

Therapeutic Use Exemption (TUE)

Application Form

Please complete all sections in capital letters or type. Incomplete applications will be returned.

I apply for approval from the International Council's **Therapeutic Use Exemption** Committee (the ITCF's TUEC) for the **therapeutic use** of a Prohibited Substance or Method on the current NADA Prohibited List,

1. PLAYER INFORMATION

Family Name(s):	First Name(s):	
Address:		
City:	Country:	Postcode:
National Cricket Federation:		
I am a member of the ITCF's International Registered Testing Pool (IRTP): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth (dd/mm/yy):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Contact Tel: +	Mobile: +	
Fax: +	E-mail:	
Reply to be sent to: <input type="checkbox"/> Cricketer or <input type="checkbox"/> Cricketer's representative		
Via (please select <u>one</u> option): <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		
<u>Cricketer's Representative Details (where applicable)</u>		
Family Name(s):	First Name(s):	
Fax:	E-mail:	
Relationship to the Cricketer:		

2. NOTIFYING MEDICAL PRACTITIONER

Family Name(s):	First Name(s):	
Qualifications:		
Medical Specialty:		
Address:		
City:	Country:	Postcode:
Contact Tel (work) : +	Mobile: +	
Fax: +	E-mail:	

3. DIAGNOSIS INFORMATION

Diagnosis:

Medical Examination(s)/Test(s) performed (**see note 1**):

I have notified my National Cricket Federation's Chief Medical Officer or Team Doctor of this request.

Yes No

If Yes, please provide the name of your National Cricket Federation's Chief Medical Officer or Team Doctor:

4. MEDICATION DETAILS

Specific name of all medication(s) to which this TUE application relates	Prohibited Substance(s)/Method(s) Generic Name(s)	Dosage / strength (eg mg, ml)	Dose per intake or administration (no. of pills/puffs)	Route of administration (eg inhaled)	Frequency / duration (eg twice per day)

Treatment Starts (dd/mm/yy) : _____ Treatment finishes (dd/mm/yy): _____

If a permitted medication can be used to treat the specified medical condition, please provide clinical justification for the intended use of the requested prohibited substance(s)/medication(s) instead of the permitted medication.

In the case of emergency treatment or the treatment of an acute medical condition, or, where, due to exceptional circumstances, there was insufficient time or opportunity to submit an application prior to the treatment, please indicate all relevant information to explain the emergency and/or why the TUE

an application was not submitted prior to treatment:

5. PREVIOUS REQUESTS

Have you made a previous TUE an application for the same (or similar) medication_in the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, to which Anti Doping Organisation was the an application submitted?	
If Yes, when was the application submitted? (dd/mm/yy)	
If Yes, what was the result of the application?	<input type="checkbox"/> Approved (please provide a copy of the TUE Certificate) <input type="checkbox"/> Not Approved
Has any TUE application that you have previously made (for any medication) ever been declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. MEDICAL PRACTITIONER'S DECLARATION

I, _____ certify that the above-mentioned diagnosis and treatment is medically appropriate and that the use of alternative medication containing substances not on the current NADA Prohibited List would be unsatisfactory for this player in this medical condition. Signature of Medical Practitioner: _____ Date (dd/mm/yy): _____

7. PLAYER'S DECLARATION

I, _____ certify that the information contained in sections 1 and 5 herein is accurate and that I am requesting approval for a Therapeutic Use Exemption (TUE) in connection with a Substance or Method from the Prohibited List.

I authorize the release of personal medical information to the ITCF, any ITCF contracted doping authority, World Anti-Doping Agency (NADA), and to all other anti-doping authorities (including any applicable NADO or RADO) under the provisions of the NADA Code. I understand that if I wish to revoke the right of these organizations to obtain my health information, sent either by me or on my behalf, I must notify my medical practitioner and the ITCF's Anti-Doping Manager in writing.

I understand and agree that I should get medical advice from a qualified health professional before taking or stopping any medication or course of treatment in relation to this TUE application. I also understand that the ITCF is not providing medical advice to me in connection with this TUE application and that no decision in this respect is in any way indicative of whether I should or should not follow the medical advice which I have received or will receive with respect to any condition that I may have.

