DATE

**CONFIDENTIAL**

ATHLETE CONTACT INFORMATION

Dear Mr./Mrs./Ms. **[ATHLETE NAME]**

|  |
| --- |
| DECISION ON THERAPEUTIC USE EXEMPTION (TUE) APPLICATION  |

Thank you for submitting your application to **[insert International Federation (IF) name],** requesting an exemption for the therapeutic use of **[insert Prohibited SUBSTANCE or METHOD]**.

The application was submitted to the **[insert IF name]** TUE Committee for their assessment, and we are pleased to inform you that your application has been approved.

Please find attached the TUE certificate. Keep in mind that the TUE is granted for a specific medication, dosage and time period. If your doctor changes your medication, whether it be a change of dosage, frequency, route or duration of administration, please contact us and we will let you know if you need to apply for a new TUE.

***Include the following if applicable:***

*Please note the conditions included in this TUE; if you do not comply with them, your TUE could be withdrawn at any time.*

You are in a possession of a TUE. However, please note that a TUE may be cancelled upon review by WADA or on appeal.

If you need to continue to use **[insert Prohibited SUBSTANCE or METHOD]** after the expiry date of this TUE, you must submit a new application form together with recent medical information well in advance of the expiry date, so that there is sufficient time for a decision to be made prior to the expiry date.

If you are selected to compete in an international event organized by a Major Event Organization (MEO), this TUE will not be valid unless and until it is recognized by the relevant MEO. Please do not hesitate to contact us if you have any questions about the recognition process.

Best regards,

**IF**

CC. **ATHLETE’S DOCTOR**

**CERTIFICATE OF APPROVAL FOR THERAPEUTIC USE EXEMPTION**

**Athlete Details**

Last name First name

Date of Birth Sport Discipline

**TUE Details**

The athlete has received approval for the use of the prohibited substance(s)/method(s) as follows:

Prohibited Substance(s) or Method(s):

Dosage:

Frequency of administration:

Route of administration:

Effective date:

Expiry of the TUE:

Conditions and Comments:

**Authorized by**:

IF name: Date:

Contact details:

**TUEC Decision**

Name of the TUEC Chair: