

Abbreviated Process

Therapeutic Use Exemptions (TUE)

International Tennis Federation (ITF)

Please complete ALL sections in **CAPITAL LETTERS** or **typing**. Approval for use of Prohibited Substances subject to the abbreviated process is effective upon receipt of a COMPLETE notification by the APA. Incomplete notifications will be returned and will need to be resubmitted.

beta-2 Agonists by Inhalation

Glucocorticosteroids by any route other than oral, rectal, intravenous or intramuscular

* Intraarticular, periarticular, peritendinous, epidural, intradermal injections and inhalation

Topical Preparations when used for dermatological (including iontophoresis/phonophoresis), auricular, nasal, ophthalmic, buccal, gingival and perianal disorders are not prohibited and do not require any form of TUE.

I hereby notify the International Tennis Federation (ITF) of the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods that is subject to the Abbreviated Therapeutic Use Exemption application process.

1. Player Information

Family Name(s): _____		First Name(s): _____	
Female <input type="checkbox"/>	Male <input type="checkbox"/>	(tick appropriate box)	
Date of Birth (dd/mm/yy): / /			
Address: _____			
City: _____		State and Country _____	Post Code: _____
Please write ALL telephone and fax numbers including Country code and area code:			
Contact Tel: _____		Mobile telephone: _____	
Email: _____		Fax Number: _____	
Sport: _____		Discipline/Position: _____	
International or National Sporting Organization: _____			
If player with disability, indicate disability: _____			
Reply to be sent to: (Please select <u>one</u> option by ticking the appropriate box)			
<input type="radio"/> Fax: _____		Attention: _____	
<input type="radio"/> Email _____			

2. Notifying Medical Practitioner

Family Name(s): _____		First Name(s): _____	
Qualifications (ex: Dr.AB Cook, MD): _____			
Medical Speciality: _____			
(For example: Gastro-Enterologist): _____			
Address: _____			
City: _____		State & Country _____	Post Code: _____
Please write ALL telephone and fax numbers including Country code and area code:			
Contact Tel: _____		Mobile Telephone: _____	
Email: _____		Fax: _____	
Reply to be sent to: (Please select <u>one</u> option by ticking the appropriate box)			
<input type="radio"/> Fax: _____		Attention: _____	
<input type="radio"/> Email _____			

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3. Medical Information:

Diagnosis: _____

Medical Examination(s)/Test(s) Performed: _____

N.B. Any ATUE may be reviewed at any time by the Tennis Anti-Doping Programme TUEC and/or WADA TUEC

4. Medication Details:

Prohibited Substance(s) <i>Generic Name</i>	Dosage/ Strength	Dose per Intake (no. of pills/puffs...)	Route of Administration	Frequency	Treatment Starts (dd/mm/yy)	Treatment finishes (dd/mm/yy)

Please tick appropriate box: once only emergency treatment/exceptional circumstances *

***In case of Emergency Treatment or Treatment of an Acute Medical Condition or Exceptional Circumstances (for retroactive approval), please indicate all relevant information to explain the emergency or the insufficient time to submit the TUE application.**

Have you submitted any previous TUE application? Yes No

For which substance? (write generic name) _____

To whom was it submitted? _____

When was it submitted? _____

Decision: Approved Not Approved

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5. Medical Practitioner's declaration

I,		certify that the above-mentioned
	<i>First name</i>	<i>Family name</i>
<p>treatment is medically appropriate and that the use of alternative medication not on the Prohibited List would be unsatisfactory for this condition.</p>		
<i>(Please indicate medical condition)</i>		
Medical Practitioner' signature:		Date:

6. Player's declaration

I,		certify that the information in
	<i>First name</i>	<i>Family name</i>
<p>Section 1 is accurate and that I am requesting approval to use the following Substance(s) or Method(s) from the WADA Prohibited List:</p>		
<i>Please indicate the name of the substances (Generic Name)</i>		
<p><i>I authorize the release of personal medical information to the Tennis Anti-Doping Programme as well as to WADA staff, to the WADA TUEC and to other Anti-Doping Organization (ADO) under the provisions of the WADA Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and the ITF and/or the ATP and/or the WTA in writing of that fact.</i></p> <p><i>I am aware that IDTM will be processing and/or evaluating my proposed use of a substance or method prohibited by the current WADA International Standard in connection with this Therapeutic Use Exemption ("TUE") application. I understand that IDTM is not providing medical advice to me in connection with this TUE application. I know that I must get medical advice from a qualified health professional before taking or stopping any medication or course of treatment for a condition that I may have. I also understand that no decision respecting my TUE application is in any way indicative whether I should or should not follow the medical advice which I have received or will receive respecting any condition that I may have. Having read this waiver and knowing these facts, and in consideration of your reviewing and acting upon my TUE, I, for myself and anyone entitled to act on my behalf, do hereby release and discharge the WTA, ATP, ITF and IDTM and all employees, designees, agents or representatives of any of them, including those persons who actually consider and process my TUE, from all claims or liabilities of any kind arising out of or connected in any way with this TUE application, even if such claims or liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver.</i></p>		
Player's signature:		Date:
<p><i>If the player is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the player.</i></p>		
Parent's/Guardian's signature:		Date:

Please submit the COMPLETED form and keep a copy for your records. The form shall be sent to:

International Doping Tests & Management, IDTM

IDTM Drug Information Centre: Telephone: +46 8 555 109 99 Fax: +46 8 555 109 95 Email: tennis@idtm.se