M-8 Application Form
Therapeutic Use Exemption

Before taking into consideration this demand the FIVB requires the athlete's medical file.

I apply for approval from FIVB for the therapeutic use of a prohibited substance on the WADA List of Prohibited Substances and Prohibited Methods, and according to the FIVB Medical Regulations that is subject to the Therapeutic Use Exemption application process.

1. Athlete Information (please print and complete ALL sections)

Surname: _____ Given Names: _____

Male ☐ Female ☐ Date of Birth (d/m/y): _____

ZIP and City: _____ Country: _____

Address: _____ Tel. Home: _____

Tel. Work: _____ Mobile: _____

E-mail: _____ Fax: _____

National Federation _____ Position _____

Discipline _____

Please tick the appropriate box:

☐ I am part of the FIVB Registered Testing Pool for Beach Volleyball or Volleyball

☐ I am part of a National Anti-Doping Organization Testing Pool

☐ I am participating in a FIVB or continental Event for which a TUE granted pursuant to the FIVB Medical Regulations is required[1]
– Name of FIVB or continental Event:
_____

☐ None of the above

If athlete with disability, indicate disability: _____

2. Notifying medical practitioner

Name, qualifications and medical specialty
(for example: Dr. AB Cook, MD FRACP, Gastro-enterologist): _____

Address: _____ ZIP and City: _____

Tel. Home: _____ Tel. Work: _____

Mobile: _____ Email: _____

1 International Events for which a certificate of Therapeutic Use from FIVB is required are defined as being those Events where the FIVB or its Confederations are "the ruling body for the Event or appoint the technical officials for the Event". FIVB Events are listed on the FIVB website: www.fivb.org

3. Medical Information

Diagnosis with sufficient medical information[2]: _____

Medical examination (s)/test (s) performed: _____

Medication	Prohibited Substance (s) **Generic name**	Dose	Route	Frequency

Anticipated duration of this medication plan: _____

Additional information: _____

Previous TUE applications:

☐ Yes
☐ No

For which substance? _____

To whom? _____

When? _____

Decision:

☐ Approved
☐ Not approved

4. Medical practitioner's declaration

I,_____ certify the above-mentioned substance/s for the above named athlete have 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 above named medical conditions.

Specify reasons: _____

Signature and stamp of Medical Practitioner: _____

2 Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should 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 and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.

5. Athlete's declaration

I,_____ certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the FIVB and other responsible Anti-Doping Organization (ADO) as well as to 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 provisions of the Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and FIVB 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 sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint exclusively to WADA or CAS.

Signature of the athlete: _____

Date: _____

Parent's/Guardian's Signature: _____

(If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete).

Incomplete and/or illegible Applications will be returned and will need to be resubmitted!

F E D E R A T I O N I N T E R N A T I O N A L E D E V O L L E Y B A L L

Edouard-Sandoz 2-4, 1006 Lausanne/Switzerland ; Tel.: +41 21 345 35 35, Fax: +41 21 345 35 45
E-mail: medical@fivb.org