



# **The Football Association (FA) Doping Control Programme**

**Explanation of Medical Declaration Procedures from 1<sup>st</sup> January 2009**

## **The Football Association (FA) Doping Control Programme**

### **Explanation of Medical Declaration Procedures from 1<sup>st</sup> January 2009**

An updated World Anti-Doping Code (WADC) International Standard for Therapeutic Use Exemptions (ISTUE) comes into force in English football and across world sport from 1<sup>st</sup> January 2009. The new International Standard replaces the 2003 version of the ISTUE and requires a number of changes to existing procedures relating to the administration of prohibited substances, and associated medical declarations (including Therapeutic Use Exemptions (TUEs)).

This document details and summarises the main responsibilities of players in adhering to FA Doping Control Regulations from 1<sup>st</sup> January 2009 in relation to Medical Declarations. Full details of Regulations relating to TUEs can be found in Schedule 5 of FA Doping Control Regulations, which must be read in conjunction with the document "Changes to the World Anti-Doping Code (WADC) International Standard for Therapeutic Use Exemptions (ISTUE) (Guide to Regulatory Amendments to Medical Declarations for 2009)" and its effect on Schedule 5 of The FA's Doping Control Regulations" which is available at [www.thefa.com](http://www.thefa.com).

Please note that this document applies only to players who are required to make medical declarations to the UK National Anti-Doping Organisation (NADO), UK Sport. Players who are defined as members of (i) the FIFA International Registered Testing Pool, (ii) the National Registered Testing Pool of their home country, or (iii) players registered with clubs participating in UEFA competition may be required to adhere to different regulations.

Note that this document is for guidance purposes only and in case of any discrepancy between this document and FA Doping Control Regulations, the latter shall prevail.

## **Section 1 – Summary of Key Changes for 1<sup>st</sup> January 2009**

Players and medical staff should ensure that they are familiar with the following three medical declaration procedures from 1<sup>st</sup> January 2009:

- i. Making a TUE Application.
- ii. Providing supporting evidence for TUE applications relating to asthma treatments.
- iii. Declaring use of a locally administered Glucocorticosteroid (GC).

The following is intended as a summary of key changes. Full details of the specific applications process for procedures (ii) and (iii) can be found in the appendices to this document.

### **1.1 Making a TUE Application**

Players and practitioners should note that from 1<sup>st</sup> January 2009, the Abbreviated (ATUE) process no longer exists under the WADC ISTUE and FA Doping Control Regulations. As such, **all** applications for the use of Prohibited Substances and Methods (with the exception of local glucocorticosteroid injections and inhalers, and asthma medications for certain categories of player) must now be made **in advance** of treatment (except in emergencies), as per existing FA procedures for Standard TUE Applications.

Note that players with valid Abbreviated TUEs approved prior to 1<sup>st</sup> January 2009 do not need to re-apply for a TUE until

- Its expiry date, or
- 1 July 2009,

whichever is the sooner.

From 1<sup>st</sup> January 2009, all **new** TUE applications must be submitted to UK Sport on 2009 FA TUE forms unless the following conditions apply:

- i. The player has been notified of his inclusion in FIFA's International Registered Testing Pool (IRTP), and is required as a result of this inclusion to submit TUEs to FIFA.
- ii. A non-UK national has been notified of inclusion in the National Registered Testing Pool (NRTTP) of their home country, and is required as a result of this inclusion to submit TUEs to an organisation other than UK Sport.
- iii. The player's club continue to compete in UEFA competition. In this case, new applications must be made according to UEFA Regulations for TUE applications.
- iv. The player requires a new TUE whilst on international duty. In this case, the application must be made according to FIFA or UEFA Regulations, depending on the jurisdiction of the tournament.

Note that as per existing FA Regulations, all TUE applications must be supported by a comprehensive medical history and the results of all examinations, laboratory investigations and imaging studies relevant to the application. In addition, arguments relating to diagnosis and treatment should adhere to the document WADA "Medical Information to Support the Decisions of TUECs" which is available at [www.wada-ama.org](http://www.wada-ama.org).

