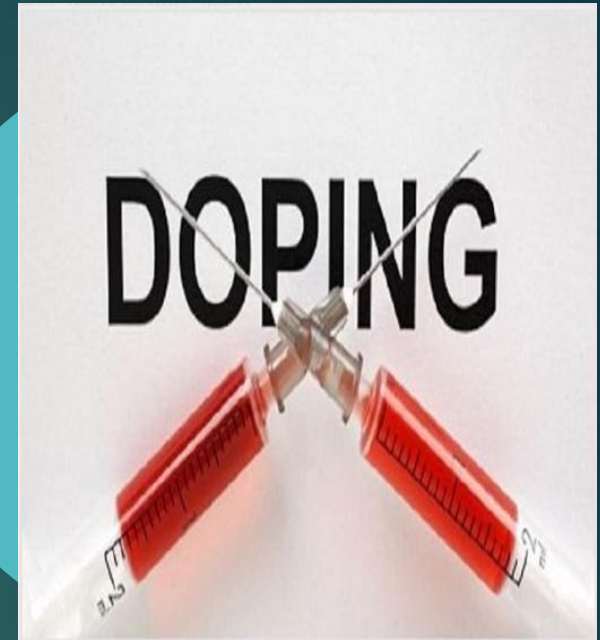


# DOPING- PART 2

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**RING SIDE DOCTOR ( AIBA 2018, UWW 2018-20 ,IJF 2020)**



*FOP/MO ( KHELO INDIA SCHOOL GAMES 2017)*  
*TOURNAMNET I/C 5<sup>TH</sup> ELITE WOMEN BOXING CHAMPIONSHIP*  
*SCIENTIFIC COMMITTEE AT ISSEM*

*SENIOR RESIDENT DOCOTR AT SPORTS INJURY CENTRE, VMMC & SJH , DELHI*

# DOPING CONTROL PROCEDURE



1. NOTIFICATION –
2. REPORTING TO THE DOPING CONTROL STATION-
3. SELECTION OF COLLECTION VESSELS
4. PROVISION OF SAMPLE
5. SELECTION OF DOPING CONTROL KIT
6. SAMPLE DIVISION
7. SEALING OF SAMPLE
8. MEASURING SPECIFIC GRAVITY
9. DOCUMENTATION
10. ANALYSIS

