



# FA Therapeutic Use Exemption (TUE) Beta-2 Agonist Application Form



TUE applications for the use of inhaled beta-2 agonists require a medical file to confirm the diagnosis of asthma and/or its clinical variants. The medical file should include:

- A detailed medical history and clinical review
- Bronchodilator or Bronchoprovocation test results

For further information on how to submit a complete medical file see The FA's 'Explanation of Medical Declaration Procedures from 1st January 2009' document which can be downloaded from [www.thefa.com](http://www.thefa.com), and use the diagnostic flow chart on page 2 of this application form.

Please complete *all* sections in **BLOCK CAPITALS**. *Incomplete* or *illegible* forms will be returned.

## Player Information

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

Date of Birth (dd/mm/yy):   /   /   Gender: Male  Female  (please tick)

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode     -

Contact Tel. (including dialling code)

E-mail: \_\_\_\_\_

Sport: **Football** Club: \_\_\_\_\_

Level of competition: (please tick one box as appropriate):

I am part of FIFA's International Registered Testing Pool   
I am part of UK Sport's National Registered Testing Pool

I am registered with a Premier League or Championship club   
I am registered with a League 1 or League 2 club   
I am registered with a Women's National Premier League club   
Other (Women's, Non-league, Other International eg. futsal)

(For other please state) \_\_\_\_\_

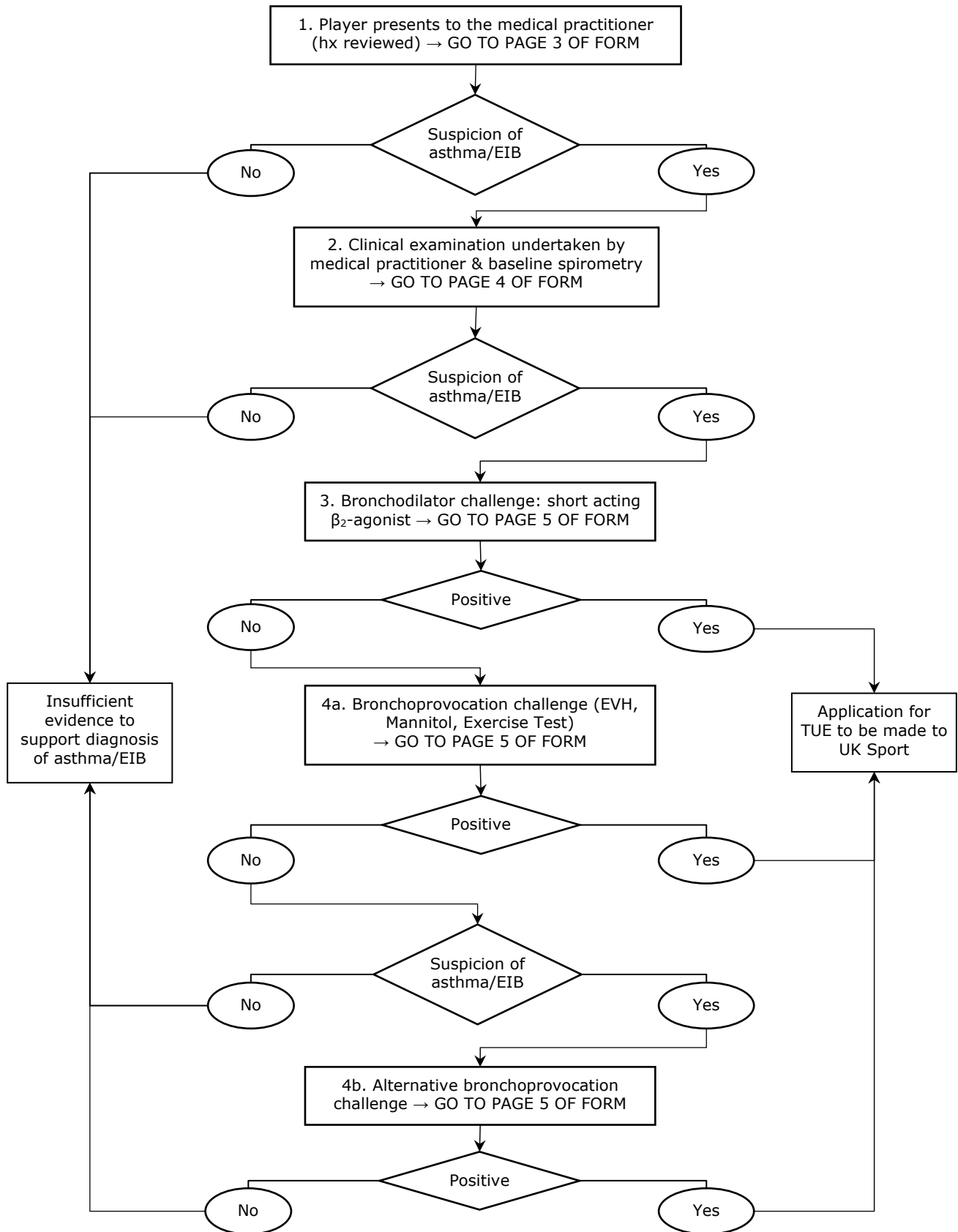
(a) Have you submitted a previous TUE application? Yes  No

