



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 ADOs (including WADA and IMMAG) 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, 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;
- WADA authorized staff;
- Members of the TUE Committees (TUECs) of each relevant ADO 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 ADO and WADA staff will receive access to your application. ADOs (including WADA and IMMAG) must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). **You may also consult the ADO to which you submit your TUE application to obtain more details about the processing of your PI.¹**

Your PI will also be uploaded to ADAMS by the ADO which receives your application 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](#)).

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 fulfil contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfil legitimate interests associated with their activities.²

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 your ADO 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 ADOs will be unable to properly assess it in accordance with the Code and International Standards.

In rare cases, it may also be necessary for ADOs 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, WADA and/or an ADO.

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 must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

Under the ISPPPI, ADO staff must also sign confidentiality agreements, and ADOs must implement strong privacy and security measures to protect your PI. The ISPPPI requires ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in ADAMS by consulting the response to [How is your information protected in ADAMS?](#) in our [ADAMS Privacy and Security FAQs](#).

RETENTION

Your PI will be retained by ADOs (including 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

Consult [IMMAF](#)³ at michele.verroken@immaf.org³ for questions or concerns about the processing of your PI.

To contact WADA, use privacy@wada-ama.org.

Please submit the completed form to [\[Click or tap here to enter text.\]](#) via [\[consider providing an encrypted or other secure file sharing system to submit applications to you electronically. Alternatively encourage Athletes to password protect their document\]](#) (keeping a copy for your records).



Please complete all sections in legible capital letters or type the responses in English.

This form may also be completed online (electronic signature, saved and submitted by email to tue@immaf.org. Illegible or incomplete applications will be returned and will need to be re-submitted in legible, complete form.

ATHLETE -COMPLETE sections A 1,2,3 and C7

PRESCRIBING MEDICAL PRACTITIONER -COMPLETE sections B 4,5,6

| A1. PERSONAL INFORMATION | | | |
|---|--------------------------------|--|---|
| Family Name | Gottlieb | Given Name(s) | Yoni |
| Date of Birth | dd/mm/yyyy | Unique ID/ Membership No | |
| Nationality | | Sex/Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address | | | |
| City | | | |
| Country | | Zip/ Postcode | |
| Tel (with international code) | | Cell/ Mobile (with international code) | |
| Email | | | |
| Preferred method for communication: | Email <input type="checkbox"/> | SMS <input type="checkbox"/> | Tel <input type="checkbox"/> |
| Name of national MMA organisation: | | | |
| I am part of IMMAF's registered testing pool: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| I am competing in an international event: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: |

| A2. CONFIRMATION OF PREVIOUS APPLICATION FOR TUE/APPROVED TUE IN PLACE | | | |
|---|-----------------------------|-------------------------------|--|
| Have you submitted a previous TUE application for this medical condition to any Anti-Doping Organisation? | No <input type="checkbox"/> | Yes* <input type="checkbox"/> | |
| *If Yes, for which substance(s) | | | |
| To Whom? | When? | Decision: | Not Approved <input type="checkbox"/> Approved* <input type="checkbox"/> |
| *if approved what duration does the approval have? | Date approval ends | dd/mm/yyyy | |

Please attach a copy of the NADO's TUE certificate and any other relevant information

| A3. RETROACTIVE APPLICATION (emergency treatment or exceptional circumstances) | |
|--|--|
| Is this a retroactive application? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If Yes, date treatment started | dd/mm/yyyy Duration: |
| Please indicate reason for retroactive application: Which of the following exceptions (article 4.1 of the ISTUE) apply: | |
| <input type="checkbox"/> 4.1 (a) You required emergency treatment or treatment of an acute medical condition | |
| <input type="checkbox"/> 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 | |
| <input type="checkbox"/> 4.1 (c) You were not permitted or required to apply in advance for a TUE as per IMMAF anti-doping rules | |
| <input type="checkbox"/> 4.1 (d) You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested. | |

4.1 (e) You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition (See S6 to S9 of the [Prohibited List](#); e.g. S9 glucocorticoids).

Please explain (if necessary, attach further documents)

Other Retroactive Applications (Article 4.3 of the ISTUE):

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.

