IRONMAN Anti-Doping Program

Therapeutic Use Exemption (TUE) Application

Please contact the IRONMAN Anti-Doping Program BEFORE completing this TUE Application to ensure that this is the correct form. In most cases athletes should contact their National Anti-Doping Agency (NADO) or Regional Anti-Doping Agency (RADO) to determine if a TUE is necessary in accordance with the applicable anti-doping policies.

Please review the IRONMAN TUE Information available at: https://www.ironman.com/triathlon/organizations/anti-doping/substances/faq-s-therapeutic-use-exemptions.aspx#axzz64PB8Aw3G

To avoid unnecessary duplication of efforts, please consult BEFORE you complete this form.

1. Athlete Information (check all that apply):

☐ I currently hold an IRONMAN Professional Membership

☐ I am included in the IRONMAN Registered Testing Pool

☐ I am competing at the IRONMAN and/or IRONMAN 70.3 World Championship

☐ I have contacted my National Anti-Doping Agency or Regional Anti-Doping Agency and the IRONMAN Anti-Doping Agency to confirm that my TUE Application should be submitted to the IRONMAN Anti-Doping Agency and not to another Anti-Doping Agency with jurisdiction.

☐ I understand that in accordance with the IRONMAN Anti-Doping Rules I am also required to meet the TUE requirements of my National Anti-Doping Agency (NADO) or Regional Anti-Doping Agency (RADO).

1. Athlete contact details and information:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Click or tap here to enter text.</th>
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<tbody>
<tr>
<td>First Name</td>
<td>Click or tap here to enter text.</td>
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<tr>
<td>Gender</td>
<td>Click or tap here to enter text.</td>
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<tr>
<td>Date of Birth</td>
<td>Click or tap here to enter text.</td>
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<tr>
<td>Address</td>
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<tr>
<td>City/Postal Code</td>
<td>Click or tap here to enter text.</td>
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<tr>
<td>Country</td>
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<tr>
<td>Telephone</td>
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<tr>
<td>National Federation</td>
<td>Click or tap here to enter text.</td>
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<tr>
<td>Email</td>
<td>Click or tap here to enter text.</td>
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(By entering an email address, you agree to receive communication about this TUE by email.)

| Next IRONMAN Competition Date(s) | Click or tap here to enter text. |

2. Previous TUEs (if applicable):

Have you submitted any previous TUE application(s)? ☐ Yes / ☐ No

If yes, for which substance or method? Click or tap here to enter text.

If yes, to which Anti-Doping Organization? Click or tap here to enter text.

Was your previous TUE Decision: ☐ Denied or ☐ Approved
3. Retroactive Applications

Is this a retroactive application for a treatment or therapy already started? ☐ Yes / ☐ No

If yes, please indicate the start date of the treatment: Click or tap here to enter text.

If yes, please specify:

☐ Emergency treatment or treatment of an acute medical condition was necessary

☐ Due to exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection

☐ Advance application was not required under the applicable rules

☐ Other, please specify: Click or tap here to enter text.

4. Athlete Declaration

I, [Click or tap here to enter text.], certify that the information is accurate and that I am requesting approval to use a Substance or Method from the World Anti-Doping Agency (WADA) Prohibited List. I authorize the release of personal medical information to the IRONMAN Anti-Doping Program including its Therapeutic Use Exemption Committee (TUEC) as well as to WADA staff, the WADA TUEC, other Anti-Doping Organization (ADO) TUECs, and the appropriate International Federations and their TUEC under the provisions of the WADA Code and/or the International Standard for Therapeutic Use Exemptions.

I understand that if I ever wish to revoke the right of the ADO TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact. I consent to my physician(s) releasing to the above entities any health information that they deem necessary in order to consider and determine my application. I understand that I have the right to receive a copy of my TUE application and accompanying documents if I make a request in writing to the IRONMAN Anti-Doping Program.

