

TUE (TUE)

TUEs (formerly Standard TUE) are used for substances that are not pre-approved by an ADO or WADA.

Applying for a TUE

1. Go to the file tree section.
2. Select **TUE** from the **New** drop down list.



3. Complete all required fields (with *): see the Fields descriptions below for more details:

I. Verify your *sport/discipline*

II. Select the *Sporting Organization* from the pick list. Enter the first 3 letters and press on the magnifying glass. This is the organization to which you are submitting the TUE.

Athlete TUE save Submit Application

Mandatory information is indicated with a red asterisk.

STEP 1: INFORMATION ABOUT YOUR SPORT
Specify the sport for which you require a Therapeutic Use Exemption (TUE). Specify the event if it is relevant or required by your sporting organization. Select the Sporting Organization to which you are applying for this TUE. Unless specified otherwise by your sporting organization if you are a national level athlete you apply to your National Antidoping Organization (NADO) and if you are an international-level athlete you apply to your International Federation. You must specify the Registered Testing Pool you belong to.

Sport|Discipline*

Sporting Organization*

III. You may select your level (National and/or International), and indicate if the TUE is applicable for a substance that is prohibited in-competition only, or at all times.

Athlete Level

International

National

TUE is for a Substance that is Prohibited

In-competition only

At all times

IV. You may specify the event under *Next competition and Date* if it is relevant

Next Competition and Date

V. If this TUE application is retroactive, i.e. if the treatment started prior to the application date due to specific circumstances, it is important to indicate it in the Retroactive Application section:

This is a retroactive application

Treatment Start Date*

- 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 application rules
- Other - please specify :

1. Click "This is a retroactive application".

2. Enter the treatment start date.
3. Select at least one of the reasons why the treatment already started, or enter the reason in the Other field.

VI. Information about your *physician*: fill in the Medical Practitioner's Last Name, First Name, Qualification & Medical Specialty, Address, Country, Region, Telephone and email address. Provide at least one telephone number. [Your sporting organization has the option to make certain fields mandatory – first/last name, country, city, telephone work]

STEP 2: INFORMATION ABOUT YOUR PHYSICIAN

Last Name	First Name	Medical Specialty	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			
Country	Region	City	Postal code/Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Work	Telephone Home	Telephone Mobile	Telephone Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

VII. *Medical information:*

- a. Pick a diagnosis in the **Diagnosis** drop-down list (the most common diagnosis are listed.) If your diagnosis is not in the list, pick "Other, please specify", select a **Diagnosis Class**, then enter the diagnosis in the **Diagnosis description** field.
- b. Enter the Medical exams/test performed and any additional information.

STEP 3: MEDICAL INFORMATION

If an appropriate diagnosis is not listed, select "Other, please specify" in the Diagnosis list and describe your condition in the "Diagnosis description" box.

Diagnosis*	Diagnosis Class*
<input type="text" value="Other, please specify"/>	<input type="text"/>
Diagnosis description*	
<input type="text"/>	
Medical Exam / Test Performed	
<input type="text"/>	
Additional Information	
<input type="text"/>	

VIII. Specify the *medication*:

- a. Fill in the Specific name of drug, frequency of administration.
- b. Fill in the relevant Prohibited Substance. Fill in at least 3 characters of the prohibited substance name and search for the relevant substance from a database by clicking on the magnifying glass.
- c. Fill in the dosage and select the unit
- d. Select the route of administration
- e. Enter an expiry date (expiry dates are per medication)
- f. Under Conditions and comments indicate any

STEP 4: SPECIFY THE MEDICATION YOU ARE TO TAKE

If you do not know the generic name of the substance, or it does not appear in the list, please specify it in the "Comments" box. The prescribed dosage (e.g. 375 mg) is required. You may enter more than one substance by clicking the "Add Substance" button, and you may remove a substance by clicking the small "X" that appears in the top right-hand corner of the substance box.

Specific name of drug: Prohibited Substance*: Dosage*: Add Substance

Frequency of Administration: as needed Route of Administration*: Expiry Date: dd-MM-yyyy

[Medical Guidelines](#)

Conditions and Comments:

IX. You may attach any file or scanned document containing your medical information: enter a title and description for the document, click the Browse button and select the file to be attached.

