

CONFIDENTIAL
Therapeutic Use Exemptions
Standard Application Form



Who must this form be submitted to?	
National Athlete Drug Free Sport NZ	International Athlete International Federation (copy to DFSNZ)

(IN COMPLIANCE WITH WORLD ANTI-DOPING CODE 2009 - INTERNATIONAL STANDARD FOR THERAPEUTIC USE EXEMPTIONS)

I apply for approval from Drug Free Sport NZ for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods

Please complete all sections

1. Athlete Information

Surname:		Given Names:	
Female <input type="checkbox"/>	Male <input type="checkbox"/>	(tick appropriate box) Date of Birth (d/m/yy):	
Address:		Suburb:	
City:		Postcode:Country:.....	
Mobile:		E-mail:	
Tel. (Hm):		Tel. (Wk):	
Sport:		Discipline/Position:	
National Sporting Organisation:			

2. Notifying Medical Practitioner

Name, qualifications and medical speciality (<i>see note 1.</i>):			
.....			
Address:			
.....E-mail address:			
Tel. (Wk):		Tel. (Hm):	
Fax:		Mobile:	
*Diagnosis (<i>see note 2.</i>):			
.....			
Has the national sporting organisation Chief Medical Officer been notified of this request? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of the NSO's Chief Medical Officer (<i>see note 3.</i>):			

Note to Medical Practitioner: This form is necessary for New Zealand athletes to comply with international anti-doping standards. Serious penalties will normally apply if athletes have not submitted this form prior to use of prohibited substances. Retroactive applications will only be considered in cases of emergency treatment or when exceptional circumstances apply. Please contact the Agency (www.drugfreesport.org.nz or 0800-378-437) for additional information or consult the MIMS resources for information on the prohibited list. Your co-operation is appreciated.

Before completing these sections please refer to the notes in Section 6 (over). In particular note that prednisone and other systemic glucocorticosteroid applications require support as detailed in note 2.

3. Medication details (see note 4)

Prohibited substance(s):	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			
Anticipated duration of this medication plan			

<p>Previous / Current TUE request(s): Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes: Date:</p> <p>Anti-Doping Organisation:</p> <p>Result (attach previous TUE(s)):</p>
<p>If appropriate, reasons for not prescribing alternative therapies (see note 5):</p> <p>.....</p> <p>.....</p>

4. Please note additional information and attach sufficient medical information to substantiate the diagnosis and the necessity to use a prohibited substance (Refer to note 2):

.....

.....

.....

5. Medical Practitioner's and Athlete's Declaration

<p>I, certify the above-mentioned substances/s for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. * Before signing this form please ensure that all additional information required has been attached and is then sent with this form to Drug Free Sport NZ.</p> <p>Signature of Medical Practitioner: * Date:</p>
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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 authorise the release of personal medical information to Drug Free Sport NZ, its Therapeutic Use Committee and consultants (as necessary), as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) under the provisions of the Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organisation TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

The information provided on this form will be received and held by Drug Free Sport NZ (DFS NZ) for the purposes of carrying out its duties under the Sports Anti-Doping Act 2006. DFS NZ advises that under the Privacy Act 1993 you, as the provider of this information, have certain rights of access to and correction of personal information held about you by DFS NZ.

Athlete's Signature: **Date:**

Parent's/Guardian's Signature **Date:**

(If the athlete is under 18 years of age 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

Note 1	Names, qualifications and medical speciality <i>For example: Dr AB Cook, MD FRACP Gastro-enterologist</i>
Note 2	Diagnosis <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>
Note 3	NSO Medical Officer <i>Where possible the Chief Medical Officer (CMO) of the sport involved should be Notified of the application to the Anti-Doping Organisation. When appropriate, the application should include a statement by the Medical Officer of the athlete's national sport governing body, attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the athlete.</i>
Note 4	Medication Details <i>Provide details concerning all prohibited substances or methods for which approval is sought. Use generic names (INN) and specify medication dose.</i>
Note 5	<i>If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification for the requested use of the prohibited medication.</i>

Incomplete applications will be returned and will need to be resubmitted.

**Please submit this directly to the Drug Free Sport NZ, P.O. Box 17451, Greenlane, Auckland 1546
Fax: 09 5800381 and keep a copy of the completed form for your records.**