Where an application is made to UK Sport in error, UK Sport will forward the TUE application to the appropriate organisation for consideration, however any consequent delay in the approval/rejection of the TUE shall be at the risk of the player.

## 1.2 Providing supporting evidence for TUE applications relating to beta-2 agonist treatments.

From 1<sup>st</sup> January 2009, all TUE applications where an inhaled beta-2 agonist is used in the treatment of asthma (or its clinical variants) must be accompanied by a medical file containing the following:

- i. a complete medical history;
- ii. a comprehensive report of the clinical examination with specific focus on the respiratory system;
- iii. a report of spirometry with the measure of the Forced Expiratory Volume in 1 second (FEV<sub>1</sub>);
- iv. if airway obstruction is present, the spirometry will be repeated after the inhalation of a short acting beta-2 agonist to demonstrate the reversibility of bronchoconstriction;
- v. in the absence of a reversible airway obstruction, a bronchial provocation test is required to establish the presence of airway hyper-responsiveness; and
- vi. the exact name, speciality, and address (including telephone, e-mail, fax) of the examining physician.

**Please note, an application that does not contain the above is likely to be rejected.** Subsequently, any consequent delay in the approval/rejection of the TUE will be at the risk of the player. Should it come to the attention of The Football Association that a player has used a prohibited substance or method before a TUE has been approved, this may be treated as a doping offence under FA Doping Control Regulations.

TUE applications for the use of beta-2 agonists must be made on The FA's 'Beta-2 Agonist Application Form' which can be downloaded from [www.thefa.com](http://www.thefa.com). This is a document designed to assist players and medical practitioners in securing the appropriate medical evidence required to confirm the diagnosis of asthma and/or its clinical variants.

The specific requirements for providing supporting evidence for TUE applications relating to beta-2 agonist treatments can be found in Appendix 1, and these must be complied with in all circumstances.

## 1.3. Declaring use of a locally administered Glucocorticosteroid.

Any player who uses a glucocorticosteroid, administered by non-systemic routes (namely intra-articular, periarticular, peritendinous, epidural, intradermal injections or inhaled routes) within four (4) weeks of a Competition, does not need a TUE but instead must:

i) Submit a Declaration of Use to UK Sport at the same time as the use starts. However, any declaration must include the following:

- a) the Player's name
- b) the diagnosis
- c) the name of the substance
- d) the dose undertaken
- e) the name and contact details of the prescribing physician.

ii) Declare use of the substance on the Sample Collection Form at the time of testing.

**For the avoidance of doubt, this process does not apply to the use of glucocorticosteroids administered by systemic routes, namely oral, intravenous,**

**intramuscular and rectal. A Player must obtain a TUE for such use, in accordance with procedures detailed in this document and FA Doping Control Regulations<sup>1</sup>.**

All Glucocorticosteroid declarations must be made to UK Sport via the 100%ME on-line system at <https://declaration.uk sport.gov.uk>, unless the following conditions apply:

- i. The player has been notified of his/her inclusion in FIFA's International Registered Testing Pool (IRTP), and is required as a result of this inclusion to submit declarations to FIFA.
- ii. A non-UK national has been notified of inclusion in the National Registered Testing Pool (NRTP) of their home country, and is required as a result of this inclusion to submit declarations to an organisation other than UK Sport.
- iii. The player's club continue to compete in UEFA competition. In this case, declarations must be made according to UEFA Regulations.
- iv. The player requires a glucocorticosteroid whilst on international duty. In this case, the declaration must be made according to FIFA or UEFA Regulations, depending on the jurisdiction of the tournament.

In all cases, players tested under the FA Doping Control programme should declare use of the above glucocorticosteroids on the Sample Collection Form at the time of testing, regardless of their club's level of competition (see Section 2).

An on-line declaration can be made on behalf of a player by an appropriate individual such as a member of club medical staff, however it always remains the player's responsibility to ensure that a declaration is made.

Please note that where an on-line declaration is made to UK Sport in error, UK Sport will **not** be able to forward details of the declaration to the appropriate organisation for consideration. Any consequent delay may be determined as a failure to comply with FA Doping Control Regulations and could result in the player committing a doping offence.

