

Application No. :

Date:



Therapeutic Use Exemptions (TUE) APPLICATION FORM

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

1. Athlete Information

Surname: _____ Given Names: _____

Female ☐ Male ☐ Date of Birth (d/m/y): _____

Address: _____

City: _____ Country: _____ Postcode: _____

Mobile (with International code): _____

E-mail: _____

Sport: _____ Discipline/Position: _____

International or National Sport Organization:

If you are an Athlete with an impairment, please indicate the impairment:

2. Medical information (continue on separate sheet if necessary)

Diagnosis: _____

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

Note - Diagnosis

Evidence confirming the diagnosis shall be attached & forwarded with this application. The medical evidence must include a comprehensive medical history & the results of all relevant examinations, laboratory investigations & 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. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

3. Medication details

Prohibited Substance(s):	Generic name	Dose Route of Administration	Frequency	Duration of Treatment

4. Medical practitioner's declaration

I certify that the information at sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.

Name: _____

Medical specialty: _____

Address: _____

Mobile.: _____ E-mail: _____

Signature of Medical Practitioner: _____ Date: _____

5. Retroactive applications

Is this a retroactive application? Yes ☐ No ☐

If yes, on what date was treatment started?

Please indicate reason:

- 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:

6. Previous applications

Have you submitted any previous TUE application(s)? Yes ☐ No ☐

For which substance or method?

To whom? _____ When? _____

Decision: Approved ☐ Not approved ☐

7. Athlete's declaration

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the Iraqi Anti-Doping Committee (IRQ -ADC) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other (IRQ -ADC) TUECs and authorized 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.

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

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 my right of access and correction; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my RADO in writing of that 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 sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

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

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 if I believe that my Personal Information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information, I can file a complaint to WADA or CAS.

Athlete's signature: _____ **Date:** _____

Parent's/Guardian'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)

Please submit the completed form to Iraqi Anti-Doping Committee (IRQ -ADC) by the following means (keeping a copy for your records)

Email: E-mail: sport.medicine@moys.gov.i