



Before completing this form, please check whether your substance and/or method is permitted or prohibited in sport at the GlobalDRO website www.globaldro.com

If the status of your substance or method is prohibited in sport please complete all sections in CAPITAL letters or typing. Illegible or incomplete applications will NOT be processed and will be returned. Athlete to complete sections 1, 2, 3 and 7. A medical practitioner must complete sections 4, 5 and 6.

1. Athlete Information

Last Name: First Name(s):

Female: Male: Date of Birth:

Address: Suburb:

State: Postcode:

E-mail: Telephone:

Sport:

2. Previous Applications

Have you submitted any previous TUE application(s) to any Anti-Doping Organisation for the same condition?

Yes No

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

To whom? When?

Was the previous decision: Approved Not approved



3. Retroactive Applications

Is this a retroactive application? No (If no, go to next page) Yes

If yes, on what date was the treatment started?

If yes, do any of the following exceptions apply? (ISTUE Article 4.1 of the International Standards for TUE):

- 4.1 (a)** - You required emergency or urgent treatment of a medical condition.
- 4.1 (b)** - There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.
- 4.1 (c)** - You were not permitted or required to apply in advance for a TUE as per your sports anti-doping rules.
- 4.1 (d)** - You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organisation and were tested.
- 4.1 (e)** - You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., S9 glucocorticoids (See [Prohibited List](#))

Please explain (if necessary, attach further documents)

Other Retroactive Applications (ISTUE Article 4.3)

In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, 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 under Article 4.3, please include a full reasoning and attach all necessary supporting documentation.

If the retroactive request is for a substance and/or method detected as a result of doping control, please state:

Date of sample collection:

Substance(s)/method(s) detected:



Medical Practitioner to complete sections 4, 5 and 6

NOTE: The World Anti-doping Agency and Sports Integrity Australia (SIA) maintain a series of guidelines and checklists, to assist athletes and medical practitioners in the preparation of TUE applications. TUE Physician guidelines and checklists for a number of medical conditions commonly affecting athletes and requiring treatment with prohibited substances are accessible on the [SIA website – Medical Evidence Needed](#).

4. Medical Information

Diagnosis (Please use the [WHO ICD 11](#) classification or [DSM-5](#) if possible):

Medical documentation attached:

Please provide medical evidence confirming the diagnosis and forward 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.

5. Medication Details

Prohibited Substance(s)/Method(s) Generic name(s)	Dosage	Route of Administration	Frequency	Duration of Treatment
1.				
2.				
3.				



6. Medical Practitioner's Declaration

I, [Name:] _____, certify that the information in sections 4, 5 and 6 is accurate. I acknowledge and agree that my supplied contact details may be used by the Combat Sports Commission (CSC) 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.

License number:

Address:

Suburb:

Postcode:

State:

Telephone:

E-mail:

Signature of Medical Practitioner:

Date:

Practice stamp required:

7. Athlete's Declaration

I,[Name:] _____, certify that the information set out at sections 1, 2, 3 and 7 is accurate and complete. I authorise my medical practitioner(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 Combat Sports Commission, who is responsible for making a decision to grant, reject, or recognise my TUE; and if needed to assess my application, other independent medical, scientific or legal experts. These people are subject to a professional or contractual confidentiality obligation.

Athlete's signature:

Date:

Parent's/Guardian's signature:
(If the Athlete is a minor)

Date:

Please upload your completed application and all supporting medical information via your Combat Sports Commission online portal account or email to combatsport@cits.wa.gov.au and ensure you retain a copy of any documents submitted for your own personal records.