For full details of the UK Sport glucocorticosteroid declaration process, see Appendix 2 to this document.

---

<sup>1</sup> Glucocorticosteroids are prohibited in-competition only under the WADA Prohibited List International Standard and FA Doping Control Regulations, however if a glucocorticosteroid is administered out-of-competition but is detected in-competition, this will be treated as a doping offence.

## Section 2 – Application of Medical Declaration Requirements

### 2.1 Player Responsibilities Grid

Depending on the level of participation of a player's club, different requirements apply with regards to the different types of medical declaration described in this document. These are summarised in the grid below (Fig 1)<sup>2</sup>.

**FIG 1:** Clarification of player responsibilities for declaring use of a prohibited treatment or method to UK Sport

Player registered with club participating in:	Procedure for Standard TUE applications	Procedure for beta-2 agonist treatment applications	Procedure for Local GC injection & inhaler declarations (used in the four weeks prior to competition)	Procedure for Emergency TUE applications	TUE application and declaration of GC use to be made/sent to:
<b>Premier League</b>	Application must be approved prior to treatment	Test results and Beta-2 Agonist Application Form must be submitted in advance	Must be declared to UK Sport when use commences <b>and</b> on Sample Collection Form when tested	Application can be submitted retrospectively, within 14 days of treatment	UK Sport  (unless club is participating in UEFA competition in which case UEFA rules apply)
<b>Championship</b>		TUE must be approved prior to treatment			
<b>League 1*</b>	Application must be approved prior to treatment  (with the exception of beta-2 agonists)	Application can be made, and test(s) conducted retrospectively if player is drug tested	Must be declared to UK Sport when use commences <b>and</b> on Sample Collection Form when tested	Application can be submitted retrospectively, within 14 days of treatment	UK Sport
<b>League 2*</b>		If applying retrospectively, test results and Beta-2 Agonist Application Form must be submitted within 10 days of test date			
<b>Women's National Premier League*</b>					
<b>All other players*</b>	Application can be submitted retrospectively, within 5 days of test date	Application can be made, and test(s) conducted retrospectively if player is drug tested  If applying retrospectively, test results and Beta-2 Agonist Application Form must be submitted within 10 days of test date	if player is drug tested, use must be declared on Sample Collection Form when tested, and also declared to UK Sport retrospectively, within 10 days of test date	n/a	UK Sport

\*England international players registered with clubs not participating in the Premier League and Championship should adhere to requirements for players registered with Premier League and Championship clubs, unless advised otherwise by Football Association medical staff. Applications and declarations should clearly state that the applicant is an international player.

<sup>2</sup> Please note that due the likely establishment of a National Registered Testing Pool (NRTP) in English football for season 2009-2010, the player categories and responsibilities detailed in this section may be amended from 1<sup>st</sup> July 2009. This amendment may impact on the responsibilities of players with regards to TUE applications and Glucocorticosteroid declarations.

## 2.2 Explanation of Player Responsibilities

### 2.2.1 Premier League and Championship players

---

(includes all registered professional players and scholars/apprentices)

#### TUE's

Players in this category must obtain a TUE in advance of the use of any Prohibited Substance or Prohibited Method. The only exception to this is when a retroactive application is required to cover emergency use. Retroactive applications must be submitted as soon as possible following treatment, and within 14 days of treatment at the latest.

#### Glucocorticosteroids

Players using a glucocorticosteroid administered by non-systemic routes, namely intra-articular, periarticular, peritendinous, epidural, intradermal injections or inhaled routes, do not need a TUE but instead must (a) submit a Declaration of Use via <https://declaration.uk sport.gov.uk> at the same time as the use starts and also (b) declare such use on the Sample Collection Form when drug tested.

Note that players who are either

- i. members of FIFA's IRTP
- ii. members of their national NRTP
- iii. registered with a club competing in UEFA competition

may be required to submit TUE applications, and make glucocorticosteroid declarations, to an organisation other than UK Sport. It is the player's responsibility to ensure that applications and declarations are made/submitted to the correct organisation.

