



Therapeutic use exemption application form (Please complete all sections)

1. Athlete Information

Surname:

Given Names:

Female Male

(to select, right click, select properties, select default value checked)

Date of Birth (day/month/year)

Address:

City:

Country:

Postcode:

Telephone (including international code):

E-mail:

Type of game:

Women's field Men's field Indoor

National Lacrosse Governing Body:

If athlete with disability, indicate disability:

.....

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

3. Medication details

Prohibited substance(s):

Generic name	Dose	Route	Frequency
1			
2			
3			
4			

Intended duration of treatment: *(Please tick appropriate box)*

once only emergency

or duration (week/month):

Have you submitted any previous TUE application/s: Yes No

For which substance?

To whom?

When?

Decision: Approved Not approved

4. Medical practitioner's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name:

Medical specialty:

Address:

Tel.:

Fax:

E-mail:

Signature of Medical Practitioner:

Date:

5. Athlete's declaration

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

Athlete's signature: Date:

Parent's/Guardian's 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).

6. Note:

Note 1 Diagnosis

Evidence confirming the diagnosis must be attached and forwarded with 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 will need to be resubmitted.

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