



PRODUCT INFORMATION REQUEST

International Doping Tests & Management (IDTM) will not endorse the use of any product nor will any product be recommended. These decisions will need to be made by the player and his/her medical staff.

Please include as much information as possible in the blanks below. PLEASE PRINT IN DARK INK.

Information to be sent to:

Name: _____

Address: _____

City: _____ Country: _____

Phone: _____ Fax: _____

(Please write international dialling format, e.g. +46 8-555-109-00)

Email: _____

Product Information:

Product Brand Name: _____ Generic Name: _____

Manufacturer: _____ Country of Manufacture: _____

Ingredients: _____

What information are you requesting?

Is this substance on the List of Prohibited Substances?

Other

Please be aware that the WTA Tour, Inc. ("WTA"), the ATP Tour Inc. ("ATP"), the International Tennis Federation ("ITF") and International Doping Tests & Management ("IDTM"), will be processing this request for product information but they are not providing medical advice to any person in connection with this product information. You must get medical advice from a qualified health professional before taking or stopping any medication or course of treatment for a condition that you may have. The information provided in connection to this request is in no way indicative whether the medical advice which you might have received or will receive regarding the intake of any product should or should not be followed.

Having read this waiver and knowing these facts, you for yourself and anyone entitled to act on your 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 information request, from all claims or liabilities of any kind arising out of or connected in any way with this request, 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.

Signature: _____ **Date:** _____

Printed Name: _____

SEND COMPLETED FORM TO: Fax +46 8 555 10 995 E-mail: tennis@idtm.se

For more information call: +46 8 555 10 999 (hotline).

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