



Therapeutic Use Exemption (TUE) Beta-2 Agonist Application Form



TUE applications for the use of inhaled beta-2 agonists require a medical file to confirm the diagnosis of asthma and/or its clinical variants. The medical file should include:

- A detailed medical history and clinical review
- Bronchodilator or Bronchoprovocation test results

For further information on how to submit a complete medical file download UK Sport's beta-2 agonist guidance document at www.100percentme.co.uk and use the diagnostic flow chart on page 2 of this application form.

Please complete *all* sections in **BLOCK CAPITALS**. *Incomplete* or *illegible* forms will be returned.

Athlete Information

Surname: _____ First names: _____

Date of Birth (dd/mm/yy): / / Gender: Male Female (please tick)

Address: _____

_____ Postcode -

Contact Tel. (including dialling code)

E-mail: _____

Sport: _____ Club: _____

(indicate the discipline if appropriate)

National Governing Body: _____ Disability category: _____

Level of competition: (please tick one box as appropriate)

I am part of my International Federation's Registered Testing Pool

I am competing in an International event

I am part of UK Sport's National Registered Testing Pool

I am competing in a National Level event in my sport

Other (please state level) _____

Next competition the Therapeutic Use Exemption is required for:

Competition date (dd/mm/yy): / /

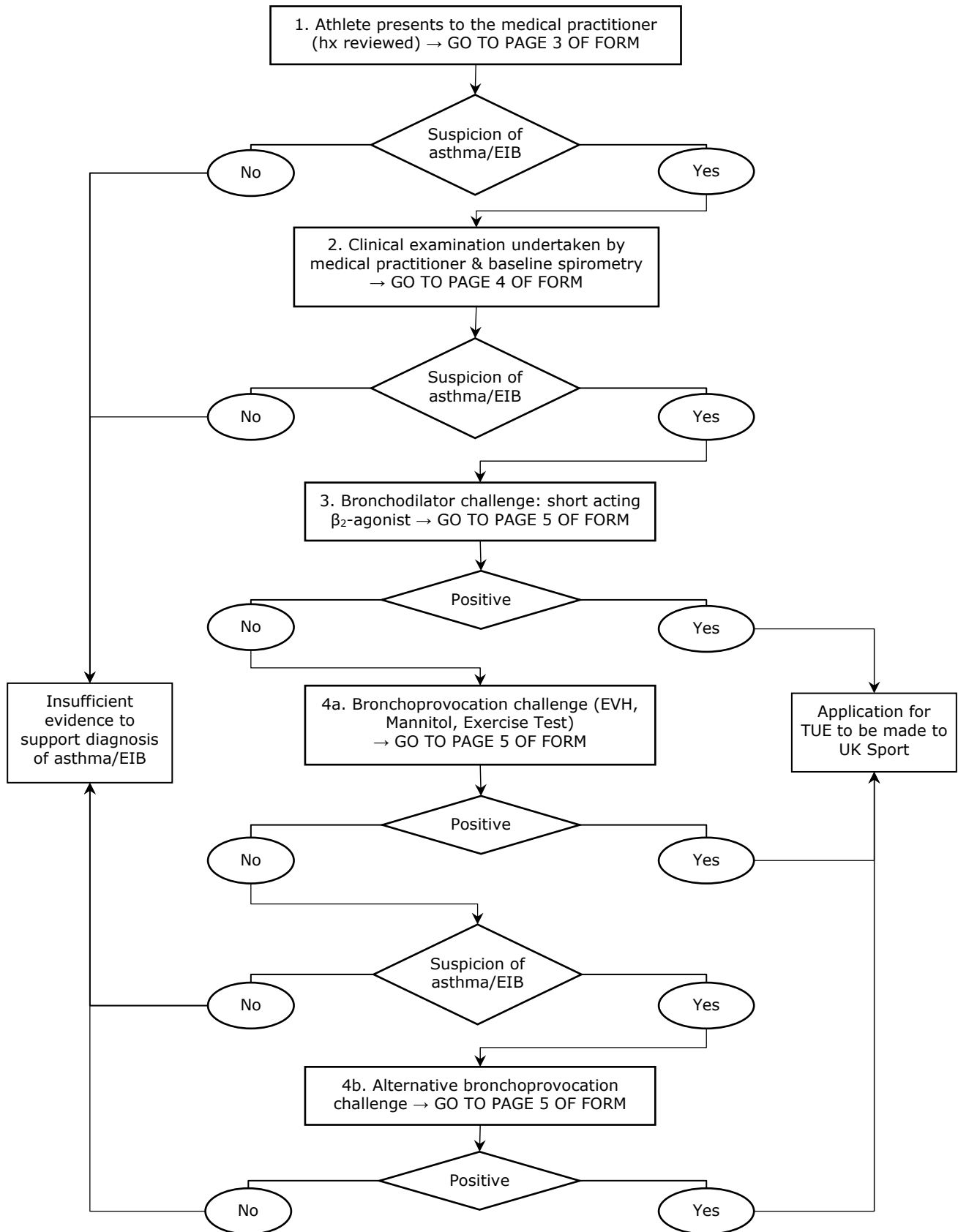
(a) Have you submitted a previous TUE application? Yes No