By completing and submitting this form I consent to the use for legitimate anti-doping purposes of the information provided in this form and in all past or future filings or documents submitted to the IRONMAN Anti-Doping Program (including all whereabouts filings, updates, doping control forms, TUE filings and other filings) by the IRONMAN Anti-Doping Program and other anti-doping organizations. I understand that using any prohibited substance is at my own risk of committing a doping violation until my request has been approved and I receive approval in writing from my National Anti-Doping Organization or Regional Anti-Doping Organization (if applicable).

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries, data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my Personal Information is not used in conformity with this consent and the International Standard for the Protections of Privacy and Personal Information, I can file a complaint to WADA or CAS.

Athlete Signature: [_____________________________________] Date: ________________

Parent/Guardian Signature: [_____________________________________] Date: ________________
(If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete.)

5. **Medical Information and Diagnosis (to be filled out legibly by a licensed physician)**

Medical Diagnosis:

Click or tap here to enter text.

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

Click or tap here to enter text.

6. **Supporting Documentation – Important for Physicians**

The number-one reason why TUE applications are denied is a lack of supporting documentation. Keep in mind, the Therapeutic Use Exemption Committee (TUEC) must have enough medical documentation to come to the same diagnosis and treatment plan WITHOUT EVER SEEING THE PATIENT. If this documentation is not provided, the TUE will be returned to the athlete without review by the TUEC.

WADA maintains a series of checklists and guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed on the WADA website: wada-ama.org. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes and requiring treatment with prohibited substances.

Please check the supporting documentation that you are including with the application:

- [ ] Comprehensive medical history
- [ ] Copies of all relevant examinations and clinical notes (for example, if you reference a clinic visit in a letter or summary, you must include a copy of the clinical notes taken during the visit).
- [ ] Copies of laboratory results/reports, and imaging studies (a paragraph summarizing lab results is not sufficient. If laboratory results form a part of your diagnosis, it is not enough to just say so. You must submit a copy of the lab results).
- [ ] A statement of why the Prohibited Substance is needed, and why permitted alternatives are not effective. Note, many TUEs are returned or denied because there is no documentation that any other treatment has been tried. If there are permitted alternatives available, you must document a failed trial of those alternatives. If you don’t know which alternative medications are permitted, you can search the WADA Prohibited List or GlobalDRO.com.
- [ ] Independent supporting medical opinion, when available or appropriate

7. **Medication Details (to be completed by Physician):**

<table>
<thead>
<tr>
<th>Prohibited Substance(s): Generic or Brand Name</th>
<th>Dose</th>
<th>Route of Administration</th>
<th>Frequency</th>
<th>Expiry Date</th>
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2. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.  
3. Click or tap here to enter text.  

**Intended duration of treatment:**  
☐ Emergency  
☐ One-Time Use Only  
☐ Short Term – to treat an acute condition (days): Click or tap here to enter text.  
☐ Long Term – to treat a chronic condition (weeks/months/years): Click or tap here to enter text.

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8. **Medical Practitioner’s and athlete’s declaration**

I certify that the above-mentioned treatment above is clinical best practice and the use of permitted alternative medications not on the WADA Prohibited List are unsatisfactory for this condition.

| Full Name (with qualification): | Click or tap here to enter text. | Medical Specialty | Click or tap here to enter text. | Address | Click or tap here to enter text. | City/Postal Code | Click or tap here to enter text. | Country | Click or tap here to enter text. | Telephone | Click or tap here to enter text. | Fax (optional) | Click or tap here to enter text. | Email | Click or tap here to enter text.
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Signature of Medical Practitioner: _______________________________  
Date: ______________

Completion of this TUE Application does not guarantee a TUE will be granted. In the absence of a signed Certificate of Approval for Therapeutic Use granted by IRONMAN or the Anti-Doping Organization with jurisdiction over them, athletes do not have permission to use a Prohibited Substance and/or Method.

Please submit your application to the IRONMAN Anti-Doping Program and keep a copy for your records.

By Fax: +1 608-338 0008

By Email: tue@ironman.com