



Therapeutic Use Exemptions (TUE) Application Instructions

治療用藥豁免申請指引

1. Therapeutic Use Exemptions (TUE) application should be made as soon as the need arises, or **at least 30 days before** the approval is required (e.g. participation in a competition).

你應盡早遞交治療用藥豁免(TUE)申請，或在需要獲批 TUE 的日期(例如參加比賽)**最少 30 日前**遞交申請。

2. TUE application should be submitted to Hong Kong Anti-Doping Committee (HKADC) under the following circumstances:

在下列情況之下，運動員應向香港運動禁藥委員會(HKADC)遞交治療用藥豁免申請：

- a) You are **NOT** in the Registered Testing Pool of your International Federation (IF);
你**不是**國際聯會的註冊藥檢名單運動員；
- b) You have confirmed with your IF that they will **NOT** accept nor process your TUE application (Please contact HKADC Office for a template <Letter to IF> if needed); and
你所屬之國際聯會確認不會接受或處理你的治療用藥豁免申請 (如有需要，請聯絡本會辦事處索取 <致國際體育聯會信函>之樣本)；及
- c) You have already contacted and informed HKADC Office to confirm items a) and b) above.
你已經聯絡並通知本會辦事處確認上述 a)及 b)項。

3. You must submit the following documents to apply for a TUE:

你必須遞交以下文件以申請治療用藥豁免申請：

- a) **TUE Application Form** completed by the athlete and his/her physician.
由醫生及運動員一同填妥的**治療用藥豁免申請表**。
- b) **Detailed medical report and/or letter** confirming the diagnosis by your physician (including medical history, laboratory results, examination reports, etc.)
提供診斷證明的詳盡**醫療報告及/或醫生信** (包括醫療紀錄、化驗結果、檢查報告等)

4. Please follow the steps below to assist your doctor to prepare the medical report:

請按照以下步驟協助醫生準備有關醫療報告:

- a) Download and print out the **<TUE Physician Guidelines>** corresponding to your medical condition at World Anti-Doping Agency's (WADA) webpage below:

前往世界運動禁藥機構(WADA)網頁下載及列印相應你病況的<治療用藥豁免醫生指引> :

[https://www.wada-ama.org/en/resources/search?f\[0\]=field_topic%3A161&f\[1\]=field_resource_type%3A101](https://www.wada-ama.org/en/resources/search?f[0]=field_topic%3A161&f[1]=field_resource_type%3A101),

- b) Show the Guidelines to your physician and ask him/her to provide the requested proof according to requirement as stipulated in **"Section 2. Diagnosis"**.

向你的醫生展示有關指引，並請他/她根據「第二部份 - 診斷」列明的要求提供證明。

5. Please contact HKADC Office promptly for any uncertainty of the above procedures.

如對以上程序有任何疑問，請盡早聯絡本會辦事處。



Therapeutic Use Exemptions (TUE) Application Form 治療用藥豁免申請表

Please complete all sections in capital letters or typing 請以大寫或印刷體填妥所有部分

Section 1,5,6,7: to be completed by athlete 第 1、5、6、7部分：由運動員填寫

Section 2,3,4: to be completed by prescribing physician 第 2、3、4部分：由處方醫生填寫

Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form
難以閱讀或未填妥之申請表將會被退回，運動員須重新遞交清晰及完全填妥的表格。

1. Athlete Information 運動員資料

Surname 姓: _____	Given Names 名: _____
Gender 性別: <input type="checkbox"/> Female 女性	<input type="checkbox"/> Male 男性
Date of Birth 出生日期 (d日/m月/y年): _____	
Address 地址: _____ _____	
Tel. 電話: _____	E-mail 電郵: _____
Sport 運動: _____	Discipline/Position 項目/位置: _____
International Federation or National Sport Association 所屬國際聯會或地區體育總會: _____	
Next competition and Date 即將參加的比賽名稱及日期: _____	
If you are an Athlete with an impairment, please indicate the impairment: 如你是殘疾運動員，請說明殘疾情況： _____ _____	