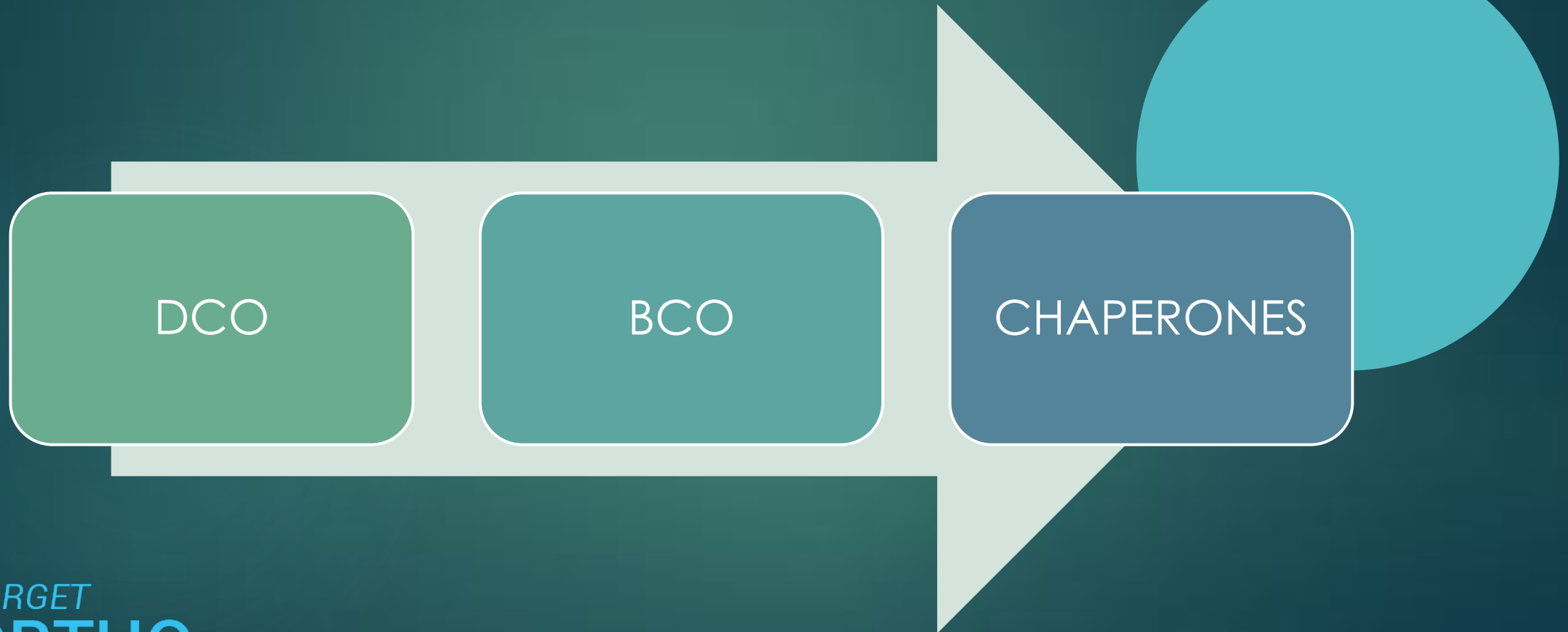


► WHICH AMONG THE FOLLOWING IS NOT DONE BY ATHLETE.

- a. SELECTION OF COLLECTION VESSELS
- b. SAMPLE DIVISION
- c. SELECTION OF DOPING CONTROL KIT
- d. MEASURING SPECIFIC GRAVITY

ANS : d

Specific gravity of urine measured by DCO.



# DCO- DOPING CONTROL OFFICER

- Ensuring appropriate number of supplies (equipment and paperwork) for sample collection

Equipment - **Three** A&B sample collection kits per sample requested;  
and

**Three** urine collection vessels per sample requested.

- Setting-up the Doping Control Station (DCS)
- Ensuring that each athlete is properly notified and chaperoned to the DCS
- Each sample is properly collected, identified and sealed, and that all samples have been properly stored and dispatched to a WADA-accredited Laboratory.

# For how long may the Samples be left unattended?

- a. One hour
- b. Not until Samples are properly collected, identified and sealed
- c. The Samples shall never be left unattended
- d. None of the above

Ans C

# BCO- BLOOD CONTROL OFFICER

- The BCO will prepare the athlete for the blood collection, answer any relevant questions from the athlete, collect the blood sample(s), and advise the athlete of aftercare procedures...
- Where blood is collected, the DCO is still responsible for the overall sample collection session with the BCO having specific responsibility for venipuncture and athlete care (i.e., first aid if needed).
- Minimum amount of blood for serum sample analysis to be drawn from the Athlete,, 20 ml (10 ml for each tube).. 10-15 ML RANGE



# Chaperone

The individual who is suitably trained and authorized by the SCA to carry out specific duties, including one or more of the following:

- notification of the athlete selected for sample collection
- accompanying and observing the athlete until arrival at the DCS
- accompanying and/or observing athletes who are present in the DCS
- witnessing and verifying the provision of a urine sample where the training specifically qualifies them to do so.



# NOTIFICATION

A Doping Control Officer ( DCO) or chaperone will notify the athlete of selection for doping control.

A Doping Control Officer ( DCO) or chaperone inform athlete their **rights and responsibilities** present throughout entire process.

Athlete will be asked to sign a form confirming that they have been notified for doping control

Note : A third Party also notified along with athlete for DISABLED or MINOR athlete... ATHLETE REPRESENTATIVE.

