Therapeutic Use Exemptions

Beta-2 Agonists TUE Application Form

Please complete all sections <u>in capital letters or typing</u>. <u>Illegible or incomplete</u> forms will be returned immediately.



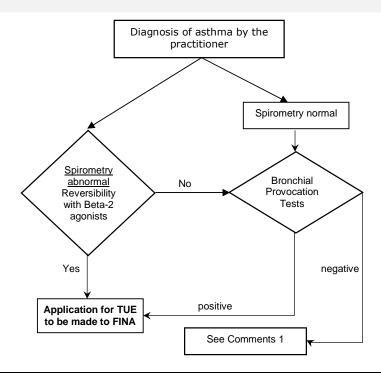
TUE applications for the use of inhaled beta-2 agonists require a medical file to confirm the diagnosis of asthma and/or its clinical variants. The medical file should include:

- An appropriate medical history and physical examination
- The results of Bronchodilator or Bronchoprovocation tests

1. Athlete Information

Last Name:	First Name:	
	Date of Birth (dd/mm/yy):	
	Country:	
(with international code)	E-mail:	
Sport:	Discipline:	
International Sport Organizat	on: FINA	

2. Flow Chart



Comments 1:

In the case of an athlete with known, but well-controlled, asthma recording a negative result to any bronchial provocation test(s), but still seeking approval for the use of inhaled beta2 agonist(s), the following documentation must be included in the medical file: copies of physician consultation notes regarding treatment of asthma, documentation of any hospital emergency department attendance or admission for acute exacerbations of asthma or treatment with oral corticosteroids. Additional information that may assist any review includes: the age of onset of asthma; a detailed description of the athlete's asthma symptoms (day and night); identification of trigger factors; medication use; any history of atopic disorders and/or childhood asthma; results of physical examination(s), the results of any skin-prick test(s) or RAST to document the presence of allergic hypersensitivity.

3. Medical History				
Diagnosis				
If a permitted medication can be used to treat the prohibited medication	t the medical condition, pro	ovide clinical ju	stification fo	or the requested use of
Symptoms				
Triggers				
Hospital Admissions				
Childhood history of atopy/asthma				
4 Madiantian details				
4. Medication details				
Prohibited Substance (s): Generic Name	Dose	Route		Frequency
Destruction of the Ohypersonting to the	I decide alore worth O	V-0 D	N. D	
Declaration of Use: Glucocorticosteroids	used by innaled route ?	Yes □	No □	
Intended duration of treatment:	once only 🗖	eme	rgency 🖵	
(Please tick appropriate box)	·			
	or duration (week/mon	<u>ıth):</u>	<u></u>	
5. Medical practitioner's declaration				
I certify that the above-mentioned trea medication not on the prohibited list would			d that the	e use of alternative
·	·			
Name:				
Modical engainty:				
Medical specialty:				
Address:				
Address:				
Address:	Fax.:			
Address:	Fax.:		<u>Date:</u>	

6. Clinical Examina	tion					
(a) Clinical examinati	ion findings wi	ith specifi	c focus on t	he respiratory syste	m:	
(b) Baseline spiromet	ry & Bronchoo	dilator cha	llenge:			
A bronchodilator test is for FEV1 and exceeds						
Date of test:	_					
Make & Model of spiror	meter:					
Bronchodilator given:		☐ Formo	oterol	□ Salmeterol		
		☐ Salbut	tamol	Other, please spe	cify:	
		☐ Terbu	taline			
Dose (µg)	=					
Type of inhaler:	_					
Spirometry (BTPS)	Baseline befo		% predicted	Highest value post broncho	% predicted	% of variation from baseline 1
FEV1 (L)						
FVC (L)						
FEV1 / FVC %						
FEF 25-75 (L/sec)						
(<u>Highest value post browning</u> Baseline before chall		e before cha	llenge) x 100			
Date:	Physician/Tor	abnician N	amo:			
	-					
Contact details:						
Comments (optional):						
7. Bronchoprovoca	tion challeng	e				

The list of bronchoprovocation tests can be found in the Annex. This template provides a guide for completing the tests; the particular procedures of the testing are up to the clinician/scientist/technician involved. Please respect the criteria outlined in WADA's "Medical Information to support the decisions of TUECs – ASTHMA".

→ Please note that only 1 positive test is required. If the test is negative another test may be attempted. Please include the flow/volume loops and the print out from the spirometry unit with the data. → Peak Expiratory Flow Rate (PEFR) is not acceptable.

9. Athlete's Declaration
8. Athlete's Declaration
I,
I AM AWARE THAT AN APPLICATION FOR A TUE REQUIRES THE PROCESSING (FOR EXAMPLE TRANSMISSION, DISCLOSURE, USE AND STORAGE) OF ALL DATA PERTAINING TO SUCH APPLICATION THROUGH THE ANTIDOPING ADMINISTRATION AND MANAGEMENT SYSTEM (ADAMS) TO ENSURE HARMONIZED, COORDINATED AND EFFECTIVE ANTI-DOPING PROGRAMS FOR DETECTION, DETERRENCE AND PREVENTION OF DOPING. SIGNING THIS FORM WILL INDICATE THAT I HAVE BEEN SO INFORMED AND THAT I GIVE MY EXPRESS CONSENT TO SUCH PROCESSING OF DATA.
If I decide to use ADAMS, I understand and agree that my application for a TUE will only be considered following the submission in ADAMS, by myself or by FINA, of the present completed application form, as well as all relevant documents related to the application.
I understand and agree that my TUE related data will be made accessible through ADAMS to the authorized ADO, to WADA and to the Therapeutic Use Exemption Committee.
I understand and agree that if a TUE is granted, such TUE and the related information will be stored electronically in ADAMS for a minimum period of 8 years, the period of 8 years being the period within which an action can be commenced following a violation of an anti-doping rule contained in the Code.
WADA, Anti-Doping Organizations and Therapeutic Use Exemption Committees will not disclose any of my TUE related information beyond those persons within their organization with a need to know according to the Code.
RELEASE
I hereby release WADA as well as ADOs and TUE Committees from all claims, demands, liabilities, damages, costs and expenses that I may have arising in connection with the processing of my TUE related data through ADAMS.
WITHDRAWAL OF CONSENT
If I have decided to use ADAMS, I understand that I may at any time revoke my consent for the processing of my TUE related data through ADAMS. I also understand that as a consequence of such withdrawal of consent, I will not receive approval for a TUE or a renewal of an existing TUE.
Athlete's signature: Date:

(if the athlete is a minor or has a disability preventing him/her from signing this form, a parent or guardian shall sign together with, or on behalf of, the athlete)

Date:

Incomplete or Illegible Applications will be returned and will need to be resubmitted. Please submit the completed form to FINA and keep a copy for your records.

Parent's/Guardian's signature: