

UFC Therapeutic Use Exemption (TUE) Application

TUE applications submitted to USADA must be completed in English. Translations of the TUE application can be used for reference purposes only. Medical notes can be provided in multiple languages but may need translations in order to be processed. Language of correspondence with athletes from the TUE department will be in English.

1. Athlete Information

Last Name:		First Name:	
Male	Female	Date of Birth (month/day/year):	
Mailing Address:			
City:		State/Province:	Zip/Postal Code:
Country:		Daytime Phone (+country code):	
E-mail:			
(By entering an e-mail address, you are agreeing to receive communication regarding this TUE application by e-mail.)			
Native Language:		UFC Weight Class:	
To nominate someone else to speak to USADA regarding this TUE application, please list their details below (NON-ENGLISH SPEAKING ATHLETES MUST NOMINATE AN ENGLISH-SPEAKING CONTACT FOR USADA CORRESPONDENCE):			
Name:		Relationship: (Spouse/Agent/Coach)	
E-Mail:			
Please list any upcoming Bout(s) you intend to compete in (PLEASE INCLUDE SPECIFIC DATES AND BOUT NAMES)			
Bout Name	Dates of Bout	Bout Location	

2. Athlete Declaration

I, _____, certify that the information is accurate and that I am requesting approval to use a Substance or Method from the World Anti-Doping Agency (WADA) Prohibited List. I authorize the release of personal medical information to USADA including its Therapeutic Use Exemption Committee (TUEC). I understand that if I ever wish to revoke the right of the USADA TUEC to obtain my health information on my behalf, I must notify my medical practitioner in writing of that fact. By completing and submitting this form, I consent to the use for legitimate anti-doping purposes of the information provided in this form and in all past or future filings or documents submitted to USADA (including all whereabouts filings, updates, doping control forms, TUE filings and other filings) by USADA and other anti-doping organizations. I understand that USADA will attempt to coordinate TUE applications with applicable Athletic Commissions. I recognize and understand, however, that because UFC and USADA do not control Athletic Commission decisions to recognize a UFC TUE or to grant their own TUEs, that I should not use any substance or method prohibited by an Athletic Commission unless I am certain that an Athletic Commission TUE is in place. In addition, I understand that if I obtain a TUE from an Athletic Commission or other Anti-Doping Organization, I will still need to apply for a UFC TUE. As a condition of USADA's consideration of TUE applications, Athletes acknowledge and agree that their TUE applications and other information submitted or considered in connection with those applications, including decisions of the USADA TUEC, may be shared with any applicable Athletic Commission. I understand that using any prohibited substance and/or method is at my own risk of committing a doping violation until my request has been approved and I receive approval in writing from USADA.

Athlete's Signature: _____

Date: _____

3. Consent to Release Information to UFC

By signing below, I authorize USADA to share the details of my TUE application with the UFC. I understand that this is solely optional and it not a requirement to have my TUE application processed.

Athlete's Signature: _____

Date: _____

4. Medical Information & Diagnosis (** to be filled out legibly by a licensed physician**)

Medical Diagnosis: _____

ICD or DSM Code: _____

5. Supporting Documentation – Important Information for Physicians

The number-one reason why TUE applications are denied is a lack of supporting documentation. **Most importantly, the Therapeutic Use Exemption Committee (TUEC) must have enough medical documentation to come to the same differential diagnosis and treatment plan WITHOUT EVER SEEING THE ATHLETE.** If this documentation is not provided, the TUE will be returned to the athlete without review by the TUEC.

Please provide all the supporting documentation with the application as per below:

Download and review specific medical information if related to the athlete's medical condition – under STEP 2 on the website below: <http://ufc.usada.org/substances/tue/apply>

Comprehensive medical history including a detailed differential diagnosis;

Copies of all relevant examinations and clinical notes (for example, if you reference a clinic visit in a summary, you **must** include a copy of the clinical notes taken during the visit);

Copies of laboratory results/reports, and imaging studies (If laboratory results form part of your diagnosis, it is not sufficient to just say so in a summary paragraph. You **must** submit a copy of the lab results);

A statement of why the Prohibited Substance is needed, and why permitted alternatives are not effective. Note, many TUEs are returned or denied because there is no documentation that any other treatment has been tried. If there are permitted alternatives available, *you must document a failed trial* of those alternatives. If you don't know which alternative medications are permitted, you can search ufc.globaldro.com or contact USADA for more information; and

Independent supporting medical opinion where available or appropriate.

6. Prescription Medication Details: (The prohibited status of any medications and/or methods should be confirmed first by searching ufc.globaldro.com or contacting USADA.)

Prohibited substance(s) or method: <u>Generic or Brand Name</u>	Dose	Route of Administration	Frequency	Not to Exceed (if applicable)
1.				
2.				
3.				
4.				

<p>Prescribed duration of intended treatment: <i>(Please tick all appropriate box(es))</i></p>	<p>Emergency – If this is an emergency (life threatening or urgent care) please write EMERGENCY in block letters on the top of the application to expedite processing.</p> <p>One-Time Use Only</p> <p>Short Term – to treat an acute condition (days)</p> <p>Long Term – to treat a chronic condition (weeks/months/years)</p>
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7. Medical Practitioner's Declaration (CAPITAL LETTERS)

I certify that the above-mentioned treatment is clinical best practice and that the use of permitted alternative medications not on the WADA Prohibited List are unsatisfactory for this condition.

Full Name (with qualification):

Medical Specialty:

Street Address:

State, Postal Code, Country:

Phone Number:

Fax (optional):

E-mail:

Signature of Medical Practitioner:

Date:

Completion of this TUE Application does not guarantee a TUE will be granted. In the absence of a signed *Certificate of Approval for Therapeutic Use* granted by USADA, UFC athletes do not have permission to use a Prohibited Substance and/or Method.

Please submit your UFC TUE Application to the USADA and keep a copy for your records.

By Mail:

United States Anti-Doping Agency (USADA)
Attn: TUE Department
5555 Tech Center Dr., Suite 200
Colorado Springs, CO 80919-9918

By Fax: (719) 785-2029

By E-mail: tue@usada.org

****Please do not send smartphone photos of this TUE Application****

If you do not receive confirmation of receipt within 3 business days, Please contact the TUE Program Lead at tue@usada.org immediately.

For more general information: ufc.usada.org
Check your medications at UFC Global DRO: ufc.globaldro.com
Or contact USADA at 719.785.2000, Toll Free: 866.601.2632
International Toll Free: +8008-120-8120 or ufcathleteexpress@usada.org