NO ADVANCE NOTICE TESTING should be done for any athlete..  
EXCEPT

- ✓ For a minor athlete or athlete with an impairment is required
- ✓ Testing locations with high security access, e.g., military bases, hotels etc.

# RIGHTS AND RESPONSIBILITIES OF AN ATHLETE

- ▶ The athlete has the right to ask for additional information about the sample collection process.
  - a. The athlete might ask information on the types of sample requested;
  - b. The required volume of a sample
  - c. The sample collection equipment
  - d. The time it will take for the results of the test to be available.



► Which of the following are the Athlete's rights at notification?

- a. Have a representative all times.
- b. Be informed about the type of Sample collection
- c. Be informed about the duration of the Sample collection
- d. Ask for information about the Sample authority
- e. All of the above

ANS: b

# DCO's responsibilities during the URINE SAMPLE Collection

- ❑ Ensuring that each Sample is properly collected, identified and sealed
- ❑ Ensuring that the Athlete is offered a choice of appropriate equipment for collecting the Sample
- ❑ Witnessing the passing of the urine Sample by chaperone of same gender or DCO.
- ❑ Checking all code numbers match and the code number is recorded correctly on the Doping Control Form

# REPORTING TO THE DOPING CONTROL STATION

- ▶ ATHLETE SHOULD REPORT TO DCS “as soon as possible”... with in 60 min time frame

Delay in activities allowed for- Press conference  
- Training Session

Athlete from “time of notification till completion of sample collection process (SCP)”---- will be On SIGHT of a chaperone i.e accompanied at all times by chaperone.

# Inability to locate the athlete

- ▶ 60-minute time slot
- ▶ No advance notice
- ▶ All reasonable attempts
- ▶ At the end of the 60-minute time slot one last attempt should be made.... A failure by an athlete to provide accurate whereabouts information may result in a potential Filing Failure or if relative to testing during the athlete's 60-minute time slot a Missed Test
- ▶ Article 2.4 - **Whereabouts** Failures by a Player ?????  
3 FAILURES IN 12 MONTHS



# A suitable DCS must at a minimum ensure:

1. The athlete's privacy
2. Should be clean
3. Should be accessible for athletes with an impairment (if applicable)
4. Should be used solely as a DCS for the duration of the sample collection session.

