



International Baseball Federation

Application no:

Therapeutic Use Exemptions TUE

Athlete application: I herewith apply for approval for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods.

1. Athlete Information

Family Name(s):
Given Name(s):.....
Gender: M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth (day/month/year):
Address:.....
Tel home: Mobile:
Fax.:..... Email:.....
Club:.....National Federation:.....
Name and date of the next IBAF competition at which the player will participate: Date:.....

2. Medical information

Diagnosis:.....
Medical history:.....
Additional examinations:
-Laboratory:.....
-Imaging (summary):.....
Documentary evidence confirming the diagnosis must be attached and forwarded with this application. Illegible documents will be returned.

Updated on 11/05/2010

6. Athlete's declaration

I, the undersigned,....., certify that the information provided under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the relevant parties only i.e. to my Anti-Doping Organization (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to toher ADO under the provisions of he Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact. I also understand that if I withdraw my consent to the release of my personal medical information, I may not receive approval for a TUE or the renewal of an existing TUE, since no TUE can be granted or renewed without the disclosure of comprehensive medical data.

I AM AWARE THAT AN APPLICATION FOR A TUE REQUIRES THE PROCESSING (FOR EXAMPLE TRANSMISSION, DISCLOSURE, USE AND STORAGE) OF ALL DATA PERTAINING TO SUCH APPLICATION THROUGH THE ANTI-DOPING ADMINISTRATION AND MANAGEMENT SYSTEM (ADAMS) TO ENSURE HARMONIZED, COORDINATED AND EFFECTIVE ANTI-DOPING PROGRAMS FOR DETECTION, DETERRENCE AND PREVENTION OF DOPING. SIGNING THIS FORM WILL INDICATE THAT I HAVE BEEN SO INFORMED AND THAT I GIVE MY EXPRESS CONSENT TO SUCH PROCESSING OF DATA.

If I decide to use ADAMS, I understand and agree that my application for a TUE will only be considered following the submission in ADAMS, by myself or by my ADO, of the present completed application form, as well as all relevant documents related to the application.

I understand and agree that my TUE related data will be made accessible through ADAMS to the authorized ADO, to WADA and to the Therapeutic Use Exemption Committee.

I understand and agree that if a TUE is granted, such TUE and the related information will be stored electronically in ADAMS for a minimum period of 8 years being the period within which an action can be commenced following a violation of an anti-doping rule contained in the Code.

WADA, Anti-Doping Organizations and Therapeutic Use Exemption Committees will not disclose any of my TUE related information beyond those persons within their organizations with a need to know according to the Code.

RELEASE

I hereby release WADA as well as ADOs and TUE Committees from all claims, demands, liabilities, damages, costs and expenses that I may have arising in connection with the processing of my TUE related data through ADAMS.

WITHDRAWAL OF CONSENT

If I have decided to use ADAMS, I understand that I may at any time revoke my consent for the processing of my TUE related data through ADAMS. I also understand that as a consequence of such withdrawal of consent, I will not receive approval for a TUE or a renewal of an existing TUE.

Signature:..... Date:.....

Parent's or guardian's signature:.....

Date:.....

(if the athlete is a minor, a parent or guardian shall sign together with or on behalf of the athlete)

This application must be sent, preferably by e-mail, to IBAF:

**Jean-Pierre Moser
Manager, Anti-Doping
International Baseball Federation
54, Avenue de Rhodanie
1007 Lausanne, Switzerland
Fax: +41 21 318 8243
E-mail: jp.moser@ibaf.org**