**COCOM/GGC NADO**

Rue Belliard 71/1, 1040 Brussels

Tel.: +32 (0)552 01 13

E-mail address: antidoping@ccc.brussels

National AntiDoping Organisation BRUSSELS

Therapeutic Use Exemption (TUE) Application Form

Please complete all sections manually in capital letters or on a computer. Sections 1, 2, 3 and 7 must be completed by the Athlete; sections 4, 5 and 6 must be completed by his or her Physician. Illegible or incomplete applications will be returned and will need to be resubmitted in legible and complete form.

1. **Athlete information**

Last name: First Name(s):

Female: Male: Date of birth:

*(dd/mm/yyyy)*

Address:

City: Country:

Postcode: Telephone:

*(with international code)*

E-mail:

Sport: Discipline:

1. **Previous applications**

**Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition?**

Yes No

For which substance(s) or method(s)?

To whom? When?

Decision: Approved Not approved

1. **Retroactive applications**

**Is this a retroactive application?**

**Yes No**

If yes, on what date was the treatment started?

**Do any of the following exceptions apply (ISTUE Article 4.1[[1]](#footnote-2))?**

**4.1 (a)** - You required emergency or urgent treatment of a medical condition.

**4.1 (b)** - There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.

**4.1 (c)** - You were not permitted or required to apply in advance for a TUE as per **COCOM/GGC NADO** anti-doping rules.

**4.1 (d)** - You are neither an International-Level nor a National-Level Athlete and you are not under the jurisdiction of an International Federation or National Anti-Doping Organization, but you were tested.

**4.1 (e)** - You tested positive after using a substance Out-of-Competition that is only prohibited In-Competition, e.g. S9 glucocorticoids (See [Prohibited list](https://www.wada-ama.org/sites/default/files/resources/files/2021list_en.pdf)).

Please explain (if necessary, attach further documents)

**Other Retroactive Applications (ISTUE Article 4.3):**

In rare and exceptional circumstances, notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.

In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation.

**Sections 4, 5 and 6 must be completed by the Physician.**

1. **Medical Information (please attach all relevant documentation)**

Diagnosis (Please use the latest version of the WHO International Classification of Diseases if possible):

1. **Medication Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prohibited Substance(s)/Method(s)  Generic name(s) | Dosage | Route of administration | Frequency | Duration of treatment |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

*Evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. In addition, a short summary that includes the diagnosis, key elements of the clinical exams, medical tests and the treatment plan would be helpful.*

*If a permitted medication can be used to treat the medical condition, please provide justification for the therapeutic use exemption for the prohibited medication.*

*WADA maintains a series of TUE Checklists to assist athletes and physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term “Checklist” on the* [*WADA website*](https://www.wada-ama.org/en)*.*

1. **Medical Practitioner’s Declaration**

I certify that the information in sections 4 and 5 above is accurate. I acknowledge and agree that my personal information may be used by Anti-Doping Organizations (ADOs) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my personal information will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see the [COCOM/GGC NADO Privacy Policy](https://www.ccc-ggc.brussels/fr/politique-de-confidentialite) and the [ADAMS Privacy Policy](https://adams-help.wada-ama.org/hc/en-us/articles/360012071820-ADAMS-Privacy-Policy) for more details).

Name:

Medical specialty:

License number: Licensing body:

Address:

City: Country:

Postcode:

Telephone: Fax:

*(with international code)*

E-mail:

Signature of Medical Practitioner: Date:

*(dd/mm/yyyy)*

1. **Athlete’s Declaration**

I, , certify that the information set out in sections 1, 2, 3 and 7 is accurate and complete.

I authorize my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following persons or organizations: all staff of the Anti-Doping Organization(s) (ADO) involved in the management, review or appeal of my TUE; the World Anti-Doping Agency (WADA), which is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of relevant ADOs and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.[[2]](#footnote-3).

I authorize the members of the TUEC to communicate their conclusions to all relevant ADOs and National Federations in accordance with the Code.

I further authorize the COCOM/GGC NADO to release my complete TUE application, including supporting medical information and records, to (an)other ADO(s) and to WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

I have read and understood the TUE Privacy Notice (see below) explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

Athlete’s signature: Date:

*(dd/mm/yyyy)*

Parent’s/Guardian’s signature: Date:

*(dd/mm/yyyy)*

(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete).