STEP 5: ADD MEDICAL INFORMATION

Attach your scanned documents. If this is truly not possible, you may send your medical file by other means to your sporting organization.

Document Title: Document: No file selected

Document Description:

STEP 6: SUBMIT YOUR APPLICATION

You may submit your application by clicking the "Submit Application" button. If you would like to save it to complete later, simply click "Save". Once submitted, your sporting organization will automatically receive notification that you are applying for a TUE. You can log into ADAMS at any time and see the status of your application by selecting the TUE from your athlete tree on the left side of the screen.

I have read, understand and agree to the term of the [Athlete's Declaration](#) *

X. Fill in any other available information.

4. Review the **Athlete's Declaration** by clicking the link at the bottom of the form, then click the checkbox next to it to indicate that you agree to the terms it contains.

5. Submit your TUE electronically by clicking on the **Submit Application** button. Once submitted, the sporting organization automatically receives a notification of your TUE submission. You may also use the **Save** button to complete your TUE later.

Athlete TUE

Originally created 22-Nov-2011 16:49 GMT , by Adams, Adam
Last updated 22-Nov-2011 16:49 GMT , by Adams, Adam

6. You can use the **Generate Application Form** button to print out a completed hard copy of your application after you have submitted electronically.



[As long as the status is not Approved, Rejected or Cancelled]

7. At any time you can view the status of your application by selecting the TUE from your athlete tree on the left side of the screen. [Edit is only possible as long as the status of your TUE is Not Submitted or Incomplete].

Adams,Adam
New...

Biological results
TUEs(1)
[S] no effective date - Submitted - salbutamol - T-688653

8. When the TUE has had its status changed to Approved, you will be offered the option to generate a **TUE Receipt hard copy**.



TUE No./Numéro de AUT
T-586343
ADO No./Numéro d'ADO

CERTIFICATE OF APPROVAL FOR THERAPEUTIC USE
CERTIFICAT D'AUTORISATION D'USAGE À DES FINS THÉRAPEUTIQUES

Athlete Details/Renseignements sur l'athlète

Surname/Nom de famille	Given Name/Prénom	Gender/Sexe
Athlete	IF	male
Date of Birth/Date de naissance	Sport/Sport	Discipline/Discipline
Competition Name /Nom de la compétition	Sport Registered Testing Pool /Groupe cible	Discipline

Medical Information/Renseignements médicaux
The Athlete has received approval for the use of the prohibited substances(s) listed below under the conditions stipulated in this document. / L'athlète a reçu l'autorisation d'utiliser la (les) substance(s) interdite(s) citée(s) ci-dessous selon la (les) condition(s) stipulée(s) dans ce document.

Diagnosis/Diagnostic: **Allergies by Ingestion**

Effective date/Date d'entrée en vigueur: **24-Jan-2011**

Prohibited Substance/Substance interdite: betaxolol

Dosage/Dosage	Frequency/Fréquence	Route/Voie	Expiration/Expiration
1 cc	as needed	Epioral	28-Jan-2011
Comments		1 / 1	

Attention: the dose, method and frequency of administration as prescribed by your physician have to be followed meticulously. / **Athlète:** les posologies, voies et fréquences d'administration doivent être méticuleusement respectées.

Print file (Ctrl+P)

Clicking the Generate TUE Receipt button will invoke a PDF file within the work area of the system. This can be printed by clicking the PDF Printer icon.



Application form/Formulaire de demande

Therapeutic Use Exemptions
Autorisation d'Usage à des fins Thérapeutiques
TUE/AUT

Please complete all sections in capital letters or typing
Veuillez compléter toutes les sections en majuscules ou en caractères d'imprimerie

1. Athlete Information/Renseignement sur le sportif

Surname/ Athlete Nom:	Given Names/Préno m:	IF
Female/ Femme <input type="checkbox"/>	Male/Homme <input checked="" type="checkbox"/>	Date of Birth/Date de naissance (d/m/y):
Address/ Adresse:		
City/ Ville:	Country/ Pays:	Postcode/ Code Postale:
Tel.:		
Sport: Sport		
Discipline/Position: Discipline		IF - International Federation

Print file (Ctrl+P)