(b) The Anti-Doping Organisation applied to? UK Sport  Other  \_\_\_\_\_ (please state)

(c) Decision: Approved  Declined

# Medical File Requirements

The diagnostic flow chart below provides an outline of how to submit a complete medical file to UK Sport to confirm the diagnosis of asthma and/or its clinical variants.



## Medical History Report and Medication Details

(a) Diagnosis (i.e. asthma, exercise induced asthma, exercise induced bronchoconstriction):

(b) Age of onset:

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(c) Symptoms experienced: (Please tick as appropriate)

Recurrent breathlessness       Coughing       Wheezing   
 Difficulty in breathing (Dyspnoea)       Excess mucus production       Chest tightness

Please specify: -----

(d) When are these symptoms experienced?

(e) What environmental conditions trigger the above symptoms? (Please tick as appropriate)

Cold climate       Dry air       High pollen count   
 Air pollution       Altitude training       Other

If other, please state -----

(f) List any asthma medication prescribed in the last 3 months:

(g) Has the player any history of atopic disorders and/or childhood asthma?

(h) Provide details of any acute exacerbations of asthma including hospital emergency department attendance/admission reports and/or previous treatment with oral corticosteroids (please attach documents to confirm these details):

(i) Asthma medication requiring a TUE:

Generic name of Prohibited Substance(s)	Dose of administration	Route of administration	Frequency of administration (e.g. BD, TDS, PRN, 4x/day)
1.	µg	Inhaled	
2.	µg	Inhaled	
3.	µg	Inhaled	

Intended duration of treatment(s):    Once only       Emergency       Weeks/Months

Please specify: -----

## Notifying Medical Practitioner Details and Declaration

Name: -----

Qualifications: -----

Medical speciality: -----

Contact Tel.

Practice stamp/address

E-mail: -----

I certify the above-mentioned substance(s) for the above named player 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 above named medical condition.

If the player is under 18 and I have not notified the player's parent/guardian, this is because I consider the player to be competent to give consent to treatment.

I understand that my details will be held on an anti-doping database and will be accessible by the player, The Football Association, UEFA, FIFA, UK Sport, and the World Anti-Doping Agency in order to allow them to administer the anti-doping programme.

**Signature of medical practitioner:** \_\_\_\_\_

**Date:**   /   /

If the player is under 18 does the player's parent/guardian know about this treatment? Yes  No

## Clinical Examination

(a) Clinical examination findings with specific focus on the respiratory system:

(b) Baseline spirometry:

	FEV <sub>1</sub> (L)*	FVC (L)	FEV <sub>1</sub> /FVC (%)	PEF (L·s <sup>-1</sup> )	FEF <sub>25-75</sub> (L·s <sup>-1</sup> )
1 <sup>st</sup> Flow Loop					
% Predicted					
2 <sup>nd</sup> Flow Loop					
% Predicted					
3 <sup>rd</sup> Flow Loop					
% Predicted					

*Abbreviations: FEV<sub>1</sub>, Forced Expiratory Volume in one second; FVC, Forced Vital Capacity; FEF<sub>25-75</sub>, Forced Expiratory Flow between 25-75% of vital capacity; L, Litres; L·s<sup>-1</sup>, Litres per second; PEF, Peak Expiratory Flow.*

\*Best Baseline FEV<sub>1</sub> \_\_\_\_\_ *must be within 5% of second best FEV<sub>1</sub>*

## Bronchodilator Challenge

If chosen as the test to confirm asthma, please complete this section and attach the flow volume loop tracing if available.

