

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

A TUE application for the use of a prohibited beta-2 agonist inhaler requires 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 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.

1. Athlete Information

Surname: _____ **First names:** _____

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

Address: _____

Post code:

Contact Tel (including dialling code):

Email: _____

Sport/Discipline: _____ **Club:** _____

National Governing Body: _____ **Impairment 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 competition

I am part of UK Anti-Doping's National Registered Testing Pool or Domestic Testing Pool

I am considered to be within the National TUE Pool for my sport

Other (please state level) _____

Next competition the TUE is required for: _____

Competition date: / /

2. Previous Applications

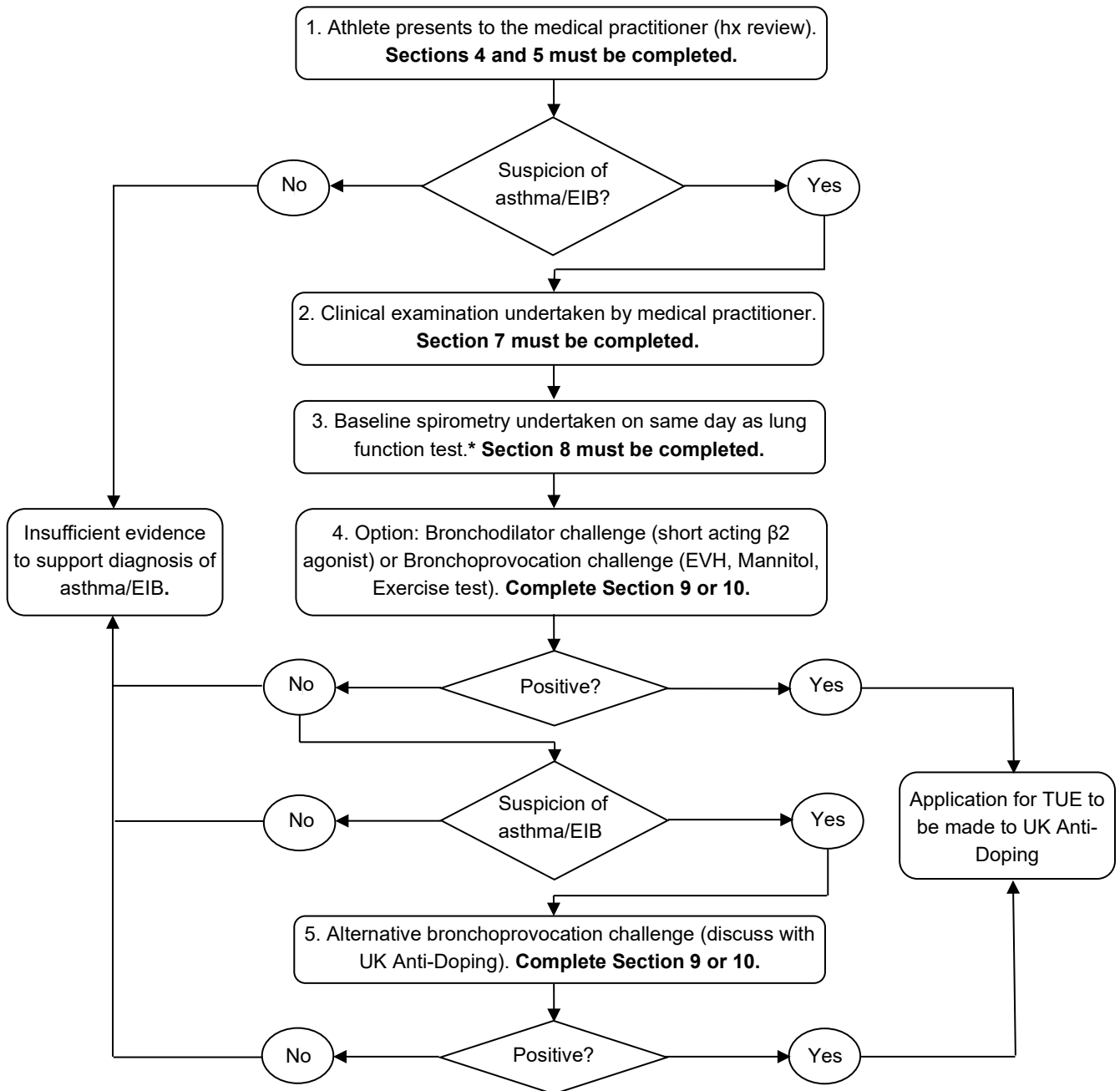
Have you submitted a previous TUE application? Yes No