### 2.2.2 - League 1, League 2 and Women's National Premier League

---

(includes all registered professional players and scholars/apprentices)

#### TUEs

Players in this category must obtain a TUE in advance of the use of any Prohibited Substance or Prohibited Method, with the following two exceptions:

**a)** Where an inhaled beta-2 agonist is used in the treatment of asthma (or its clinical variants), a TUE can be sought retroactively, however in all cases, this must be submitted within 10 days of the player being selected for a drug test. Applications must be submitted on The FA 'Beta-2 agonist Application Form' (version 1).

Please note that the lung function testing requirements for approval of a TUE for beta-2 agonists remain as per section 1.2 and Appendix 1 of this document. Therefore any League 1 or League 2 player using a beta-2 agonist without a TUE must be able to demonstrate a clear clinical need for the use of the substance if required to submit a TUE at a later date.

**b)** Where a retroactive application is required to cover emergency use. Retroactive applications must be submitted as soon as possible following treatment, and within 14 days of treatment at the latest.

### **Glucocorticosteroids**

Players using a glucocorticosteroid administered by non-systemic routes, namely intra-articular, periarticular, peritendinous, epidural, intradermal injections or inhaled routes, do not need a TUE but instead must (a) submit a Declaration of Use via <https://declaration.uk sport.gov.uk> at the same time as the use starts and also (b) declare such use on the Sample Collection Form when drug tested.

Note that players who are either:

- i. members of FIFA's IRTP
- ii. members of their national NRTP
- iii. registered with a club competing in UEFA competition

may be required to submit TUE applications, and make glucocorticosteroid declarations, to an organisation other than UK Sport. It is the player's responsibility to ensure that applications and declarations are submitted to the correct organisation.

### **2.2.3 - All other players**

(includes first team players registered with clubs participating in FA Women's Premier League North and South, Football League Conference Blue Square Premier, all FA Vase and FA Trophy entrant clubs)

#### **TUEs**

Players in this category do not need to obtain a TUE in advance of the use of any Prohibited Substance or Prohibited Method, and instead can apply for a TUE retroactively. The application must be made within 5 days following Sample Collection.

Where an inhaled beta-2 agonist is used in the treatment of asthma (or its clinical variants), a TUE can be sought retroactively (i.e., within 10 days following Sample Collection). Applications must be submitted on The FA 'Beta-2 agonist Application Form' (version 1).

Please note that the lung function testing requirements for approval of a TUE for beta-2 agonists remain as per section 1.2 and Appendix 1 of this document. Therefore any League 1 or League 2 player using a beta-2 agonist without a TUE must be able to demonstrate a clear clinical need for the use of the substance if required to submit a TUE at a later date.

### **Glucocorticosteroids**

Players who use a glucocorticosteroid administered by non-systemic routes, namely intra-articular, periarticular, peritendinous, epidural, intradermal injections or inhaled routes, are not required to submit a TUE or a Declaration of Use prior to, or upon the commencement of use, but instead must (a) declare such use on the Sample Collection Form if selected for a drug test and (b) submit a Declaration of Use via <https://declaration.uk sport.gov.uk> within 10 days of the test.

## 2.3 Loans and Transfers

---

Players transferred permanently between clubs in different categories (as detailed in Fig 1) must comply with the criteria for medical declarations that apply to their **new** club within 10 days of the transfer. Players transferred on loan between clubs in different categories should continue to comply with the criteria that applies to the club that carries their registration.

Therefore if a League 2 player, who was not previously required to submit a TUE for a beta-2 agonist in advance due to the status of their club, is transferred to a Championship or Premier League club, the player must submit The FA 'Beta-2 agonist Application Form' (version 1) with evidence of lung function testing within **10 days** of the transfer.

## 2.4 Club Promotions and Relegations

---

Players registered with clubs promoted from League 1 at the end of 2008-2009 season should ensure adherence to above procedures for Championship clubs from 1<sup>st</sup> July 2009.

Players registered with clubs promoted from The Football League Blue Square Conference at the end of 2008-2009 season should ensure adherence to above procedures for League 1 and League 2 clubs from 1<sup>st</sup> July 2009.

Players registered with clubs promoted from The Women's Premier League Northern or Southern Divisions at the end of 2008-2009 season should ensure adherence to above procedures for Women's National Premier League clubs from 1<sup>st</sup> July 2009.

Players registered with clubs relegated from League 2 at the end of 2008-2009 season should ensure that **new** TUE applications and declarations adhere to above procedures for 'all other players' from 1<sup>st</sup> July 2009.

Players registered with clubs relegated from the Championship at the end of 2008-2009 season should ensure that **new** TUE applications and declarations adhere to above procedures for League 1 and League 2 players from 1<sup>st</sup> July 2009.

Players registered with clubs relegated from The Women's National Premier League at the end of 2008-2009 season should ensure that **new** TUE applications and declarations adhere to above procedures for 'all other players' from 1<sup>st</sup> July 2009.

## Appendix 1 - Guidance Notes on Therapeutic Use Exemption (TUE) Applications to UK Sport

### Beta 2 Agonists

#### 1. Introduction

The following is adapted from the UK Sport document 'Guidance Notes on Therapeutic Use Exemption (TUE) Applications – Beta 2 Agonists' (Version 1.0\_05-12-08) and is intended to provide Players and physicians with guidance on how to complete The FA 'Beta-2 Agonist TUE Application Form', and to assist in providing medical evidence to confirm the diagnosis of asthma and/or its clinical variants.

Asthma TUE applications for the **use of beta-2 agonists** require sections 2 and 3 set out below to be submitted in combination with the recommendations set out in either section 4 or 5 below.

Please note that TUE applications for glucocorticosteroid inhalers are no longer required but instead Players must declare to UK Sport at the same time as the use of a glucocorticosteroid starts. For more information about how to declare the use of glucocorticosteroid inhalers see Appendix 2 or consult [www.100percentme.co.uk](http://www.100percentme.co.uk).

It is important to note that:

- Forced Expiratory Volume ( $FEV_1$ ) at rest, as well as changes in  $FEV_1$  in response to either a bronchodilator or bronchoprovocation challenge, are essential measures when applying for Therapeutic Use Exemption.
- Challenge tests that have been performed more than 3 years prior to application will not be accepted.
- Peak flow and/or histamine challenge are no longer accepted as a measure of lung function for the purposes of TUE applications.
- Due to poor sensitivity and specificity a methacholine challenge is discouraged as a diagnostic tool.

#### 2. Medical History

Physicians should consider the following points when completing the medical history section of the FA Beta-2 Agonist Application Form:

- Respiratory symptoms which suggest asthma in players. Symptoms may include recurrent breathlessness, cough, wheezing, chest tightness or excessive mucus production.
- Potential triggering factors of asthma.
- Seasonal/environmental asthma-like symptoms.
- History of asthma, atopic disorders and/or childhood asthma.
- Age of onset.
- Documented exploration of alternative causes of the symptoms being presented.
- Past history of acute exacerbations of asthma including hospital emergency department attendance/admission reports and/or previous treatment with oral corticosteroids.

### 3. Clinical Examination

Physicians should document the following points when completing the clinical examination section of the FA Beta-2 Agonist Application Form:

- Clinical examination findings with specific focus on the respiratory system.
- Baseline measurement of resting spirometry noting FEV<sub>1</sub>, Forced Vital Capacity (FVC), and FEV<sub>1</sub>/FVC values. If preferred, these baseline measurements can be performed prior to either a bronchodilator (section 4) or bronchoprovocation challenge (section 5).

It is acknowledged that respiratory examination may be normal at rest however it remains important that this aspect of assessment is documented to confirm the completion of this component of clinical evaluation and to acknowledge due consideration for the differential diagnosis.

### 4. Bronchodilator Reversibility Challenge: short acting beta-2 agonist

To accurately evaluate this test, medication should be withheld prior to testing on the day of the test for salbutamol, 24 hours for long acting bronchodilators and 72 hours for corticosteroid medication. If any adverse symptoms occur the medication should be restarted immediately.

It is recommended that a bronchodilator challenge is the investigation of preference in players with abnormal resting lung function (FEV<sub>1</sub> < 80 % predicted, FEV<sub>1</sub>/FVC < 0.7). It may also be chosen as an initial objective test in those with normal resting spirometry.

#### 4.1 Evidence to be submitted in addition to the Beta-2 Agonist Application Form

1. Key spirometry data (FEV<sub>1</sub>, FVC, % difference from baseline FEV<sub>1</sub>).
2. Flow-volume loop tracing if available.

#### 4.2 Positive test criteria

A bronchodilator test is deemed positive if FEV<sub>1</sub> increases by more than 12% from baseline value following short-acting beta-2 agonist administration.

**NB.** The absence of a bronchodilator response does not exclude a diagnosis of asthma. In such cases, players will require a bronchoprovocation challenge to provide objective evidence to support diagnosis.

### 5. Bronchoprovocation Challenge (EVH, Mannitol, Exercise Test)

To accurately evaluate this test, medication should be withheld prior to testing on the day of the test for salbutamol, 24 hours for long acting bronchodilators and 72 hours for corticosteroid medication. If any adverse symptoms occur the medication should be restarted immediately.

Bronchoprovocation testing is not recommended for those players with abnormal resting lung function values (FEV<sub>1</sub> < 80 % predicted, FEV<sub>1</sub>/FVC < 0.7).

### 5.1 Evidence to be submitted in addition to the beta-2 agonist application form

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

### 5.2 Positive test criteria

**EVH Challenge:** A positive diagnosis is made with a fall in FEV<sub>1</sub> greater than 10% from baseline at two or more time points post-challenge.

**Mannitol Challenge:** A positive diagnosis is made with a fall in FEV<sub>1</sub> greater than 15% from baseline at any inhaled dose or a 10% incremental fall in FEV<sub>1</sub> between doses.

**Exercise Challenge:** A positive diagnosis is made with a fall in FEV<sub>1</sub> greater than 10% from baseline at two or more time points post-exercise.

Points to consider in the case of a 'negative' bronchoprovocation test:

- Further testing may be warranted and should be dictated by clinical suspicion.
- If clinical suspicion still exists, a detailed medical history including physician consultations, respiratory specialist reviews, exploration of alternative causes of symptoms and evidence of negative bronchoprovocation challenges should be submitted for review.
- Other disorders should also be considered such as vocal cord dysfunction, other chronic lung disorders, cardiac disorders, and poor breathing technique during exercise.

Physicians are guided to the references below for standardised protocols for bronchodilator [4], bronchoprovocation testing [1, 3], predicted value equations for spirometry [5] and guidelines for the diagnosis of asthma [2, 6].

For further information contact Nick Wojek, UK Sport Medical Coordinator at [tue@uksport.gov.uk](mailto:tue@uksport.gov.uk).

## 6. References

1. Anderson, S.D., and Brannan, J.B. (2003). Methods for "Indirect" Challenge Tests Including Exercise, Eucapnic Voluntary Hyperpnea, and Hypertonic Aerosols. *Clinical Reviews in Allergy and Immunology*, **24**, 27-54.
2. British Thoracic Society Scottish Intercollegiate Guidelines Network (2008). British Guideline on the Management of Asthma: A National Clinical Guideline. *Thorax*, **63** (4), iv1-121.
3. Diagnosis, Prevention and Treatment of Exercise Related Asthma, Respiratory and Allergic Disorders in Sport. Ed Carlsen et al. *European Respiratory Journal*, November 2005, Monograph **33**.
4. Miller, M.R., Hankinson, J., Brusasco, V., Burgos, F., Casaburi, R., Coates, A., Crapo, R., Enright, P., van der Grinten, C.P., Gustafsson, P., Jensen, R., Johnson, D.C., MacIntyre, N., McKay, R., Navajas, D., Pedersen, O.F., Pellegrino, R., Viegi, G., Wanger, J.;