Bronchodilator used (e.g. salbutamol): \_\_\_\_\_

Dose (e.g. 400µg): \_\_\_\_\_

Time	FEV <sub>1</sub> Post BD dose (L) <sup>#</sup>	% difference from baseline FEV <sub>1</sub> <sup>*</sup>	FVC Post BD dose (L)	% difference from baseline FVC
5 min				
10 min				
15 min				

<sup>#</sup>Duplicate measures at each time point must agree within 5% or 150mL

<sup>\*</sup>At each time point, use the measurement with the highest FEV<sub>1</sub> value when calculating the % difference from baseline FEV<sub>1</sub>

Date: \_\_\_\_\_ Physician/Technician Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

Comments (optional): \_\_\_\_\_

## Bronchoprovocaton Challenge

If chosen as the test to confirm asthma, please attach:

- Flow-volume loop tracing and Key spirometry data (FEV<sub>1</sub>, FVC, FEV<sub>1</sub>/FVC, % FEV<sub>1</sub> fall from baseline)
- Spirometry printout if available

Please also tick which challenge was completed and provide a summary of the relevant test results:

EVH Challenge  Largest FEV<sub>1</sub> fall from baseline \_\_\_\_\_L \_\_\_\_\_%  
 Second largest FEV<sub>1</sub> fall from baseline \_\_\_\_\_L \_\_\_\_\_%

Exercise Challenge  Largest FEV<sub>1</sub> fall from baseline \_\_\_\_\_L \_\_\_\_\_%  
 Second largest FEV<sub>1</sub> fall from baseline \_\_\_\_\_L \_\_\_\_\_%

Mannitol Challenge  Mannitol dose that achieved a 15% fall in FEV<sub>1</sub> from baseline: \_\_\_\_\_mg  
 or  
 A 10% incremental fall in FEV<sub>1</sub> between doses: \_\_\_\_\_mg and \_\_\_\_\_mg

Largest FEV<sub>1</sub> fall from baseline \_\_\_\_\_L \_\_\_\_\_% Mannitol dose \_\_\_\_\_mg

Second largest FEV<sub>1</sub> fall from baseline \_\_\_\_\_L \_\_\_\_\_% Mannitol dose \_\_\_\_\_mg

Date: \_\_\_\_\_ Physician/Technician Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

Comments (optional): \_\_\_\_\_

## 4. Player's Declaration

I certify that the information under Section 1 of this TUE application form is accurate and that I am requesting approval to use a substance or method on the World Anti-Doping Code (WADC) Prohibited List.

I authorise the release of personal medical information related to this application to the National Anti-Doping Organisation (NADO, currently UK Sport via its Drug-Free Sport Directorate) as well as to World Anti-Doping Agency (WADA) staff, to the UK Sport's Therapeutic Use Exemption Committee (TUEC) and to other Anti-Doping Organisations (ADO) under the provisions of the WADC and the Doping Control Regulations of The Football Association.

I understand and agree that:

- My TUE data will only be used to allow the above organisations to administer the anti-doping programme in accordance with the WADC International Standard for TUEs;
- My TUE data will be collected by UK Sport who shall be principally responsible for ensuring the protection of this data. UK Sport will use the Anti-Doping Administration and Management System (ADAMS) to store, process and manage my data, including its disclosure to authorised recipients;
- My TUE data, or part of it, will be made accessible to authorised ADOs (for instance, designated NADOs, the International or National Federation of my Sport, and WADA);
- My TUE data may have to be shared with other independent medical and/or scientific experts, and all necessary staff involved in the management, review or appeals of TUEs if applicable;
- Persons or parties receiving my information may be located outside the country where I reside. In some other countries data protection and privacy laws may not be equivalent to those in my own country;
- I may have certain rights under applicable laws in relation to my TUE data, including rights to access and/or correct any inaccurate data; and
- To the extent that I have any concerns about the processing of my TUE data I may consult with the UK Sport and/or WADA as appropriate.

### Withdrawal of Consent

I understand that if I ever wish to revoke the right of UK Sport & authorised ADOs (designated NADOs, the International or National Federation of my Sport, and WADA) to access my TUE information, I must notify my medical practitioner and UK Sport in writing of that fact.

### Authorisation and Consent

By signing this form I expressly consent to the use of my TUE data as set out above.

Player's signature: \_\_\_\_\_ Date:   /   /

Parent/guardian signature \_\_\_\_\_ Date:   /   /

*(If the player is under 18 and is not deemed to be competent to give their consent to the treatment or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the player).*

I would like the decision to be sent to: (please tick one box as appropriate)

My postal address       My e-mail address       The notifying medical practitioner

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MARK AS CONFIDENTIAL AND PLEASE SUBMIT THE COMPLETED FORM TO UK SPORT AND KEEP A COPY FOR YOUR RECORD:

***TUE Confidential  
Drug Free Sport  
UK Sport  
40 Bernard Street, London, WC1N 1ST.  
Confidential fax: 0800 298 3362 / e-mail: tue@uksport.gov.uk***