



TUE Requirements for ADD and ADHD Medications

For a TUE to be considered for the use of an ADD or ADHD medication, there are basic medical information requirements. The following information must be submitted, in a legible format, with the TUE application. Required are:

1. A thorough clinical history, including the initial report(s) that led to the diagnosis of ADHD, discussion of the measures used and their interpretation, age of onset, and family history of related diagnoses. Please include documentation from all medical evaluations, teacher or other school evaluations, and psychological evaluations.
2. The results of any laboratory testing that was done during the workup (for example, TSH). Were there any abnormalities or tests out of range?
3. A description of the deficit in performance, physical or mental, exhibited by the athlete and the description of how the proposed medication improved that performance.
4. Evaluation of the efficacy of the medications used (including dosage and dosing regimen). In addition, any observations and consequences when the medication is not taken for a brief period of time should be reported.
5. Evidence that allowed medications have been considered or tried and that the outcome of use of the allowed medications is such that the prohibited medication must be used.
6. Any clinical, educational, or consultative reports with comments on related performance issues such as anxiety or depression.
7. A statement provided by the athlete outlining how he/she feels when the medication is being taken and not taken.





Therapeutic Use Exemptions (TUE)

Please be sure that you are filling out the correct form for your sport and including all of the appropriate additional information needed to request approval for the therapeutic use of the prohibited substance.

Please complete ALL sections. Type or print in block letters.

1. Athlete Information (Please type or print in block letters.)

Last Name: First Name:

Female Male Date of Birth (month/day/year):

Mailing Address:

City:..... State:..... Zip Code:.....

Work Phone: Home Phone: Mobile Phone:

Email: Fax:

Sport:..... Discipline/Position:

International or National Sporting Organization:

Paralympic Athletes: Please use IPC TUE Application and Notification form

2. Medical information (Please type or print in block letters.)

Diagnosis with sufficient medical information to support the diagnosis and necessity to use the prohibited substance (see note 1):

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

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Athlete's Name: _____
Standard TUE

3. Medication details (Please type or print in block letters.)

Please use the ABBREVIATED TUE form for the use of Beta-2 Agonists or Glucocorticosteroids.

Prohibited substance(s): <i>Generic name</i>	Dose	Route	Frequency
1.			
2.			
3.			

Intended duration of treatment: <i>(Please tick appropriate box.)</i>	One-Time Only <input type="checkbox"/>	emergency <input type="checkbox"/>
	or duration (week/month):	

Have you submitted any previous TUE application?: yes <input type="checkbox"/> no <input type="checkbox"/>
For which substance?
To whom?.....When?.....
Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/>

4. Medical practitioner's declaration (Please type or print in block letters.)

All information is required unless otherwise noted.

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.	
Name:	
Medical Speciality:	
Address:	
Tel:	Fax (optional):
E-mail (optional):	
Signature of Medical Practitioner:	Date:



Athlete's Name: _____
Standard TUE

5. Athlete's declaration

I, _____, certify that the information under section one is accurate and that I am requesting approval to use a Substance or Method from the World Anti-Doping Agency (WADA) Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization including its Therapeutic Use Exemption Committee (TUEC) as well as to WADA staff, to the WADA TUEC, and to other Anti-Doping Organizations under the provisions of the WADA Code. I understand that if I ever wish to revoke the right of the Anti-Doping Organization TUEC or WADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact.

I understand that National-Level Athletes must submit the Form to USADA. International-level Athletes may submit the completed Form to USADA and USADA will forward the Form to the appropriate International Federation (IF). I understand that using any prohibited substance is at my own risk of committing a doping violation until my request has been approved and I receive approval in writing from USADA and/or my IF (if applicable).

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:

<i>Note 1</i>	<p>Diagnosis with sufficient medical information to support the diagnosis and necessity to use the prohibited substance should be included.</p> <p><i>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.</i></p> <p><i>A statement by an appropriately qualified physician attesting to the necessity of the otherwise Prohibited Substance or Prohibited Method in the treatment of the athlete and describing why an alternative, permitted medication cannot, or could not, be used in the treatment of this condition should also be included.</i></p>
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Incomplete Applications will be returned and will need to be resubmitted.

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

Please submit the completed form to the U.S. Anti Doping Agency and keep a copy for your records.

United States Anti-Doping Agency
1330 Quail Lake Loop, Suite 260
Colorado Springs, CO 80906
Fax: (719) 785-2029

Telephone: (866) 601-2632 (toll-free) or (719) 785-2000

Drug Reference Online: www.usantidoping.org/dro

Drug Reference Line: (800) 233-0393 or (719) 785-2020 (outside of the U.S.) or drugreference@usantidoping.org

E-mail: webmaster@usantidoping.org

Web Site: www.usantidoping.org