THERAPEUTIC USE EXEMPTIONS (TUEs)

World Confederation of Billiards Sports (WCBS)

Maison du Sport International, Av. de Rhodanie 54, 1007 Lausanne, Switzerland

WCBS Anti-Doping Committee – marcin.krzeminski@billiards.sport

TUE Therapeutic Use Exemptions Application form

Please complete all sections in printed letters or by typing.

1. Athlete information

Surname				Given name/ names			
Female		Male		Date of birth	day	month	year
Address							
Postcode				City			
Country				Phone			
E-mail							
Sport				Discipline/ position			
International or National Sport Organization							
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:

Note 1	**Diagnosis** Evidence conforming the diagnosis shall be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of the relevant examinations, laboratory investigations and imaging studies. Copies of the original reports of 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 the application.

3. Medical details

Prohibited substance(s) (Generic name*)	Dose	Route of administration	Frequency	Duration of treatment
1.				
2.				
3.				
4.				
5.				

*If dosage depends on the drug, also specify trade name of drug

4. Medical practitioner's declaration

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

Medical specialty					
Address					
Tel.			Fax		
E-mail					
Signature of Medical Practitioner		Date	day	month	year

5. Retroactive application

Is this a retroactive application?	Please indicate reason:
Yes No If yes, on what date was treatment started? …...	Emergency treatment of t an acute medical condition was necessary
	Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection
	Advance application not required under applicable rules
	Other
	Please explain

6. Previous application

Have you submitted any previous TUE application		Yes			No	
If yes, for which substance?						
To whom			When	day	month	year
Decision	Approved			Not approved		

7. Athlete's declaration

I,..certify that the information under point 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 Anti-Doping Organization (ADO) as well as to WADA staff, to the WADA TUEC and

<table>
<tr><td colspan="6">to other ADO under the provisions of the Code. I understand that if ever wish to revoke the right of these organisations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of the fact.</td></tr>
<tr><td>Athlete's signature</td><td></td><td>Date</td><td>day</td><td>month</td><td>year</td></tr>
<tr><td colspan="6">If 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.</td></tr>
<tr><td>Parent's/ guardian's signature</td><td></td><td>Date</td><td>day</td><td>month</td><td>year</td></tr>
</table>

Comments, attachments

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.