I am aware that a TUE application requires the processing (for example transmission, disclosure, use and storage) of all data pertaining to such application through the Anti-Doping Administration and Management System (ADAMS) to ensure harmonized, coordinated and effective anti-doping programs for detection, deterrence and prevention of doping. Signing this form indicates that I have been informed and that I give my express consent to such processing of data.

I understand and agree that: (a) my application for a TUE will only be considered following the submission (whether through ADAMS or otherwise) of the present completed application form, as well as all relevant documents related to the application; (b) my TUE related data will be made accessible through ADAMS to authorized anti-doping authorities, and (c) if a TUE is granted, such TUE and the related information will be stored electronically in ADAMS for a minimum period of 8 years, being the period within which an action can be commenced following an anti-doping violation under the the NADA Code.

The ITCF and the ITCF's Therapeutic Use Committee, NADA, all other anti-doping authorities will not disclose any of my TUE related information beyond those persons within those organizations with a need to be aware of such information for the purposes of doping control under the ITCF's Anti-Doping Code and/or the NADA Code.

Having read this waiver and knowing these facts, and in consideration of your reviewing and acting upon my TUE, I and anyone entitled to act on my behalf, hereby release and discharge the ITCF, NADA and all other anti-doping authorities (including any applicable

NADO or RADO) and all employees, designees, agents or representatives of those organisations, 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 hereby release the ITCF from all claims, demands, liabilities, damages, costs and expense that I may have arising in connection with the processing of my TUE-related data (whether through ADAMS or otherwise).

Player's signature: _____ Date (dd/mm/yy):

If the player is under 18 years of age, a parent or guardian must also sign this application form in addition to the Cricketer:

Parent/Guardian signature: _____ Date (dd/mm/yy):

Relationship to the Cricketer: _____

Note :- Diagnosis must include sufficient medical information

Evidence confirming the diagnosis must be attached and forwarded with this application. In those cases where the evidence is not in English, a summary in English should be enclosed. The medical evidence should include a comprehensive, relevant medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included where possible. Evidence should be as objective as possible in the clinical circumstances and, in the case of non-demonstrable conditions, independent supporting medical opinion is requested in support of this application.

The minimal requirements for the medical file to be used for the TUE process in the case of asthma has to include the following to reflect current best medical practice:

1. A complete medical history of the relevant medical condition

2. A comprehensive report of the clinical examination with specific focus on the respiratory system
3. A report of spirometry which must at least include the measure of the Forced Expiratory Volume in 1 second (FEV1) or (where spirometry reports are not readily available in the relevant country or region) any report of any other medical test(s) recognised within the field of respiratory medicine as confirming diagnosis of asthma
4. If airways obstruction is present, the spirometry (or other test(s) confirming the diagnosis of asthma) will be repeated after inhalation of short acting Beta-2 Agonist to demonstrate the reversibility of bronchoconstriction
5. In the absence of reversible airways obstruction, a bronchial provocation test is required to establish the presence of airway hyper-responsiveness
6. Peak flow measurements will not be sufficient
7. Exact name, speciality, address (including telephone, e-mail, fax) of examining physician.

More details can be found in the document entitled 'Medical Information to Support the Decisions of TUECs – Asthma', which is published by NADA.

Note 2 Retrospective grant of a TUE

In accordance with Article 4.4.5.3 of the ITCF Code, the cricketer should submit an application for a TUE no less than twenty one (21) days before he/she needs the approval (for instance before his/her participation in an International Match). TUE applications submitted within 21 days of which approval is required will be processed as soon as possible.

In any event, all TUE applications should be submitted prior to the use of medication containing prohibited substances or the use of prohibited methods except in the following limited cases, where a retroactive TUE approval may be granted retrospectively:

emergency treatment or treatment of an acute medical condition was necessary, or

1. due to exceptional circumstances, there was insufficient time or opportunity to submit, or for the ITCF's TUE Committee to consider, an application prior to the cricketer being selected for testing, or
2. when using inhaled Beta-2 Agonists, provided that: (a) the cricketer is not in the International Registered Testing Pool; and (b) that the application is submitted together with the minimal requirements for the medical file as described in Note 1 above.

NOTE: Medical emergencies or acute medical situations requiring administration of an otherwise Prohibited Substance or Prohibited Method before an application for a TUE can be made, are uncommon.

NOTE: All cricketers in the International Registered Testing Pool **must** have an approved TUE certificate for inhaled Beta-2 Agonists in advance of his/her participation in an International Match.