2. Medical Information 醫療資料 (continue on separate sheet if necessary 如有需要請另加附頁填寫)
Diagnosis 診斷 #:

If a permitted medication can be used to treat the medical condition, please provide clinical justification for the requested use of the prohibited medication 如有允許使用的藥物可用於治療，請提供必須使用所申請的禁用藥物的臨床證明：

Note 註：Diagnosis 診斷

Evidence confirming the diagnosis shall 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. Evidence should be as objective as possible in the clinical circumstances. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application. Please provide the English translation of the supporting document if the originals are in other languages.

World Anti-Doping Agency (WADA) maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE application. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" of the WADA website: <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

申請時應一併提交詳盡的診斷證明。診斷證明必須包括詳盡的醫療紀錄，以及所有化驗、造影、或其他相關檢查結果。請盡量遞交所有報告或信件的複印本。臨床證據必須盡量客觀。如果客觀證據不明顯，可提交獨立醫學意見以支持有關申請。如有關文件的原文並非英文，請提供有關文件的英文翻譯本。

世界運動禁藥機構(WADA)提供一系列指引以協助醫生填寫完整及全面的TUE申請表。你可於WADA網站：<https://www.wada-ama.org> 輸入搜索字 "Medical Information" 以尋找這些TUE醫生指引。有關指引主要針對一些運動員常患及需要使用禁藥治療的醫療狀況，提供診斷及治療資訊。

3. Medication Details 藥物詳情

Prohibited substance 禁用物質 Generic name 學名	Dose 劑量	Route of Administration 處方途徑	Frequency 使用的頻率	Duration of Treatment 治療期
<i>Example : Prednisolone</i>	<i>10mg</i>	<i>Oral</i>	<i>2 times/day</i>	<i>1/1/2019 – 31/3/2019</i>
1.				
2.				
3.				

4. Medical Practitioner's Declaration 醫療人員聲明

I certify that the information at Sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.

本人證明以上第2及第3部份所提供資料準確，而上述治療在醫學上是適當處理方法。

Name 姓名：

Medical specialty 專科：

Address 地址：

Tel. 電話：

Fax 傳真：

E-mail 電郵：

Signature of Medical Practitioner

醫療人員簽署：

Date 日期：

5. Retroactive Applications 補辦申請

Is this a retroactive application? 是否補辦申請?

Yes 是

If yes, on what day was treatment started?

如答是，治療於哪一天開始? _____

No 否

Please indicate reason 請提供理由:

Emergency treatment or treatment of an acute medical condition was necessary

必須作出緊急治療或處理危急病情

Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection 因特殊情況，在接受藥物檢測前沒有足夠時間或機會遞交申請

Advance application not required under applicable rules

按規例無須事前作出申請

Fairness (WADA and HKADC approval required)

公正 (須獲WADA及HKADC批准)

Please explain 請解釋:

6. Previous Applications

Have you submitted any previous TUE application(s) to any Anti-Doping Organization?

你是否曾經向任何運動禁藥管制機構提交治療用藥豁免申請?

Yes 是

No 否

If yes, for which substance or method? 如答是，曾經就哪種物質或方法提出申請?

To whom 向哪個機構提交申請? _____

When 何時提交? _____

Decision 審批結果: Approved 批准 Not approved 否決

7. Athlete's Declaration 運動員聲明

I, certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the relevant Anti-Doping Organization (ADO) as well as to World Anti-Doping Agency (WADA) authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the World Anti-Doping Code ("Code") and/or the International Standard for Therapeutic Use Exemptions. These people are subject to a professional or contractual confidentiality obligation.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise any rights I may have, such as my right of access, rectification, restriction, opposition, or deletion; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the purpose of investigations or proceedings related to a possible anti-doping rule violation, where this is required by the Code, International Standards, or national anti-doping laws; or to establish, exercise or defend a legal claim involving me, WADA, and/or an ADO.

