



**Therapeutic Use Exemptions
TUE**

Please complete all section in capital letters or typing

1. Athlete Information

Surname: _____	Given Names: _____
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth (d/m/y) _____
Address: _____	
City: _____	Country: _____ Postcode: _____
Tel: _____ E-mail: _____	
(with international code)	
Sport: _____	Discipline/Position: _____
International or National Sport Organisation: _____	
If athlete with disability, indicate disability: _____	

2. Medical Information

Diagnosis with sufficient medical information (see note 1):
If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication

3. Medication details

Prohibited substance(s): <u>Generic Name</u>	Dose	Route	Frequency
1.			
2.			
3.			

Please submit all TUE applications to:

**Dr Patricia Wallace
FIRS Doping Control
PO Box 285,
PINJARRA,
Western Australia 6208**

Email – medical@rollersports.org
 pwallace@southwest.com.au

Fax **+61 8 95313030**
Phone **+61 418 920 466**
 +61 8 95311845