(b) The Anti-Doping Organisation applied to? UK Sport Other _____ (please state)

(c) Decision: Approved Declined

Medical File Requirements

The diagnostic flow chart below provides an outline of how to submit a complete medical file to UK Sport to confirm the diagnosis of asthma and/or its clinical variants.



Medical History Report and Medication Details

(a) Diagnosis (i.e. asthma, exercise induced asthma, exercise induced bronchoconstriction):

(b) Age of onset:

(c) Symptoms experienced: (Please tick as appropriate)

Recurrent breathlessness Coughing Wheezing
 Difficulty in breathing (Dyspnoea) Excess mucus production Chest tightness

Please specify: -----

(d) When are these symptoms experienced?

(e) What environmental conditions trigger the above symptoms? (Please tick as appropriate)

Cold climate Dry air High pollen count
 Air pollution Altitude training Other

If other, please state -----

(f) List any asthma medication prescribed in the last 3 months:

(g) Has the athlete any history of atopic disorders and/or childhood asthma?

(h) Provide details of any acute exacerbations of asthma including hospital emergency department attendance/admission reports and/or previous treatment with oral corticosteroids (please attach documents to confirm these details):

(i) Asthma medication requiring a TUE:

Generic name of Prohibited Substance(s)	Dose of administration	Route of administration	Frequency of administration (e.g. BD, TDS, PRN, 4x/day)
1.	µg	Inhaled	
2.	µg	Inhaled	
3.	µg	Inhaled	

Intended duration of treatment(s): Once only Emergency Weeks/Months

Please specify: -----

Notifying Medical Practitioner Details and Declaration

Name: -----

Qualifications: -----

Medical speciality: -----

Contact Tel.

Practice stamp/address

E-mail: -----

I certify the above-mentioned substance(s) for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the above named medical condition.

If the athlete is under 18 and I have not notified the athlete's parent/guardian, this is because I consider the athlete to be competent to give consent to treatment.

I understand that my details will be held on an anti-doping database and will be accessible by the Athlete, their National Governing Body, their International Federation, UK Sport, and the World Anti-Doping Agency in order to allow them to administer the anti-doping programme.

Signature of medical practitioner: _____

Date: / /

If the athlete is under 18 does the athlete's parent/guardian know about this treatment? Yes No

Clinical Examination

(a) Clinical examination findings with specific focus on the respiratory system:

(b) Baseline spirometry:

	FEV ₁ (L)*	FVC (L)	FEV ₁ /FVC (%)	PEF (L·s ⁻¹)	FEF ₂₅₋₇₅ (L·s ⁻¹)
1 st Flow Loop					
% Predicted					
2 nd Flow Loop					
% Predicted					
3 rd Flow Loop					
% Predicted					

Abbreviations: FEV₁, Forced Expiratory Volume in one second; FVC, Forced Vital Capacity; FEF₂₅₋₇₅, Forced Expiratory Flow between 25-75% of vital capacity; L, Litres; L·s⁻¹, Litres per second; PEF, Peak Expiratory Flow.

*Best Baseline FEV₁ _____ *must be within 5% of second best FEV₁*

Bronchodilator Challenge

If chosen as the test to confirm asthma, please complete this section and attach the flow volume loop tracing if available.