I consent to the decision on this application being made available to all ADOs, or other organizations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence. I understand that my information may be stored in ADAMS, which is hosted by WADA on servers based in Canada, and will be retained for the duration as indicated in the WADA International Standard for the Protection of Privacy and Personal Information (ISPPPI)

I understand that if I believe that my Personal Information is not used in conformity with this consent and the ISPPPI, I can file a complaint to WADA (privacy@wada-ama.org) or my national regulator responsible for data protection in my country.

I understand that the entities mentioned above may rely on and be subject to national anti-doping laws that override my consent or other application laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

本人.....，確認在第1、5及6部份所提供的資料準確無誤。本人同意依照世界運動禁藥法規，及/或治療用藥豁免國際標準，將個人醫療資料提交至相關運動禁藥管制機構及世界運動禁藥機構(WADA)的有關職員、WADA治療用藥豁免專責委員會及相關運動禁藥管制機構的治療用藥豁免專責委員會的有關職員。上述人士均有專業及合約上的保密責任

本人同意本人的醫療人員在認為必要的情况下，可向上述人士提供任何健康資料，以協助處理本人之有關申請。

本人明白本人資料只會用作於審核本人的治療用藥豁免申請和執行禁藥管制調查和程序。本人明白當本人希望(1)得知上述機構如何運用本人的健康資料；(2)行使任何權利包括查閱、更改、限制、反對或刪除個人資料；(3)撤銷上述機構取得本人健康資料之權利，本人必須以書面方式通知本人的醫療人員和所屬的運動禁藥管制機構。本人明白並同意根據世界運動禁藥法規、國際標準及國家運動禁藥管制法例，本人在撤回同意前所遞交的醫療資料將會被保留，以用於調查或處理違反禁藥規條案件；或用作提出、行使或抗辯牽涉本人、WADA、及/或運動禁藥管制機構的索償。

本人同意將有關申請之最後決定提供予所有運動禁藥管制機構、或對本人有檢測及/或結果管理權力之其他機構。

本人明白接收本人資料及有關申請結果的機構可能位於本人居住地以外的地區，當中某些地區的資料保障及私隱條例可能有別於本人所居地區的法例。本人明白本人的資料有機會儲存於ADAMS，其伺服器位於加拿大並由WADA管理，並會根據WADA私隱及個人資料保障國際標準(ISPPPI)保留若干時間。

本人明白如本人相信有關機構並不依照本同意書及ISPPPI使用本人的個人資料時，本人可向WADA (privacy@wada-ama.org)或負責個人資料保障的本地機關投訴。

本人明白上述機構有可能遵從國家運動禁藥管制法例或其他適用法例，在未經本人同意下向地區法院、執法機關，或其他公共機構透露有關資料。本人可向所屬國際聯會或國家運動禁藥管制機構索取更多有關國家運動禁藥管制法例的資訊。

(注意：此聲明為英文版本譯本，如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。)

Athlete's signature 運動員簽署 _____

Date 日期： _____

If the athlete is under the age of 18 or has an impairment preventing him/her from signing this form, a parent or guardian shall sign together with or on behalf of the athlete 若運動員未滿18歲，或有任何身體障礙導致他/她本人未能簽署此表，父母一方或監護人應代表運動員簽名或與運動員一同簽名

Parent's/Guardian's Signature

家長/監護人簽署： _____

Date 日期： _____

Name姓名： _____

**Please submit the completed form with supporting documents to HKADC
(keep a copy for your own records)**

請將填妥的表格連同證明文件交回香港運動禁藥委員會(請自行保留副本)

Hong Kong Anti-Doping Committee
香港運動禁藥委員會

Address 地址： Upper 10/F, Sports Complex Building, South China Athletic Association,
88 Caroline Hill Road, Causeway Bay, Hong Kong
香港銅鑼灣加路連山道 88 號南華體育會體育中心 10 樓上層

Tel 電話： 2890 3700

Fax 傳真： 2890 3677

E-mail 電郵： antidoping@hkolympic.org

Web Site 網址： www.antidoping.hk