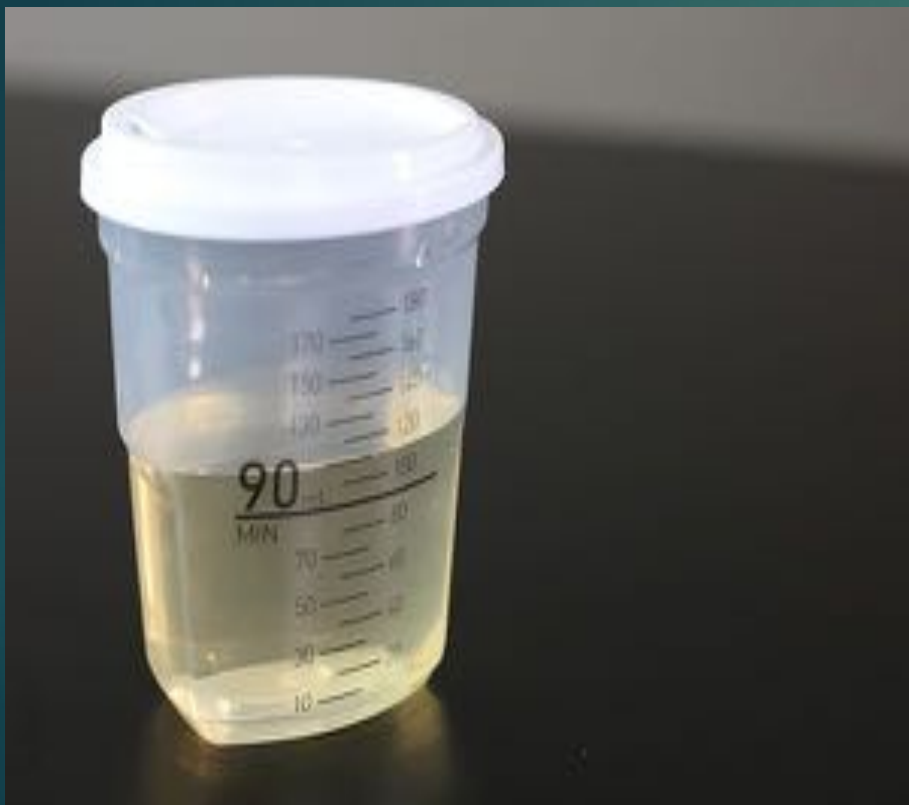


► MINIMUM AMOUNT OF URINE REQUIRE FOR SAMPLE COLLECTION DURING DCP?

- a. 90ml
- b. 120ml
- c. 150ml
- d. 70ml

Ans A

# SELECTION OF COLLECTION VESSEL



- ▶ Athlete will choose any 1 individually sealed collection vessels.
- ▶ Athlete should verify that equipment is intact and has not been tampered.
- ▶ Athlete maintain control of collection vessels at all times.



► MINIMUM RANGE OF OF URINE REQUIRE FOR SAMPLE COLLECTION DURING DCP?

- a. 90-110ml
- b. 120-150ml
- c. 150-170ml
- d. 70-90ml

Ans A

# PROVISION OF SAMPLE



- ▶ Athlete & DCO of the **same gender** permitted in the washroom during sample provision. [ total no of people -2]
- ▶ Exception where 3 people can present ---- In case of Minor/ Disabled.
- ▶ 3<sup>rd</sup> person is representative [\* not allowed to view sample provision]

## VOLUME OF SAMPLE

- ✓ **> 90 ml**
- ✓ **150 ml for a diluted urine** [ instruct athlete during notification not to OVERHYDRATE]

# To collect an Athlete's **URINE SAMPLE** in a manner that ensures:

- ▶ a) The Sample meets the Suitable **Specific Gravity for Analysis** and the Suitable **Volume of Urine** for Analysis.

**Failure of a Sample to meet these requirements in no way invalidates the suitability of the Sample for analysis. The determination of a Sample's suitability for analysis is the decision of the relevant Laboratory, in consultation with the Testing Authority for the Sample Collection Session in question.**

- b) The Sample has **not been manipulated, substituted, contaminated** or otherwise tampered with in anyway
- c) the Sample is **clearly and accurately identified**
- e) the Sample is securely sealed in a Tamper Evident kit

# To collect an Athlete's **BLOOD SAMPLE** in a manner that ensures:

- a) **Consistency** with relevant principles of internationally recognized standard precautions in healthcare settings, and is collected by a suitably qualified Person, so that the health and safety of the Athlete and Sample Collection Personnel are not compromised
- b) The Sample is of a **quality and quantity** that meets the relevant analytical guidelines
- c) The Sample has **not been manipulated, substituted, contaminated** or otherwise tampered with in anyway
- d) The Sample is clearly and **accurately identified**
- e) The Sample is securely sealed in a Tamper Evident kit





► How much is amount fluid athlete can take which isn't considered as over hydration?

- a. 1-1.5 l
- b. 500ml
- c. 2-2.5 L
- d. NO amount of fluid to be taken

Ans: A



- ▶ Athlete will choose individually sealed sample kit... [intact and untampered]
- ▶ Open kit to confirm----

**SAMPLE CODE NUMBERS ON BOTTLES, THE LIDS & CONTAINER ALL MATCH**

# SAMPLE DIVISION



- ▶ Athlete **divide** sample [ representative for disabled]
- ▶ Required volume of urine in **B bottle ( > 30 ml)** remaining urine in **A bottle ( > 60 ml)**.
- ▶ Athlete should SEAL the A and B bottle.



# MEASURING SPECIFIC GRAVITY



- ▶ If sample does not meet specific gravity requirement athlete may be asked to provide additional samples.

