



THERAPEUTIC USE EXEMPTION STANDARD

I apply for approval from UCI for the therapeutic use of a prohibited substance (on the List of Prohibited Substances and Prohibited Methods).

Please complete all sections in print characters in English or French

Send to: UCI, Anti-Doping Commission, 1860 AIGLE - Switzerland
or fax to : + 41.24.468.59.48 or e-mail to : medical@uci.ch

1. Athlete information

Surname: _____	Given Names: _____
Address: _____	Postcode: _____
City: _____	Country: _____
Date of birth (d/m/y) _____	Female <input type="checkbox"/> Male <input type="checkbox"/>
Telephone: _____	Mobile phone: _____
Fax: _____	E-mail: _____
Discipline: _____	Team: _____
National Federation: _____	National Antidoping Agency: _____

2. Medical information

Diagnosis with sufficient medical information (see note 1):

If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication: _____

CONFIDENTIAL

5. Athlete's declaration

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

Athlete's signature: _____ Date: _____

Parent's / Guardian's signature: _____ Date: _____

(If the athlete is a minor, a parent or guardian shall sign together with or on behalf of the athlete)

6. Note

Note 1

Diagnosis: Evidence confirming the diagnosis must be attached to this application. The medical evidence should 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. 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.

Incomplete Applications will be returned and need to be resubmitted.

Please submit the completed form to the UCI and keep a copy for your records.