

- The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
- Supporting medical information and records provided by you or your physician(s); and
- Assessments and decisions on your TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

PURPOSES & USE

Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the criteria's provided for in article 1, 10° of the Decree of 20 October 2011 on the fight against doping and in the International Standard for Therapeutic Use Exemptions. In some instances, your PI could also be used for other purposes in accordance with the World Anti-Doping Code (the Code), the International Standards, and the anti-doping rules of ADOs with authority to test you.

This includes:

- Results management, in the event of an adverse or atypical finding based on your sample(s) or your biological passport; and
- In rare cases, investigations, or related procedures in the context of a suspect Anti-Doping Rule Violation (ADRV).

TYPES OF RECIPIENTS

Your PI, including your medical or health information and records, may be shared with the following:

- ADO(s) responsible for making a decision to grant, reject, or recognize your TUE, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available to ADOs with testing authority and/or results management authority over you;
- WADA authorized staff;
- Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and
- Other independent medical, scientific or legal experts, if needed.

Note that due to the sensitivity of TUE information, only a limited number of ADO and WADA staff will receive access to your application. ADOs (including WADA) must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult ONAD Communauté française to obtain more details about the processing of your PI.

Your PI will also be uploaded to ADAMS by the ADO who receives your application so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your PI, consult the ADAMS Privacy Policy ([ADAMS Privacy Policy](#)).

FAIR & LAWFUL PROCESSING

When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. This signature also confirms your express consent to the PI processing described in this Notice. In any event, pursuant to article 10, 1st subparagraph of the Decree of 20 October 2011 on the fight against doping and to the Recital 112, of the regulation (eu) 2016/679 of the European Parliament and of the council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), the fight against doping is recognized as serving important reasons of public interest. These constitute, in and of themselves, a legal, legitimate and lawful basis for processing your PI in the manner and for the purposes described in this Notice.

RIGHTS

You have rights under the ISPPPI, including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. You may also contact ONAD Communauté française, should you have any question or any request for precision, clarification, or rectification of your PI. Finally, you can also contact the Data Protection Authority.

PRIVACY AND SECURITY MEASURES AND PRINCIPLE OF PROPORTIONALITY

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request is handled in accordance with the strictest confidentiality, under the responsibility of a health professional. Pursuant to articles 8, § 4, 1st subparagraph, and 10, of the Decree of 20 October 2011 on the fight against doping, the physicians members of the Therapeutic Use Exemption's Committee (TUEC) guarantee both confidentiality and strict respect for the privacy of the athletes when processing TUE requests.

Pursuant to article 8, § 4, second subparagraph, of the Decree of 20 October 2011 abovementioned, if the TUEC requests the health or scientific experts' opinions, the information transmitted to these experts is made anonymous and is processed in the strictest confidentiality, under the responsibility of the members of the TUEC.

Finally, without any prejudice to the two preceding subparagraphs, and pursuant to article 10, subparagraph 5 of the Decree of 20 October 2011 abovementioned, and to article 3 of the execution's Decree of 21 October 2015 implementing the Decree of 20 October 2011 abovementioned, the PIs may only be communicated to the recipients referred to in the "Recipients" section, other than the TUEC physicians, to the extent strictly necessary for the purposes described in this notice.

RETENTION

Pursuant to Appendix 1 of the execution's Decree of 21 October 2015 implementing the Decree of 20 October 2011 abovementioned and to Appendix A of the ISPPPI, TUE certificates or rejection decisions will be retained for 10 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

CONTACT

For questions or concerns about the processing of your PI, contact ONAD Communauté française: info@onadcf.be. To contact WADA, use privacy@wada-ama.org.

Please submit the completed form to:

ONAD Communauté française - Boulevard Léopold II, 44 - 1080 Bruxelles, Belgique

*With **Confidentiel** mentioned on the envelope;*

Or by **e-mail** to aut@onadcf.be (we encourage you to protect your document).

Please keep a copy for your records.