Bronchodilator used (e.g. salbutamol): _____

Dose (e.g. 400µg): _____

Time	FEV ₁ Post BD dose (L) [#]		% difference from baseline FEV ₁ [*]	FVC Post BD dose (L)		% difference from baseline FVC
5 min						
10 min						
15 min						

[#]Duplicate measures at each time point must agree within 5% or 150mL

^{*}At each time point, use the measurement with the highest FEV₁ value when calculating the % difference from baseline FEV₁

Date: _____ Physician/Technician Name: _____

Contact details: _____

Comments (optional):

Bronchoprovocation Challenge

If chosen as the test to confirm asthma, please attach:

- Flow-volume loop tracing and Key spirometry data (FEV₁, FVC, FEV₁/FVC, % FEV₁ fall from baseline)
- Spirometry printout if available

Please also tick which challenge was completed and provide a summary of the relevant test results:

EVH Challenge Largest FEV₁ fall from baseline _____L _____%
 Second largest FEV₁ fall from baseline _____L _____%

Exercise Challenge Largest FEV₁ fall from baseline _____L _____%
 Second largest FEV₁ fall from baseline _____L _____%

Mannitol Challenge Mannitol dose that achieved a 15% fall in FEV₁ from baseline: _____mg
 or
 A 10% incremental fall in FEV₁ between doses: _____mg and _____mg

Largest FEV₁ fall from baseline _____L _____% Mannitol dose _____mg

Second largest FEV₁ fall from baseline _____L _____% Mannitol dose _____mg

Date: _____ Physician/Technician Name: _____

Contact details: _____

Comments (optional):

4. Athlete's Declaration

I certify that the information under Section 1 of this TUE application form is accurate and that I am requesting approval to use a substance or method on the World Anti-Doping Code (WADC) Prohibited List.

I authorise the release of personal medical information related to this application to the National Anti-Doping Organisation (NADO, currently UK Sport via its Drug-Free Sport Directorate) as well as to World Anti-Doping Agency (WADA) staff, to the NADOs Therapeutic Use Exemption Committee (TUEC) and to other Anti-Doping Organisations (ADO) under the provisions of the WADC and the anti-doping rules of my Sport.

I understand and agree that:

- My TUE data will only be used to allow the above organisations to administer the anti-doping programme in accordance with the WADC International Standard for TUEs;
- My TUE data will be collected by the NADO who shall be principally responsible for ensuring the protection of this data. The NADO will use the Anti-Doping Administration and Management System (ADAMS) to store, process and manage my data, including its disclosure to authorised recipients;
- My TUE data, or part of it, will be made accessible to authorised ADOs (for instance, designated NADOs, the International or National Federation of my Sport, and WADA);
- My TUE data may have to be shared with other independent medical and/or scientific experts, and all necessary staff involved in the management, review or appeals of TUEs if applicable;
- Persons or parties receiving my information may be located outside the country where I reside. In some other countries data protection and privacy laws may not be equivalent to those in my own country;
- I may have certain rights under applicable laws in relation to my TUE data, including rights to access and/or correct any inaccurate data; and
- To the extent that I have any concerns about the processing of my TUE data I may consult with the NADO and/or WADA as appropriate.

Withdrawal of Consent

I understand that if I ever wish to revoke the right of the NADO & authorised ADOs (designated NADOs, the International or National Federation of my Sport, and WADA) to access my TUE information, I must notify my medical practitioner and the NADO in writing of that fact.

Authorisation and Consent

By signing this form I expressly consent to the use of my TUE data as set out above.

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

Parent/guardian signature _____ **Date:** / /

(If the athlete is under 18 and is not deemed to be competent to give their consent to the treatment 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).

I would like the decision to be sent to: (please tick one box as appropriate)

My postal address My e-mail address The notifying medical practitioner

MARK AS CONFIDENTIAL AND PLEASE SUBMIT THE COMPLETED FORM TO UK SPORT AND KEEP A COPY FOR YOUR RECORD:

***TUE Confidential
Drug Free Sport
UK Sport***
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Confidential fax: 0800 298 3362 / e-mail: tue@uksport.gov.uk