- ATS/ERS Task Force. (2005). Standardisation of spirometry. *Eur Respir J*, **26(2)**, 319-38.
5. Quanjer, P.H., Tammeling, G.J., Cotes, J.E., Pedersen, O.F., Peslin, R., and Yernault, J.C. (1993). Lung volumes and forced ventilatory flows. Report Working Party Standardization of Lung Function Tests, European Community for Steel and Coal. Official Statement of the European Respiratory Society. *Eur Respir J Suppl.*, **16**, 5-40.
  6. Pauwels, R.A., Buist, A.S., Calverley, P.M.A., Jenkins, C.R., Hurd, S.S., and GOLD Scientific Committee. (2001). Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. NHLBI/WHO Global Initiative for Chronic Obstructive Lung Disease (GOLD) Workshop Summary. *Am J Respir Crit Care Med.*, **163**, 1256-76.

## Appendix 2 - Guidance Notes on Therapeutic Use Exemption (TUE) Applications to UK Sport

### Declaring the Use of Non-Systemic Glucocorticosteroids

#### 1. Introduction

The following is adapted from the UK Sport document 'Guidance Notes on Therapeutic Use Exemption (TUE) Applications – Declaring the Use of Non-Systemic Glucocorticosteroids' (Version 1.0\_05-12-08) and is intended to provide players and physicians with guidance on how to declare the use of glucocorticosteroids.

Players are no longer required to apply for an abbreviated TUE for non-systemic glucocorticosteroids but must declare to UK Sport at the same time as glucocorticosteroid use starts.

#### 2. Routes of administration that require a declaration of use

A declaration of use is limited to glucocorticosteroids that are administered by:

1. Localised injection (intraarticular, periarticular, peritendinous, epidural and intradermal)
2. Inhalation

Players are reminded that:

- A Therapeutic Use Exemption is still required for glucocorticosteroids administered by oral, intravenous, intramuscular or rectal routes.
- Topical preparations (e.g. eye drops, nasal sprays, creams, & ointments) containing a glucocorticosteroid are not prohibited and DO NOT require either a TUE or a declaration of use.
- Combination inhalers (e.g. Symbicort, Seretide, Fostair) containing both a glucocorticosteroid and beta-2 agonist do not require a declaration of use. Instead the Player must declare the use of the glucocorticosteroid with the beta-2 agonist substance when making a TUE application for the use of the combination inhaler.

#### 3. How to make a declaration of use

All Players required to make their declaration of use on UK Sport's online form at <https://declaration.uk sport.gov.uk>.

#### 4. When to make a declaration of use

Players must make the declaration of use at the same time as glucocorticosteroid use starts.

A declaration is required:

- Every time an injection is administered
- When a glucocorticosteroid inhaler is (i) used for the first time or (ii) has not previously been declared.

## 5. Who can make a declaration of use?

Player support personnel can make the declaration on behalf of a player but it is **ALWAYS** the player's responsibility to ensure that the declaration is made, and that it is accurate. Where feasible the online declaration should be made in the presence of the prescribing physician.

## 6. Information required to make a declaration of use

Players are strongly encouraged to ensure that their prescribing physician provides the information below if the declaration cannot be made in the presence of the physician. This is to enable the Player to complete the declaration accurately.

1. Diagnosis
2. Generic name of Glucocorticosteroid(s)
3. Dosage & Units
4. Medical Practitioner Name, Address & Phone Number

## 7. Are there any requirements at Doping Control?

In addition to declaring the use of a glucocorticosteroid through UK Sport's online form, Players must also declare the use of the glucocorticosteroid in question on the Sample Collection Form when selected for drug testing (see Fig i below which shows the section of the Sample Collection Form where the declaration needs to be made). Players must tick 'yes' to make the declaration of use on the Sample Collection Form.

Fig i: UK Sport Sample Collection Form, Glucocorticosteroid declaration section.

<b>25 I HAVE HAD A LOCALISED GLUCOCORTICOSTEROID INJECTION IN THE LAST 4 WEEKS</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>26 I HAVE USED A GLUCOCORTICOSTEROID INHALER IN THE LAST 4 WEEKS</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

For further information on this procedure, contact Nick Wojek, UK Sport Medical Coordinator at [tue@uksport.gov.uk](mailto:tue@uksport.gov.uk).