



DOPING CONTROL AGENCY OF THAILAND [DCAT] Therapeutic Use Exemption (TUE) Application Form

Please complete all sections in capital letters or typing. Athlete to complete sections 1, 2, 3 and 7; Physician to complete sections 4, 5 and 6. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

1. Athlete Information

Last Name: _____.	First Name(s): _____.
Female: <input type="checkbox"/> Male: <input type="checkbox"/>	Date of Birth: _____. <i>(dd/mm/yyyy)</i>
Address: _____.	
City: _____.	Country: _____.
Postcode: _____.	Telephone: _____. <i>(with International code)</i>
E-mail: _____.	
Sport: _____.	Discipline: _____.

2. 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

3. 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? (Article 4.1 of the ISTUE):

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 **DCAT** anti-doping rules.

4.1 (d)-You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.

4.1 (e)- You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., S9 glucocorticoids (See [Prohibited List](#))

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.

Physician to complete sections 4, 5 and 6.

4. Medical Information (please attach relevant medical documentation)

Diagnosis (Please use the WHO ICD 11 classification if possible):

5. MedicationDetails

Prohibited Substance(s)/Method(s) <u>Generic name(s)</u>	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>.

6. 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 Organization(s) (ADO) 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 _____and] the [ADAMS Privacy Policy](#) for more details).

Name: _____.

Medical specialty: _____.

License number: _____.

License body: _____.

Address: _____.

City: _____.

Country: _____.

Postcode: _____.

Telephone: _____.

Fax: _____.

(with International code)

E-mail: _____.

Signature of Medical Practitioner: _____.

Date: _____.

7. Athlete's Declaration

I, _____, certify that the information set out at 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 recipients: the Anti-Doping Organization(s) (ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of relevant ADO(s) 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.

I further authorize _____ to release my complete TUE application, including supporting medical information and records, to other ADO(s) and 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 (below) explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

Athlete's signature: _____.

Date: _____.

Parent's/Guardian's signature: _____.

Date: _____.

(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)