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

Decision: Approved Declined

3. Medical File Requirements

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



***NB:** It is recommended that a bronchodilator challenge is the investigation of preference in athlete's with abnormal resting lung function ($FEV_1 < 70\%$ predicted at baseline, $FEV_1/FVC < 0.7$); a bronchodilator challenge should be considered if FEV_1 is 70-80% predicted at baseline; a bronchodilator challenge is still an option but a bronchoprovocation challenge might be more suitable when $FEV_1 > 80\%$ predicted at baseline.

4. Retroactive Applications

Is this a retroactive application (has treatment already commenced)?

Yes No (if 'no', please go to section 5)

If yes, on what date did the treatment start? / /

If this is a retroactive application, please indicate the reason why:

- Emergency treatment or urgent treatment of a medical condition was necessary
- There was insufficient time or opportunity to submit an application prior to sample collection
- An advance application was not required under applicable rules
- I am applying for a 'fairness' TUE in accordance with ISTUE Article 4.3

5. Medical History Report and Medication Details

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

Age of onset: _____

Symptoms experienced: (Please tick as appropriate)

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

Other (please specify): _____

When are these symptoms experienced? _____

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

Cold climate Dry air High pollen count
 Air pollution Altitude training

Other (please specify): _____

List all asthma medication used in the last three months including permitted medications (e.g. beclomethasone, mometasone)

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

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

Current asthma medication details (for which the TUE is required):

Generic name of Prohibited Substance(s)	Dose of administration	Route of administration	Frequency of administration	Maximum dosage permitted within 24 hours
1.	µg	Inhaled		µg
2.	µg	Inhaled		µg
3.	µg	Inhaled		µg
4.	µg	Inhaled		µg

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

Please specify duration: _____

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

6. Notifying Medical Practitioner Details and Declaration

Name: _____

Qualifications: _____

Medical Speciality: _____

GMC Number: _____

Contact Tel.

Email: _____

Practice stamp / address:

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

I understand that the granting of a TUE is based solely on consideration of the conditions set out in Article 4.2 of the World Anti-Doping Code International Standard for TUEs, and not whether the Prohibited Substance or Method is the most clinically appropriate or safe. I also acknowledge that it is my responsibility as the supporting clinician to ensure that the treatment provided is in accordance with recognised clinical guidelines.

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 Anti-Doping, 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

Are the relevant medical reports and examination/test results attached?

Yes No

7. Clinical Examination

Clinical examination findings with specific focus on the respiratory system were:

Normal Abnormal

Please specify any abnormal findings: _____

8. Baseline Spirometry

Date: / / **Best Baseline FEV₁:** _____ L (must be within 5% of second best FEV₁)

NB: The application will not be reviewed unless the data for at least two flow loops are presented in the table below and that the best baseline FEV₁ is within 5% of the second best FEV₁. Further flow loops are required if the best baseline FEV₁ value is not within 5% of second best FEV₁ value at baseline.

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

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.

9. Bronchodilator Challenge

If chosen as the test to confirm asthma, please complete this section and attach an electronic printout of test results if available.

NB: The application will not be reviewed unless duplicate FEV₁ measurements are presented in the table below. Duplicate FEV₁ values must also agree within 5% and 150ml of each other to confirm reproducibility of the best FEV₁ value measured.

