

THERAPEUTIC USE EXEMPTION (TUE) CHECKLIST & APPLICATION

Checklist

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

- Before submitting your application, visit <http://www.worldsquash.org/athletes/anti-doping/anti-doping/tue-applications/> to the TUE information 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 World Squash Federation (WSF) will only accept applications submitted on the WSF 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 that your medical condition was evaluated within the last year, including the date of the appointment;
- A complete summary regarding your diagnosis and plan of management from the treating physician, with copies of any assessments performed by consultants or other professionals;
- The results of all relevant objective examinations, laboratory investigations, and imaging studies;
- Information regarding trials of non-prohibited alternative medications;
- Independent supporting medical opinion in the case of non-demonstrable conditions; and
- Relevant correspondence between physicians regarding the diagnosis and prescription.

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

- Email: wsf@worldsquash.org
- Attn: Anti-Doping Programme Manager, WSF, 25 Russell Street, Hastings, TN34 1QU, United Kingdom.

Please note:

- The WSF 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 WSF.
- The WSF 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.

APPLICATION FORM

Please complete **all** sections in **BLOCK CAPITALS** or typing. Athlete to complete sections 1, 6, 7 and 8; Physician to complete sections 2, 3, 4 and 5. **Incomplete** or **illegible** applications will be returned and will need to be resubmitted in legible and complete form.

1. Athlete Information

Surname: Given Names:

Female: Male: (tick appropriate box) Date of Birth: / /

Address:

City: Country: Postcode:

Date of Birth (dd/mm/yy):

Telephone: E-mail:

International or National Association:

Are you in a Registered Testing Pool? YES: NO:

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, please indicate the impairment:

Have you submitted any previous TUE application(s)? YES: NO:

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

To which organisation?

When was it submitted?

Decision: Approved? YES: NO:

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

Diagnosis – please provide sufficient medical information (see Step 3 of checklist):

If a permitted medication can be used to treat the medical condition, please provide clinical justification for the requested use of a prohibited medication:

3. Medication Details (to be completed by your physician)

Prohibited Substance(s): (Generic Name)	Dose	Route of administration	Frequency	Duration of Treatment
Enter all that apply	e.g. 200mg	e.g. inhalation, oral, 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, and that the above-mentioned treatment is medically appropriate.

Name:

Medical Speciality:

Address:

City:

Country:

Postcode:

Telephone:

E-mail:

Signature of Medical Practitioner:

Date:

5. Diagnosing Physician (if different from treating physician)

Name:

Medical Speciality:

Address:

City:

Country:

Postcode:

Telephone:

E-mail:

6. Retroactive Applications

Is this a retroactive application? YES: NO:

If yes on what date was treatment started:

Please tick box to indicate reason for retroactive application:

Emergency treatment or treatment of an acute medical condition was necessary

Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection

Advance application not required under applicable rules

Other

Please explain:

7. Consent to sharing information

I _____ authorise the WSF to share my medical information associated with my Therapeutic Use Exemption application with the TUE Commission. I understand that the WSF can contact my physician should more information be required or to provide and update on the status of the application.

Athlete's Signature:

Date:

8. Athlete's Declaration

I _____ certify that the information set out under sections 1, 5 and 6 is accurate. I authorise the release of personal medical information related to this application to the World Squash Federation as well as to World Anti-Doping Agency (WADA) authorised staff, to WSF's Therapeutic Use Exemption Commission (TUEC) and to other Anti-Doping Organisations (ADO) TUECs and authorised staff that may have a right to this information under the World Anti-Doping Code ("*Code*") and/or the International Standard for Therapeutic Use Exemptions (ISTUE). These people are subject to a professional or contractual confidentiality obligation.

I consent to my physician(s) releasing to the above persons any health information that they may deem necessary in order to consider and determine my application.

I consent to the use and disclosure of my personal information or personal health information by the WSF or for the purposes described in this application or as otherwise required by this application. I consent to the WSF 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 information and of the decision on this application may be located outside the 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 understand that my information may be stored in ADAMS, which is hosted by WADA on servers based in Canada, and will be retained for the duration as indicated in the WADA International Standard for the Protection of Privacy and Personal Information (ISPPPI).

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 health information; (2) exercise any rights I may have, such as right of access, rectification, restriction, opposition, or deletion; (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and the WSF in writing of the 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 purpose of investigations or proceedings related to a possible anti-doping rule violation, where this is required in the *Code*, *International Standards*, or national anti-doping laws; or to establish, exercise or defend a legal claim involving me, WADA and/or an ADO.

I consent to the decision on this application being made available to all ADO, or other organisations, with Testing authority and/or results management authority over me.

I understand that if I believe my **Personal Information** is not used in conformity with this consent and the ISPPPI, I can file a complaint to WADA (privacy@wada-ama.org), or my national regulator responsible for data protection in my country.

I authorise 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 WSF, WADA, applicable TUECs and my international federation.

Athlete's signature: _____

Date: □□/□□/□□

(If the athlete is a Minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete)

Parent's/Guardian's signature: _____

Date: □□/□□/□□

**Please take a copy of the form for your record and submit the completed application to:
World Squash Federation, 25 Russell Street, Hastings, East Sussex, TN34 1QU, United Kingdom
Confidential e-mail: wsf@worldsquash.org**