# The requirement for accepting a sample with a suitable specific gravity for analysis is either:


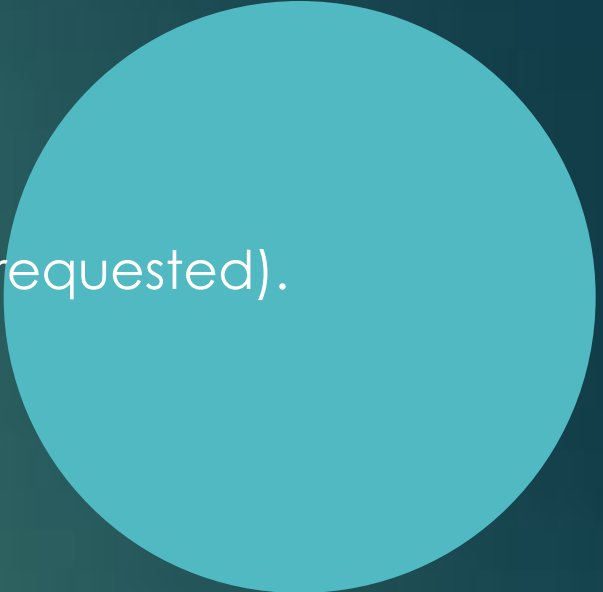
1. A sample with a minimum volume of 90mL and less than 150mL, with a specific gravity of 1.005 or higher with a refractometer, or 1.010 or higher with lab sticks
2. A sample with a volume of at least 150mL, with a specific gravity of 1.003 or higher with a refractometer only

# DOCUMENTATION



- ▶ Athlete should provide information about any prescription or non prescription medicines or supplements taken recently in DCF i.e doping control form.
- ▶ Athlete can write note about “conduct” DCS i.e doping control session.
- ▶ Athlete receive copy of DCF.
- ▶ Laboratory copy doesn't contain any information that could identify athlete.



- 
- 
- ▶ For each test requested the following doping control documentation should be available to the DCO:
    - A. Two Doping Control Forms;
    - B. Two Supplementary Report Forms
    - C. Two ABP Supplementary Report Forms (if ABP sample(s) is requested).



# Analysis



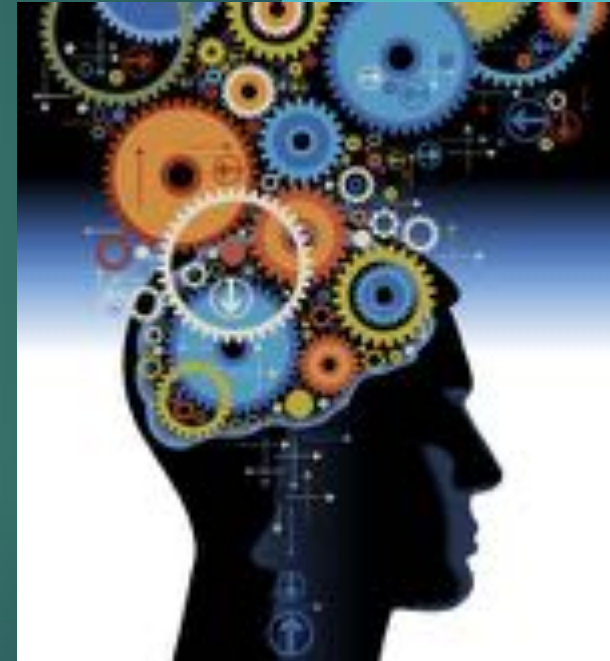
- ▶ Samples packaged & shipped to WADA accredited Laboratory which will adhere to International Standards of Laboratory.
- ▶ Ensured COC i.e chain of custody should maintain at all times

# MINOR/ DISABLED ATHLETE

- ▶ **MINORS**- Accompanied by an athlete representative at all times & during the sample collection procedure, including in the washroom area BUT will not witness passing of urine.
- ▶ **DISABLED ATHLETE**- Accompanied by an athlete representative to assist with mobility....handling equipment, splitting the sample, completing paper work.
- ▶ ATHLETE with **VISUAL IMPAIRMENT**- DCF will be read by an athlete representative & to sign DCF on behalf.