**TUE Privacy Notice**

This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.

**TYPES OF PERSONAL INFORMATION (PI)**

* All information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
* Supporting medical information and records provided by you or your physician(s); and
* Assessments and decisions on your TUE application by ADOs (including WADA) and their TUECs and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

**PURPOSES & USE**

Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code (Code), the International Standards, and the anti-doping rules of ADOs with authority to test you.

This includes:

* Results management, in the event of an adverse or atypical finding based on your sample(s) or your Biological Passport; and
* In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

**TYPES OF RECIPIENTS**

Your PI, including your medical or health information and records, may be shared with the following persons:

* NADO staff of the COCOM/GGC who are health professionals;
* The TUEC members and secretary;
* Any consulted medical or scientific experts;
* Your Medical Practitioner;
* The decision to grant or deny you a TUE will also be shared with ADOs with the authority to test you for doping and/or to manage the results of such testing;
* Authorized WADA staff.

Note that due to the sensitivity of TUE information, only a limited number of ADO and WADA staff will receive access to your application. ADOs (including WADA) must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI) and the Law of 30 July 2018 on the protection of natural persons with regard to the processing of personal data. You may also consult the COCOM/GGC NADO to obtain more details about the processing of your PI: [antidopage@ccc.brussels](mailto:antidopage@ccc.brussels) or [dataprotection@ccc.brussel](mailto:dataprotection@ccc.brussel).

Your PI will also be uploaded to ADAMS by the ADO which receives your application so that it may be accessed by other ADOs and by WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your PI, consult the [ADAMS Privacy Policy](https://adams-help.wada-ama.org/hc/en-us/articles/360012071820-ADAMS-Privacy-Policy).

**FAIR & LAWFUL PROCESSING**

By signing the Athlete Declaration, you confirm that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing described in this Notice. Alternatively, ADOs and these other parties may rely upon other grounds recognized in law to process your PI for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfill contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfill legitimate interests associated with their activities.

**YOUR RIGHTS**

You have certain rights under the ISPPPI and the Law of 30 July 2018 on the protection of natural persons with regard to the processing of personal data, including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.

Where the processing of your PI is based on your consent, you can revoke your consent at any time, including the authorization to your physician to release medical information as described in the Athlete Declaration. To do so, you must notify your ADO and your physician(s) of your decision. If you withdraw your consent or object to the PI processing described in this Notice, your TUE will likely be rejected as ADOs will be unable to properly assess it in accordance with the Code and International Standards.

In rare cases, it may also be necessary for ADOs to continue to process your PI to fulfill obligations under the Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to an Anti-Doping Rule Violation, as well as processing to establish, exercise or defend against legal claims involving you, WADA and/or an ADO.

**SAFEGUARDS**

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other consulted experts must be subject to confidentiality agreements.

Under the ISPPPI, ADO staff must also sign confidentiality agreements, and ADOs must implement strong privacy and security measures to protect your PI. The ISPPPI requires ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security measures related to ADAMS by consulting the answer to the question [How is your information protected in ADAMS?](https://adams-help.wada-ama.org/hc/en-us/articles/360010175840-How-is-your-information-protected-in-ADAMS-) under the [ADAMS Privacy and Security](https://adams-help.wada-ama.org/hc/en-us/categories/360001964873-ADAMS-Privacy-and-Security) section on our website.

**RETENTION**

Your PI will be retained by ADOs (including WADA) for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for 10 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

**CONTACT**

Consult the COCOM/GGC NADO at antidoping@ccc.brussels or dataprotection@ccc.brussels for questions or concerns about the processing of your PI. To contact WADA, use [privacy@wada-ama.org](mailto:privacy@wada-ama.org).

Please submit the completed form to [antidoping@ccc.brussels](mailto:antidoping@ccc.brussels) mentioning "confidential TUE" in the subject line or send it to Rue Belliard 71/1, 1040 Brussels, mentioning "confidential" on the envelope. (Keep a copy of this document for your records).

1. International Standard for Therapeutic Use Exemptions [↑](#footnote-ref-2)
2. As this regards the processing of health-related data, this processing may only be carried out by health professionals. [↑](#footnote-ref-3)