Date of challenge: / / **Bronchodilator and dose used:** _____

Time post-test	FEV ₁ Post BD dose (L)		% difference from baseline FEV ₁ (using best of duplicate)	FVC Post BD dose (L)		% difference from baseline FVC (using best of duplicate)
	Duplicate 1	Duplicate 2		Duplicate 1	Duplicate 2	
min						
min						

Technician Name and Contact Details: _____

Comments (optional): _____

10. Bronchoprovocation Challenge

If chosen to confirm asthma, please provide a summary of the test results below and attach either:

- Electronic printout of spirometry results and flow volume loop tracing; or
- A bronchoprovocation data collection worksheet (NB: Worksheets can be found on the UK Anti-Doping website if the centre completing the challenge does not have their own).

NB: The application will not be reviewed unless duplicate FEV₁ measurements are taken at each time point.

EVH – Fall in FEV₁ at two consecutive time points:

Time point 1: _____ min Best FEV₁ value at time point: _____ L FEV₁ fall from baseline: _____ %

Time point 2: _____ min Best FEV₁ value at time point: _____ L FEV₁ fall from baseline: _____ %

Exercise – Fall in FEV₁ at two consecutive time points:

Time point 1: _____ min Best FEV₁ value at time point: _____ L FEV₁ fall from baseline: _____ %

Time point 2: _____ min Best FEV₁ value at time point: _____ L FEV₁ fall from baseline: _____ %

Mannitol – True baseline FEV₁ following 0mg mannitol dose: _____ L

PD15: ___ mg FEV₁ value at dose that induced a ≥ 15% fall: _____ L FEV₁ fall from true baseline: _____ %

FEV₁ value at dose prior to 15% fall: _____ L Dose: _____ mg FEV₁ fall from true baseline: _____ %

A 10% incremental fall in FEV₁ between doses: _____ mg (dose 1) and _____ mg (dose 2)

FEV₁ fall from true baseline at dose 1 _____ L _____ % and FEV₁ fall from true baseline 2 _____ L _____ %

Date of challenge: / / **Comments (optional):** _____

Technician Name and Contact details: _____

11. Athlete's Declaration

I certify that the information provided under sections 1, 2 and 3 of this TUE application form are accurate and that I am requesting approval to use a substance or method on the World Anti-Doping Code (Code) Prohibited List.

I authorise the release of my personal medical information, as is necessary for the determination of this application, to any relevant Therapeutic Use Exemption Committee (TUEC), as has been established by an Anti-Doping Organisation (being UKAD, WADA and any other Anti-Doping Organisation (ADO) under the provisions of the Code and the anti-doping rules of my sport) to consider TUE applications.

I understand and agree that:

- My TUE data (being the information in connection with this TUE application) will only be used by the ADO to evaluate the TUE application in accordance with the WADA International Standard for TUEs and the context of potential anti-doping rule violation investigations and proceedings;
- My TUE data will be collected by UKAD who shall be principally responsible for ensuring the protection of this data. UKAD will use the Anti-Doping Administration and Management System (ADAMS) to store, process and manage my data, including its disclosure to authorised recipients;
- The decision on the TUE application will be made accessible to the National Governing Body of my sport and authorised ADOs;
- 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 of 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 inaccurate data;
- My TUE data will only be stored by UKAD for a maximum of five years in accordance with the [UKAD Anti-Doping Privacy Notice](#);
- To the extent that I have any concerns about the processing of my TUE data I may consult with UKAD and/or WADA as appropriate.

Withdrawal of Consent

I understand that if I ever wish to revoke the right of UKAD, UKAD TUEC and authorised ADOs to access any health information in relation to this TUE, I must notify my medical practitioner and UKAD in writing of that fact. I understand that by withdrawing my consent, my TUE application will be deemed withdrawn without approval having been granted.

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 an impairment 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 Other representative (please identify) _____

Mark as confidential and submit the completed form to UK Anti-Doping and keep a copy for your records.

Address: TUE, UK Anti-Doping, SportPark, 3 Oakwood Drive, Loughborough, LE11 3QF

E-mail: tue@ukad.org.uk