KNOWLEDGE

ASSESSMENT





► WHAT DOES ADRV STANDS FOR?

- a. Anti-Doping Race
- b. Anti-Doping Rule Violations
- c. Anti-Doping Result Verification
- d. Anti-Doping Registered vehicle

Ans : B





► How many so called whereabouts strikes or miss tests can athlete have prior to it resulting in an ADRV?

- a. 3 STRIKES IN 18 MONTHS
- b. 5 STRIKES IN 36 MONTHS
- c. 4 STRIKES IN 24 MONTHS
- d. 3 STRIKES IN 12 MONTHS

Ans: d



Which of following items are compulsory for DCO to bring for a doping control?

- a. A doping control assistant
- b. A chaperone
- c. Personal Id including name and photograph
- d. Liquids of hydration
- e. All of the above

ans: e




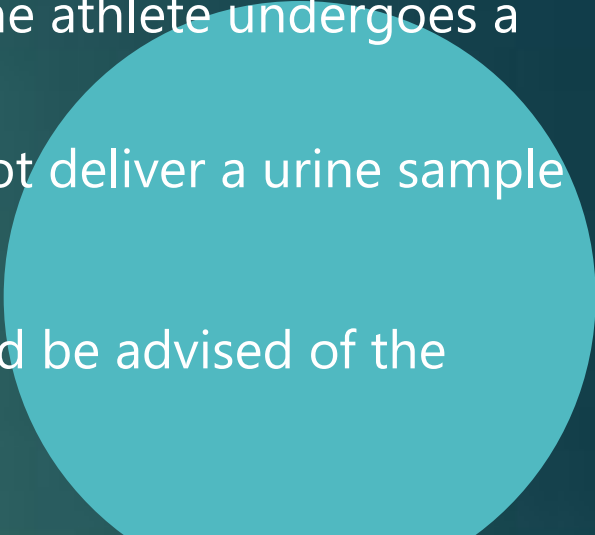
► Which of the following is not the Athlete's rights at notification?

- a. To have a representative.
- b. To overhydrate yourself
- c. To complete training session and cool down
- d. To participate in a press conference

Ans : B

Too much overhydration may dilute urine, alter specific gravity and delay time of DCP.



- 
- 
- Q: Which of the following is incorrect with respect to the Athlete's responsibilities at notification?
- a. Remain within direct observation of the DCO/Chaperone unless the athlete undergoes a medical examination
  - b. Report immediately for Sample collection unless the athlete cannot deliver a urine sample
  - c. Produce identification
  - d. Comply with sample collection procedures (and the athlete should be advised of the possible consequences of Failure to Comply)
  - e. Report immediately for Sample collection

ANS: e

Athlete need to complete task of cool down and hydration i.e recovery and it should be "asap" with in a time frame of 60 minutes of notification.

► Who should sign the Doping Control Form if present?



- a. The Athlete
- b. The Athlete representative
- c. The DCO
- d. All of the above

Ans : D

► How should the scan file of the DCF's be titles?


- a. LASTNAME FIRSTNAME ddmmyyyy
- b. Lastname Firstname ddmmyyyyy
- c. LASTNAME Firstname ddmmyyyy
- d. LASTNAME Firstname yyyyddmm

Ans C

- 
- 
- ▶ What are the DCO's responsibilities if the Athlete is not satisfied with a selected kit?
    - a. Instruct the Athlete to proceed with Sample collection.
    - b. Instruct the Athlete to select another kit
    - c. End the doping control immediately
    - d. Report the event

Ans: B

Maximum Of 3 kit and 3 collection vessel per Sample been provided for DCP.

