



QADC's Therapeutic Use Exemptions (TUE) Process

1. Download and print out TWO packets

You will need to download the TUE application, from the QADC/Qatar Olympic Committee Website (<http://xn--igbhee6kbhvw.xn--wgb16a/en/AboutQOC/Pages/adlq.aspx>) and the packet of information that is specific to your condition or medication.

2. Bring all the forms with you to your physician

Your physician needs to fill out the sections on the diagnosis, supporting medical documentation, and the medication details along with their own contact details and specialty. Make sure you and your physician read the section on "supporting documentation" carefully. Many physicians underestimate the importance of including enough supporting documentation, and this usually results in a TUE denial or return.

3. Submit the completed application to QADC

ALL TUES for National Qatari athletes should be submitted to QADC (International athletes should submitted their TUES to their International Federations). You may submit your application by email, fax, or mail as detailed below. You should receive a confirmation of receipt within 3 business days. If you do not receive confirmation of receipt within three days, please notify the QADC immediately.

Qatar Anti-Doping Commission

15th Floor Qatar Olympic Committee Building

P.O. Box 7494 Doha Qatar

Tel: +974 44944901

Fax: +974 44944702

Mobile: +974 55254089

E-mail: qadc@olympic.qa

4. Your complete Application will be reviewed.

Complete applications will be forwarded to the Therapeutic Use Exemption Committee of QADC. When we send you the receipt letter for your TUE, we will tell you who has the authority for your TUE.

5. Await Decision.

Your application will normally be processed within 21 days of receipt. Until you are formally notified and granted a Therapeutic Use Exemption, the use of prohibited substances may result in a doping violation. We will formally notify you of an approval or denial by email and by postal mail.

Note: No TUE will be in effect until the athlete is notified following review of the documentation.



QADC Therapeutic Use Exemptions (TUE) APPLICATION FORM

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

1. Athlete Information

Surname: _____		Given Names: _____	
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth (d/m/y): _____	
Address: _____			
City: _____		Country: _____	Postcode: _____
Tel.: _____ <i>(with International code)</i>		E-mail: _____	
Sport: _____		Discipline/Position: _____	
International or National Sport Organization: _____ _____			
If you are an Athlete with an impairment, please indicate the impairment: _____ _____ _____			

2. Medical information *(continue on separate sheet if necessary)*

Diagnosis:

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

Comment:

Evidence confirming the diagnosis shall 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. Evidence should be as objective as possible in the clinical circumstances. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: <https://www.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.

3. Medication details

Prohibited Substance(s): Generic name	Dose	Route of Administration	Frequency	Duration of Treatment
1.				
2.				
3.				

4. Medical practitioner's declaration

I certify that the information at sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.

Name:

Medical specialty:

Address:

Tel.:

Fax:

E-mail:

Signature of Medical Practitioner: _____ Date: _____

5. Retroactive applications

<p>Is this a retroactive application?</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>If yes, on what date was treatment started?</p> <hr/>	<p>Please indicate reason:</p> <p><input type="checkbox"/> Emergency treatment or treatment of an acute medical condition was necessary</p> <p><input type="checkbox"/> Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection</p> <p><input type="checkbox"/> Advance application not required under applicable rules</p> <p><input type="checkbox"/> Other</p> <p>Please explain:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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6. Previous applications

<p>Have you submitted any previous TUE application(s)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>For which substance or method?</p> <hr/>
<p>To whom? _____ When? _____</p>
<p>Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>

7. Athlete's declaration

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the World Anti-Doping Code ("*Code*") and/or the International Standard for Therapeutic Use Exemptions.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise my right of access and correction; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the *Code*.

I consent to the decision on this application being made available to all ADOs, or other organizations, with Testing authority and/or results management authority over me.

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 Protection of Privacy and Personal Information, I can file a complaint to WADA or CAS.

Athlete's signature: _____ **Date:** _____

Parent's/Guardian's signature: _____ **Date:** _____

(If the Athlete is a Minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete)

Please submit the completed form to the Qatar Anti-Doping Commission either by post or email (see contact details below) and keep a copy of the form for your records:

**Qatar Anti-Doping Commission
15th Floor Qatar Olympic Committee Building
P.O. Box 7494 Doha Qatar
Tel: +974 44944901
Fax: +974 44944702
Mobile: +974 55254089
E-mail: qadc@olympic.qa**

If there are further questions arising from this Form or regarding the relevant procedures for standard applications for TUEs, please contact the QADC for further information also on +974 44944901 or +974 55254089.