



## Therapeutic Use Exemptions Application Form

*I apply for approval from the Medical Commission for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.*

**Please complete all sections**

### 1. Competitors Information

Surname: ..... GivenNames: .....

Female ☐ Male ☐ (tick appropriate box)

Address: .....

City: ..... Country: .....

Date of Birth (d/m/y): .....

Tel. Work: ..... Tel. Home: ..... Mobile: .....

E-mail: ..... Fax: .....

National Bridge Organization: .....

If Competitor with disability, indicate disability: .....

### 2. Notifying medical practitioner

Name, qualifications and medical speciality (see note 1): .....

.....

.....

Address: .....

..... E-mail address: .....

Tel. Work: ..... Tel. Home: .....

Mobile: ..... Fax: .....

\*Diagnosis: .....

.....
-------

**Application No.:**

**3. Medication details (see note 4)**

Prohibited Substance (s):	Dose of administration	Route of administration	Frequency of administration
1.			
2.			
3.			
4.			

<b>Anticipated duration of this medication plan</b>	
---	--

Previous / Current TUE request(s):      ☐ yes      ☐ no

If yes:    Date: .....

Anti-Doping Organization:

Result (*attach previous TUE(s)*):

If appropriate, reasons for not prescribing alternative therapies: .....

.....

.....

.....

**4. Please note additional information and attach sufficient medical information to substantiate the diagnosis and the necessity to use a prohibited substance:**

.....  
.....  
.....  
.....

**Application No.:**

**5. Medical practitioner's and competitors**

I, ..... certify the above-mentioned substance/s  
for the above-named competitor has been/are to be administered as the correct treatment for the  
above-named medical condition.

**Signature of Medical Practitioner:** ..... **Date:** .....

I, ..... certify that the information under 1. is  
accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List.  
I Authorize the release of personal medical information to the Anti-Doping Organization as well as to WADA  
staff and to the WADA TUEC (Therapeutic Use Exemption Committee) under the provisions of the Code.  
I understand that if I ever wish to revoke the right of the Anti-Doping Organization TUEC or WADA TUEC to  
obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

**Competitor's signature:** ..... **Date:** .....

**Application No.:**

**6. TUEC Decision (*for office use only*)**

**Date Received:**

**Application Complete:**      ☐ **yes**      ☐ **no**

**Office Notes:** .....

.....

.....

.....

**Name of TUEC Representative(s):** .....

**Signature(s):** .....

.....

**Date:** .....

**Please send this form, duly completed to:**

**To,**

**Arijit Guha  
P 249, Purna Das Road  
Kolkata-700 029  
Ph : 033-2464-2958/68  
Mobile : 09831043331**

**For International Participation  
Anna Gudge  
Secretary, WBF Anti Doping Commission**

**The Old Railway Station  
Long Melford  
Sudbury, Suffolk CO10 9HN  
Email: [anna@ecats.co.uk](mailto:anna@ecats.co.uk)**

**To arrive no later than 21 days before the start of the competition being entered**