- 
- ▶ What is the minimum amount of blood for serum sample analysis to be drawn from the Athlete
    - a. 6 ml (3 ml for each tube)
    - b. 10 ml (5ml for each tube)
    - c. 20 ml (10 ml for each tube)
    - d. Adequate amount to satisfy the relevant analytical requirements

Ans: c

# IMPORTATNT POINT

- ▶ If immediate transportation of urine sample is not possible, such transportation should occur no later than **seven days** from the date of collection.
- ▶ Blood samples are to be dispatched **as soon as possible** after collection, ideally arriving at the Laboratory on the **same day**.

Maintains A Cool And Constant Environment, Measured By A Temperature Data Logger Prevents A Blood Sample From **Freezing**;

# RESULT MANAGEMENT PROCESS

AAF i.e ADVERSE ANALYTICAL FINDING in **sample A** from the laboratory( without bearing name of athlete)



ATHLETE NAME DECODE BY NADA



If The A Sample Proves **Negative** I.E No Prohibited Substance Or Method Detected, The Athlete And The Concerned National Federation(nf), International Federation(if) & WADA Shall Be So Informed.

If AAF is reported for sample A NADA will conduct an initial review to determine whether:



a. An applicable TUE has been granted or will be granted as provided in



International standards of TUE


b. There is any apparent departure from the International standards for testing or International standards for laboratories that cause AAF

If initial review **validates** the TUE & procedures for prohibited substance(s) reported by laboratory for A sample, the sample isn't treated as **NEGATIVE**, athlete and the concerned National Federation(NF), International Federation(IF) & WADA shall be so informed.

If initial review **doesn't validates** the AAF, athlete is notified about his/her AAF of "A" sample. Concerned National Federation(NF), International Federation(IF) & WADA also notified.




If the AAF for A sample is for Prohibited Substance that is not a specified substance, NADA shall provisionally **SUSPEND** the athlete pending hearing panel.



An athlete has the right to request for the analysis of his/her B sample within seven(7) working days of receiving the notice concerning AAF of his/her sample.



If the athlete requests for B Sample Analysis, NADA will contact the laboratory to schedule time unit & date & notify the athlete of the B sample analysis.



If there is no requests for B Sample Analysis by athlete, NADA will inform the laboratory to conduct B sample analysis in presence of an independent observer.

If the B sample analysis confirms that A sample AAF, a **SECOND NOTICE** will be served by NADA to athlete along with copy to NF,IF & WADA asserting ADRV.



ADDP i.e **ANTI-DOPING DISCIPLINARY PANEL** will also be notified along with all documents for proceedings as per WADA



During hearing athlete given an opportunity to be reprimanded by counsel and interpreter (own expense) for reducing sanctions.



Athlete have right to appeal against decision of ADDP by lodging a notice to appeal with ADAP i.e **ANTI-DOPING APPEAL PANEL** with in 14 days of decision



