

CHAIR ANTI-DOPING COMMITTEE:
 Dr Patricia Wallace MBCHB
 PO Box 285, Pinjarra
 Western Australia 6208



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 Fax. +61 8 9513030
 Mob +61 418 920 466
 Internet. <http://www.rollersports.org>
 E-mail. pwallace@southwest.com.au

Application No.:.....

Standard Application Form Therapeutic Use Exemption of a Prohibited Substance

Application Checklist (please complete before sending application)	
1. Athlete details complete	<input type="checkbox"/>
2. Athlete declaration signed	<input type="checkbox"/>
3. TUE details complete	<input type="checkbox"/>
4. Medical practitioner details complete	<input type="checkbox"/>
5. Medication details including all medications and treatments tried (generic names and doses)	<input type="checkbox"/>
6. Evidence confirming diagnosis attached	<input type="checkbox"/>
7. Medical practitioner declaration signed	<input type="checkbox"/>
8. Diagnosis evidence attached	<input type="checkbox"/>
a. Clinical history b. Examination and Investigations or specialist medical reports c. Copies of original reports or letters (where possible)	<input type="checkbox"/>

The information collected on this form will be used by FIRS TUE Panel to consider approval to use a drug or doping method for therapeutic purposes whose use is otherwise prohibited under the anti-doping rules for sport. This information, and the results of the application, may be released to the following parties in the circumstances as described by the World Anti-doping Agency (WADA) Code and the FIRS Anti-doping policy

- > The National Federation of the athlete;
- > The World Anti-Doping Agency (WADA); and
- > Other National and International Anti-Doping Organisations

for the purposes of the implementation, co-ordination, administration, monitoring and enforcement of anti-doping programs in sport.

Incomplete applications can not be considered. Please attach and forward all relevant medical information that will assist the committee in its consideration of this request. For more information, visit the FIRS website <http://www.rollersports.org/> and WADA website www.wada-ama.org.

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1. Athlete Information (please write clearly using block letters)			
Title Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>		Surname	Given Name(s)
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth (dd/mm/yyyy)	
Address			
Town	State	Country	Postcode
Email			
Phone (h)		Mobile	
Sport		Discipline/position	
National Sporting Organisation			
Athlete with a disability (AWD) Yes <input type="checkbox"/>		If an AWD, please indicate disability	
Current level of competition: International <input type="checkbox"/>		National <input type="checkbox"/>	State <input type="checkbox"/>
Club <input type="checkbox"/>		Other <input type="checkbox"/>	
Are you a FIRS Registered Testing Pool Member*: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a member of the Registered Testing Pool of any other International Federation			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes which ones			
NATIONAL Anti-doping Organisation (NADO) Registered Testing Pool Member*: Yes <input type="checkbox"/> No <input type="checkbox"/>			
you are unsure of whether you are a member of your International Federation's or NADO's Registered Testing Pool/s, please contact your National Sporting Organisation to check.			

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2. Athlete application, authority and declaration

I _____ declare that the information I have provided on and with this application form is accurate and complete. I am requesting that FIRS provide me with an approval to use a substance or method that is prohibited by the rules of my sport. I consent to my personal information being recorded on ADAMS, the computerized anti-doping administrative management system operated by World Anti-doping Agency, and disclosed to used by relevant persons, bodies and agencies as appropriate for the consideration of this application and the implementation, co-ordination, administration, monitoring and enforcement of the therapeutic use exemptions under the relevant national and international anti-doping programs of my sport. I understand that these bodies may include the including, but not limited to, the Australian Sports Commission, the World Anti-Doping Agency, other national and international anti-doping agencies and organisations, and the relevant national and international sporting administration organisations of my sport.

Athlete's Signature:

Date:

Parent's / Guardian's signature:

Date:

(athletes under 18 yrs of age)

Application No.:.....

3. TUE Details

Is this application for a retroactive TUE?*

Yes No

*A retroactive TUE is for treatment involving a prohibited substance or method that has already commenced. A retroactive TUE can only be sought when:

- Emergency treatment or treatment of an acute medical condition was necessary;
- “Exceptional circumstances” means that there was insufficient time for FIRS to consider the application

If the retroactive request is for a substance/method detected as a result of doping control, please state:-

date of sample collection: _____ ; substance/method detected: _____

Have you previously had, or do you currently have, any TUEs?

Yes No

If yes, please attach any current or relevant TUEs to this application.

Have you previously had any TUE applications rejected?

Yes No

If yes, please fill out the following information in relation to those applications:

Date	Anti-Doping Organisation/TUE Committee	Substance

4. Notifying medical practitioner (please write clearly using block letters)

Surname

Given Name(s)

Specialty and qualifications

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Address		
Suburb	State	Postcode
Email		
Phone (w)	Mobile	

5. Medication/Treatment details (please write clearly using block letters)				
Medication/Treatment	Prohibited Substances/Method	Dose & Frequency	Route of Administration	Duration
Diagnosis:*				
<p>If a permitted substance or method is available to treat the medical condition, provide clinical justification for the requested use of the prohibited substance or method:</p>				
<p>Full details of all medications or treatments that have been trialled:</p>				

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Additional Comments:

* **Evidence confirming the diagnosis MUST be attached and forwarded with this application.** The medical evidence should include clinical history, examination, investigations or specialist medical reports. 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. Any additional investigations, examinations or imaging studies requested by FIRS will be undertaken at the expense of the applicant or his/her National Sporting Organisation.

6. Medical practitioner's declaration

I, _____ declare the abovementioned medication/s for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications or methods not on the Prohibited List would be unsatisfactory for the treatment of the above medical condition.

Signature of Medical Practitioner:

Date:

Return to

**Dr Patricia Wallace
Chairman FIRS TUE Committee
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TUE issued or approved by FIRS TUEC committee is required for all athletes who are members of the FIRS registered testing pool and all athletes who are competing at a FIRS World Championship and Confederation Championships, and who are using prohibited substances and/or methods, for the management of medical illness, including the beta agonists terbutaline and eformoterol for the management of asthma.

All TUE applications must be submitted at least 30 days before the start of any competition

FIRS will accept by reciprocal arrangement any TUE issued by an approved ADO in accordance with the WADA International standards for TUE.