

IMPORTANT NOTICE **THERAPEUTIC USE OF PROHIBITED SUBSTANCES**

The doping policy of Motorcycling Australia and the Australian Sports Commission prohibits the use of a number of substances by motorcycle sport competitors. For more information about MA's anti-doping policy, refer to the Manual of Motorcycle Sport (GCRs).

HOWEVER

New procedures were recently implemented which provide competitors with the opportunity to seek approval to use certain prohibited substances. Such approval is only available for substances regarded as having a therapeutic purpose.

In other words, it may be permissible for you to use a prohibited substance, provided that it is essential for the on-going treatment of a disease or physical condition. Whilst application can be made to use a range of prohibited substances in this manner, common conditions for which such applications may be sought include the treatment of Attention Deficit Disorder (ADD) and Epilepsy. Applications for the use of asthma-related medications may also be made – you are, however, required to complete a separate form in this circumstance, which is available from your SCB.

In order to apply please complete the attached form, have it endorsed by your medical practitioner, and return it to:

Australian Sports Drug Medical Advisory Committee (ASDMAC)
PO Box 345
Curtin, ACT 2605
Ph: (02) 6206 0232 Fax: (02) 6206 0262

You will be informed as to whether your application has been successful, shortly after its submission.

If you are in doubt, as to whether a drug you are using is prohibited, call the Australian Sport Drug Agency hotline on 1800 020 506, or visit www.asda.org.au. Any additional queries should be directed to Kate Edwards at Motorcycling Australia on (03) 9684 0500.

REQUEST FOR APPROVAL FOR THERAPEUTIC USE OF A PROHIBITED MEDICATION Standard Application Form

The information collected on this form will be used by ASDMAC to consider approval to use a scheduled drug or doping methods for therapeutic purposes, whose use is otherwise prohibited under the anti-doping rules for sport.

ASDMAC is authorised under the Australian Sports Drug Agency Act 1990 ('the Act'), and in particular Regulations 64 (2), to provide such approvals.

This information, and the results of the application, may be released to the following parties in the circumstances as described by the Act:

- The Australian Sports Drug Agency (ASDA);
- The Australian Sports Commission (ASC);
- A relevant Sporting Administration Body (as defined by the Act);
- The World Anti-Doping Agency (WADA); or
- Other National and International Anti-Doping Organisations for the purposes of the implementation, co-ordination, administration, monitoring and enforcement of anti-doping programs in sport.

Approval cannot be completed until a fully completed and signed original application form is received. Please attach and forward all relevant medical information that will assist the committee in its consideration of this request.

Please write clearly using BLOCK Letters.

ATHLETE DETAILS

Surname: _____		Given Names: _____	
Title: Mr., Dr., Ms., Mrs., Miss	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth: _____
Address: _____			
State: _____	Postcode: _____	Email: _____	
Tel. Work: _____	Tel. Home: _____	Mobile: _____	
Sport: _____	Discipline/Position: _____		
National Sporting Organisation: _____			
If athlete with disability, indicate disability: _____			

Previous current TUE requests: Yes No

Date	Anti-doping organisation	Substance	Result

Please attach previous TUE/s to this application

NOTIFYING MEDICAL PRACTITIONER

Name, qualifications and medical speciality (see note 1): _____	
Address: _____	
E-mail address: _____	
Tel. Work: _____	Tel. Home: _____
Mobile: _____	Fax: _____
*Diagnosis (see note 2): _____	
Has the national sporting organisation Chief Medical Officer been notified of this request? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of NSO's Chief Medical Officer (see note 3): _____	

MEDICATION DETAILS

(see note 4)

Prohibited Medication	Prohibited substance(s):	Dose of administration	Route of administration	Frequency of administration

Anticipated duration of treatment

If appropriate, reasons for not prescribing alternative permitted therapies (see note 5)

NOTES

NOTE 1	<i>Name, qualification and medical speciality</i> For example: Dr AB Cook, MD FRACP, Gastro-enterologist.
NOTE 2	Diagnosis Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history, examinations, investigations or specialist medical reports. Copies of the original reports or letters should be included when possible. 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.
NOTE 3	NSO Chief Medical Officer Where possible the Chief Medical Officer (OCMO) of the sport involved should be notified of the application to ASDMAC. An application before ASDMAC may not be able to be processed if the appropriate CMO has not been notified.
NOTE 4	Medication details Provide details concerning all medications or treatments that have been tried. Use generic names and specify medication dose.
NOTE 5	If a permitted medication can be used in the treatment of the athlete's medical condition, please provide clinical justification for the requested use of the prohibited medication.

Additional information

MEDICAL PRACTITIONER'S DECLARATION

I, _____ declare that the abovementioned medication/s for the above named athlete has been/are to be administered as the correct treatment for the above named medical condition. I further certify that the use of alternative medications not on the Prohibited List would be unsatisfactory for the treatment of the abovementioned condition.

Signature of Medical Practitioner: _____ **Date:** _____

ATHLETE APPLICATION, AUTHORITY AND DECLARATION

I, _____ declare that the information I have provided on and with this application is accurate and complete. I am requesting that ASDMAC provide me with an approval to use a substance or method that is prohibited by the rules of my sport. I understand that incomplete application forms will be returned to me for completion and resubmission. I consent to my personal medical information being disclosed to, and used by relevant persons, bodies and agencies as appropriate for the consideration of this application and the implementation, co-ordination, administration, monitoring and enforcement of the therapeutic use exemptions under the relevant national and international anti-doping programs of my sport. I understand that these bodies may include the Australian Sports Drug Agency, Commonwealth Minister of Sport, the Australian Sports Commission, the World Anti-Doping Agency, other national and international anti-doping agencies and organisations, and the relevant national and international sporting administration organisations of my sport.

Athlete's signature: _____ **Date:** _____

Parent's/Guardian's signature: _____ **Date:** _____

ASDMAC decision (office use only)

Application No:	Application complete:	Yes	No	Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>
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* The above advice remains current for **ONE YEAR ONLY** from the date of notification to ASDMAC.

NOTE: IF IN DOUBT REFER TO THE ASDA DRUGS IN SPORT HOTLINE – 1800 020 506 or visit www.asda.org.au

Return to:

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PO Box 345, Curtin, ACT 2605 Ph: (02) 6206 0232 Fax: (02) 6206 0262

File: A21/6 Doc: 70001366