PHYSICIAN TO COMPLETE SECTION B 4, 5, AND 6

B4. MEDICAL INFORMATION (please attach relevant documentation)

DIAGNOSIS with sufficient medical information: (Please use the WHO ICD 11 classification if possible)

Evidence confirming the diagnosis must be attached and forwarded with this application.

The medical evidence should include: **a comprehensive medical history, results of all relevant examinations, laboratory investigations and imaging studies.** Copies of 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. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

If a permitted medication can be used to treat the medical condition, please provide:

- **clinical justification** for the requested use of the prohibited medication and
- **confirmation** as to why a permitted alternative is not appropriate:

B5. MEDICAL INFORMATION (please attach relevant documentation)

| <u>FULL NAME OF MEDICATION</u> (include ingredients) | <u>DOSE</u> | <u>ROUTE OF ADMINISTRATION</u> | <u>DURATION/FREQUENCY</u> (including date treatment to start and whether once only or ongoing) |
|---|-------------|--------------------------------|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Status of medications may be checked through drug information websites or searching national database of the country medication was purchased

B6. MEDICAL PRACTITIONER'S DECLARATION

I certify that the information in sections 4 & 5 above is accurate. I acknowledge and agree that my personal information may be used by Anti-Doping Organisations 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 IMMAF) and the [ADAMS Privacy Policy](#) for more details).

| | | | |
|---|------------------------------|-------------------------------------|-----------------------------|
| Name | | Professional Registration No | |
| Medical Speciality | | | |
| Address | | | |
| Telephone | | Fax | |
| Email | | | |
| I have attached additional information | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (note no of pages here) ___ |
| Signature: | Date: dd/mm/yyyy | | |

C7. 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 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 IMMAF 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 explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

I understand I have the right to revoke this consent for these organisations to obtain my health information; to do so I must notify my medical practitioner and IMMAF in writing of that fact, however it may be necessary for TUE related information to be retained for the sole purpose of establishing a possible anti-doping rule violation.

I understand and agree that:

- My data will only be used to allow the above organisations to administer the anti-doping programme in accordance with the WADA Code International Standard for TUEs.
- My data will be collected by IMMAF who shall be responsible for ensuring the protection of this data.
- Persons or organisations receiving my personal information may be located outside my country of residence and that in some countries, data protection and privacy laws may not be the same as those in my country.
- I may access and/or correct and inaccurate data at any time.

By signing this form, I expressly authorise the use of my data as set out above.

Athlete's Signature

Date dd/mm/yyyy

If the athlete is under 18 years of age or has a disability preventing him/her from signing this form, a parent or guardian shall sign together with, or on behalf of, the athlete.

Parent's/Guardian's Name

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)

GUIDELINES FOR THE COMPLETION OF THE TUE FORM

Complete all sections **in English**, in capital letters or typing.
Signatures may be typed; confirmatory signatures may be requested.

USE ONE FORM PER MEDICAL CONDITION

Part A The athlete should complete Section A 1,2 and 3 with as much information as possible.

A1 Athlete Information. It is helpful to know how best to contact you to check information, and to advise you of the TUEC decision.

A2 If you have previously applied to another organisation for approval to use or declare a prohibited medication state which organisation, when and the decision. If you are registering an approved TUE complete this section and attach the medical evidence with the certificate

A3 If this is a retroactive application for emergency treatment or due to exceptional circumstances (explain why).

C7 Complete this section and sign and date the form.

Part B Physician to complete Sections B 4, 5 and 6

If you require any assistance with the completion of this form, please contact:
michele.verroken@immaf.org or tue@immaf.org

MEDICAL FILE REQUIREMENTS

WADA maintains a series of TUE Checklists to assist athletes 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>

FORM SUBMISSION

Complete this form online, save and send (Page 3-6) as an attachment.

(electronic signature, save and submit by email to tue@immaf.org.)

Original signature may be required later.

Password protect all documents containing sensitive personal information

IN AN EMERGENCY – treat the medical condition and submit the form immediately

Once the form is complete, please ensure that you keep a copy for your files.