**ICC Therapeutic Use Exemption (TUE)**

**Application Form**

Please complete all sections in capital letters or type. Players to complete sections 1, 2, 3 and 7. Physician to complete section 4, 5 and 6. Illegible or incomplete applications will be returned and will need to be resubmitted in legible and complete form. Completed forms along with supporting documentation to be submitted to [anti-doping@icc-cricket.com](mailto:anti-doping@icc-cricket.com).

1. **Athlete Information**

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| --- | --- |
| Last name: | First Name (s): |
| Female:  Male: | Date of Birth (dd/mm/yyyy): |
| Address: | |
| City: | Country: |
| Postcode: | Telephone: |
| E-mail: | Mobile: |
| National Cricket Federation: | |
| **Where the player wishes for the ICC to communicate with their Player Representative. Please provide the following details.** | |
| Last Name: | First Name: |
| E-mail: | Telephone: |

1. **Previous Applications**

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| --- | --- |
| Have you submitted any previous TUE application(s) to any Anti-Doping Organisation for the same (or similar) condition? | |
| Yes  No  For which substance(s) or method(s)?  To whom?       When?  Decision: Approved  Not Approved  Has any TUE application that you have previously made (for any medication) ever been declined?  Yes  No |

|  |  |
| --- | --- |
| Is this a retroactive application? | |
| Yes  No  If yes, on what date was the treatment started? | |
| Do any of the following exceptions apply? (Article 4.1 of the ISTUE):  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 submitted 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 the ICC Anti-Doping Code.  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 the current WADA Prohibited List) | |
| Please explain (if necessary, attach further documentation)    Other Retroactive Applications (ISTUE Article 4.3)    In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, a Player may apply for and be granted retroactive approval of 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. | |
|  |  |

1. **Retroactive Applications**
2. **Medical Information** (please attach relevant medical documentation)

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| Diagnosis (Please use the WHO ICD 11 classification if possible): | |
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| --- | --- | --- | --- | --- |
| Prohibited Substance(s)/Methods(s) Generic name(s) | Dosage | Route of Administration | Frequency | Duration of Treatment |
|  |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

1. **Medication Details**

*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.*

*WADA maintains a series of TUE checklists to assist athlete and physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term “Checklist” on the WADA website:* [*https://www.wada-ama.org*](https://www.wada-ama.org)*.*

1. **Medical Practitioner’s Declaration**

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| I certify that the information in sections 4 and 5 above is accurate. I acknowledge and agree that my personal information may be used by 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. I further acknowledge and agree that my personal information will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes. See the ADAMS privacy policy - <https://adams-help.wada-ama.org/hc/en-us/articles/360012071820-ADAMS-Privacy-Policy>. |
| Name:  Medical Speciality:       License number:  License body:  Address:  City:       Country:  Post Code:       Fax:  Telephone:       E-mail:  Signature:       Date: |

1. **Athlete’s Declaration**

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| --- |
| 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 Anti-Doping Organization(s) (ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of relevant ADO(s) and WADA TUE Committees (TUECs) 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 further authorize       to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.  I have read and understood the TUE Privacy Notice (below) explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.  Athlete’s signature: Date:    Parent’s/Guardian’s signature: Date:  (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 ICC 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 ADOs (including the ICC and WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or 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, the ICC Anti-Doping Code and the anti-doping rules of ADOs with authority to test you. This includes:

- Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and

- In 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:

- ADO(s) responsible 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 to ADOs with testing authority and/or results management authority over you;

- ICC authorized staff;

- Members of the ICC TUE Committee (TUECs) and WADA; and

- Other independent medical, scientific or legal experts, if needed.

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

Your PI will also be uploaded to ADAMS by the ICC so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your PI, consult the ADAMS Privacy Policy (ADAMS Privacy Policy). You may also consult the ICC to obtain more detail about the processing of your PI.

**FAIR & LAWFUL PROCESSING**

When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing described in this Notice. Alternatively, ADOs and these other parties may rely upon other grounds recognized in law to process your PI for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfill contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfill legitimate interests associated with their activities.

**RIGHTS**

You have rights with respect to your PI under the ISPPPI, including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.

Where the processing of your PI is based on your consent, you can revoke your consent at any time, including the authorization to your physician to release medical information as described in the Athlete Declaration. To do so, you must notify the ICC and your physician(s) of your decision. If you withdraw your consent or object to the PI processing described in this Notice, your TUE will likely be rejected as ICC will be unable to properly assess it in accordance with the Code and International Standards.

In rare cases, it may also be necessary for ICC to continue to process your PI to fulfil obligations under the Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, the ICC and/or WADA.

**SAFEGUARDS**

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request will be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted are subject to confidentiality agreements.

**RETENTION**

Your PI will be retained by the ICC (and WADA) for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for 10 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**

For questions or concerns please contact the ICC Anti-Doping Team. Phone - +971 50 554 5891 (24hrs)

E-mail – [anti-doping@icc-cricket.com](mailto:anti-doping@icc-cricket.com)

**Please submit the completed form with supporting documentation to** [**anti-doping@icc-cricket.com**](mailto:anti-doping@icc-cricket.com)**.**