DATE

Insert ADO logo here

**CONFIDENTIAL**

ATHLETE CONTACT INFORMATION

Cc: ATHLETE’S DOCTOR CONTACT INFORMATION

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

|  |
| --- |
| DECISION ON THERAPEUTIC USE EXEMPTION (TUE) APPLICATION [insert ADAMS Reference number] FOR [insert SUBSTANCE or METHOD] |

We refer to your application of **[insert DATE]** to **[insert ANTI-DOPING ORGANIZATION (ADO)],** requesting an exemption for the therapeutic use of **[insert Prohibited SUBSTANCE or METHOD]** which is prohibited as per the World Anti-Doping Agency (WADA) Prohibited List.

**The TUE application and supporting documentation do NOT meet the approval criteria as per the World Anti-Doping Code or the [insert ADO name] Anti-Doping Rules.**

**The application for a TUE is therefore denied.**

The purpose of this letter is to provide you with the reasons for the decision. The **[insert ADO name]** TUE Committee has considered the submitted application in accordance with conditions described in Article 4.2 of the International Standard for Therapeutic Use Exemptions.

The TUE application has been **denied** for the following reason(s):

**[ADD DESCRIPTION OF THE REASONING OF THE ADO TUE COMMITTEE. *It is important to explain why it was denied and not simply state because it did not fulfill one or more ISTUE criteria.* *Please also refer to the application ISTUE article*]**

If you use **[insert prohibited substance or method**] without a valid TUE while continuing to participate in sport, you may be subject to an Anti-Doping Rule Violation. You could receive a sanction which may include a suspension from all sport in accordance with the World Anti-Doping Code.

It is important to note that [**insert ADO name**] is not advising you against the use of this medication or treatment. This decision should always be made in consultation with your physician to ensure that your health is not compromised. [**insert ADO name**] recommends you contact your physician immediately to discuss your treatment options.

However, **you do not have an exemption to use this substance or method** while competing in sport. If you continue to use the substance, you may be subject to an anti-doping violation.

Should you wish to contest this decision, you may do so by **[INSERT DESCRIPTION OF ADO APPEAL PROCESS]**.

Please do not hesitate to contact us should you have any questions.

Sincerely,

**ADO**

CC. **ATHLETE’S DOCTOR**