



INTERNATIONAL VA'A FEDERATION (IVF) Therapeutic Use Exemption (TUE) Application Form

Please complete all sections in capital letters or typing. Athlete to complete sections 1, 2, 3 and 7; Physician to complete sections 4, 5 and 6. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

1. Elite Paddler/Athlete Information

| | |
|--|--|
| Last Name: _____ | First Name(s): _____ |
| Female: <input type="checkbox"/> | Male: <input type="checkbox"/> |
| | Date of Birth: _____ <i>(dd/mm/yyyy)</i> |
| Address: _____ | |
| City: _____ | Country: _____ |
| Postcode: _____ | Telephone: _____ <i>(With International Code)</i> |
| Email: _____ | |
| Sport: <u>VA'A (Outrigger Canoe)</u> _____ | |

2. Previous Applications

Have you submitted any previous TUE application(s) to the IVF for the same condition?

Yes No

For which substance(s) or method(s)? _____

When? _____

Decision: Approved Not approved

3. Emergency and Retroactive Applications

Is this an emergency application? (Requested after the IVF deadline)

Yes

No

If yes, on what date was the treatment started? _____

Do any of the following exceptions apply?

(a) - You required emergency or urgent treatment of a medical condition.

(b) - There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before the deadline..

Please explain (if necessary, attach further documents)

Retroactive Applications:

In rare and exceptional circumstances notwithstanding an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.

In order to apply for retroactive TUE consideration, please include a full reasoning and attach all necessary supporting documentation.

Treating Physician to Complete Sections 4, 5 and 6.

4. Medical Information (please attach relevant medical documentation)

Diagnosis (Additionally, please use the latest ICD classification if possible):

5. Medication Details

| Prohibited Substance(s)/Method(s) <u>Generic name(s)</u> | Dosage | Route of Administration | Frequency | Start and Duration of Treatment |
|---|--------|-------------------------|-----------|---------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must 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. In addition, a short summary that includes the diagnosis, key elements of the clinical exams, medical tests and the treatment plan would be helpful.

If a permitted medication can be used to treat the medical condition, please provide justification for the therapeutic use exemption for the prohibited medication.

6. Medical Practitioner's Declaration

I certify that the information in sections 4, 5 and 6 is accurate. I acknowledge and agree that my personal information may be used by IVF and/or Anti-Doping Organization(s) (ADO) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. for more details). Please know that this patient/paddler's medical information will be stored for review purposed in a secure virtual site. It will be reviewed by healthcare professionals and the patient/paddler's privacy will be maintained at all times. To insure confidentiality, this document will be destroyed at the end of the anti-doping testing process for this event – in approximately 6 months.

Name: _____

Medical specialty: _____

License number: _____ License body: _____

Address: _____

City: _____ Country: _____

Postcode: _____

Telephone: _____ Fax: _____
(With International Code)

Email: _____

Signature of Medical Practitioner: _____ Date: _____
(dd/mm/yyyy)

7. Elite Paddler/Athlete's Declaration

I, _____, certify that the information set out at sections 1, 2, 3 and 7 is accurate and complete.

I authorize my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the IVF Medical Committee, who is responsible for making a decision to grant, reject, or recognize my TUE; the In-Competition testing management entity, should I be random selected for testing; the physicians and healthcare providers who are members of relevant TUE Committee (TUEC) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.

I have read and understood the TUE Privacy Notice explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

Paddler/Athlete's signature: _____ Date: _____
(dd/mm/yyyy)

Parent's/Guardian's signature: _____ Date: _____
(dd/mm/yyyy)

(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlete)

TUE Privacy Notice

This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.

TYPES OF PERSONAL INFORMATION (PI)

- The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
- Supporting medical information and records provided by you or your physician(s); and
- Assessments and decisions on your TUE application by the IVF and their TUE Committee and other TUE experts, including communications with you and your physician(s), relevant support personnel regarding your application.

PURPOSES & USE

Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code (Code), the International Standards, and the anti-doping rules of IVF which as the authority to test you. This includes:

- Results management, in the event of an adverse or atypical finding based on your sample(s); and
- In very rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

TYPES OF RECIPIENTS

Your PI, including your medical or health information and records, may be shared with the following:

- The IVF Medical TUE Committee (TUEC) for making a decision to grant, reject, or recognize your TUE, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available by the IVF with onsite testing authority and/or results management authority over you;
- Your Area Coordinator, as the courier of your PI to the IVF Medical Committee;
- Members of the IVF Committees; and
- Other independent medical, scientific or legal experts, if needed.

Note that due to the sensitivity of PI TUE information, only a limited number of the IVF Medical Committee receive access to your application. The IVF must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI).

RETENTION

Your PI and TUE certificates or rejection decisions will be retained for 2 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

CONTACT

Should you have any questions please contact your Area Coordinator and/or the IVF Medical Committee at medical@ivfiv.org