



FISA - International Rowing Federation
Maison du Sport International
Av. de Rhodanie 54
1007 Lausanne
Switzerland

2008 Version

Tel: +41.21 617 83 73

Fax: +41.21 617 83 75

Abbreviated Therapeutic Use Exemptions ATUE

Please complete all sections in capital letters (typing preferred)

| | |
|---|---|
| <input type="checkbox"/> Beta-2 agonists by inhalation Only: Formoterol, Salbutamol, Salmeterol, Terbutaline. No other beta-agonist on this form | <input type="checkbox"/> Glucocorticosteroids by non-systemic routes |
|---|---|

Reminder:

- *All glucocorticosteroids are prohibited when administered orally, rectally, intravenously or intramuscularly. This use requires a Standard Therapeutic Use Exemption approval.*
- *Other routes of administration*
 - o *intraarticular /periarticular/ peritendinous/ epidural/ intradermal injections*
 - o *inhalation**require an Abbreviated Therapeutic Use Exemption except as noted below.*
- *Topical preparations when used for dermatological, including iontophoresis/phonophoresis, auricular, nasal, ophthalmic, buccal, gingival and perianal disorders are not prohibited and do not require any form of Therapeutic Use Exemption.*

1. Athlete Information

- I am included in the FISA registered Testing Pool and/or
 - I am preparing a
 - FISA World Cup Regatta
 - FISA World Championship
 - Continental Championship
 - Olympic Qualification Regatta

Surname: Given Names:

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

Address:

City: Country : Postcode:

Tel. home:Tel. work: Mobile:
(with international code)

Email: Fax:

Sport: Discipline/Position:

National federation:

2. Medical information

Diagnosis:

Medical examinations carried out to confirm the diagnosis :

.....

Pulmonary function tests performed **for using these beta 2 agonists**: formoterol, salbutamol, salmeterol and terbutaline

These tests must be carried out during the last four years.

- | | |
|--|---|
| <input type="checkbox"/> Bronchodilator test | <input type="checkbox"/> Hypertonic aerosol |
| <input type="checkbox"/> Eucapnic voluntary hyperpnea test | <input type="checkbox"/> Metacholine test |
| <input type="checkbox"/> Laboratory exercise or field exercise | <input type="checkbox"/> Other test |

N.B. Accordingly to the Code, at any time FISA and/or WADA may ask the details of the tests carried out and review their decision.

| Prohibited substance(s): <i><u>Generic name</u></i> | Dose | Route | Frequency |
|--|------|-------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| | | |
|---|------------------------------------|--|
| Intended duration of treatment: <i>(Please tick appropriate box)</i> | Once only <input type="checkbox"/> | Emergency treatment <input type="checkbox"/> |
| | or duration (week/month): | |

3. Medical practitioner's and athlete's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.

Name:

Medical Speciality:

Address:

Tel.: **Fax:**

E-mail:

Signature of Medical Practitioner: **Date:**

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 Anti-Doping Committee of FISA as well as to WADA staff and to the WADA TUEC (Therapeutic Use Exemption Committee) as well as any other anti-doping organization under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and FISA in writing of that fact.

Athlete's signature: **Date:**

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

(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 Applications will need to be resubmitted.

Please submit the completed form to FISA and keep a copy for your records.