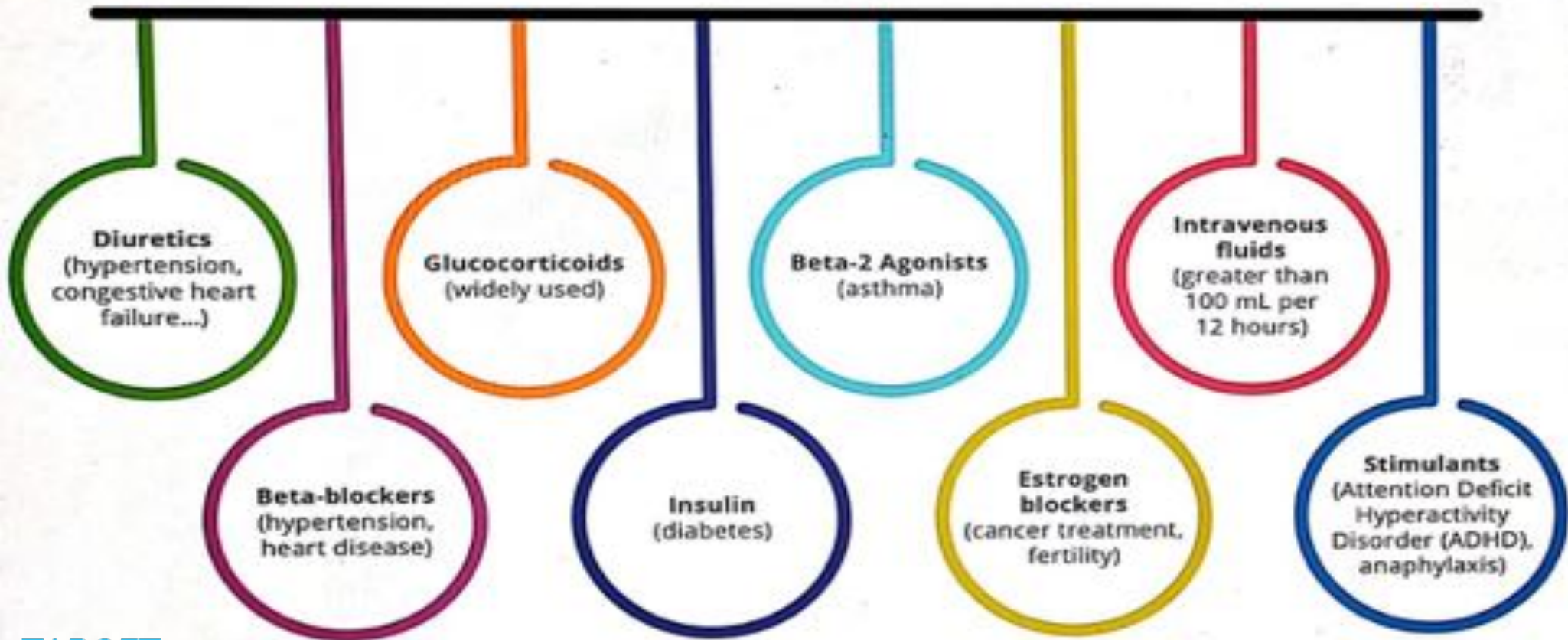
**The Code recognizes the right of athletes to medical treatment.**

**If an athlete needs to treat an illness or condition with a medication that contains a banned substance, then a Therapeutic Use Exemption (TUE) will be needed.**

# What is a TUE?

## THERAPEUTIC USE EXEMPTION

- ❑ An “authorization” to use a banned substance or method to treat a legitimate medical condition – a condition diagnosed by a medical professional.
- ❑ A TUE will only be approved if the conditions set out in the Code (Article 4.4) and the International Standard for Therapeutic Use Exemptions (ISTUE) are met.



# Criteria require to grant a TUE(Article 4.2)

- a. The Prohibited Substance or Method is needed to treat a diagnosed medical condition supported by relevant clinical evidence.
- b. The Therapeutic Use of the Prohibited Substance or Method will not,, produce any additional enhancement of performance ,only a return to the athlete's normal state of health following the treatment of the medical condition.
- c. The Prohibited Substance or Method is an indicated treatment for the medical condition, and there is no reasonable permitted Therapeutic alternative.
- d. The necessity of the use is not a consequence of a prior use of a banned substance.

# Who grants TUEs?

- ▶ All IFs and NADOs are required to have a TUE process in place.

**APPLICATIONS + DOCUMENTED MEDICAL EVIDENCE**



submitted to TUE Committee (TUEC) a panel of independent physicians

IFs and NADOs, through their TUECs, are responsible for granting or rejecting TUE applications.



The Code and the ISTUE allows for 'recognition' of TUEs.

Can IF can accept a TUE approved by a NADO – without the athlete having to apply twice for the same condition and medication or treatment?

A MEO(MAJOR EVENT ORGANIZER) may also recognize an IF or NADO TUE.

Note that NADO TUEs are valid on a global basis when competing at a national level or below.

Not all organizations accept TUEs from other ADOs, so you should consult their website or ask them to confirm if they will accept a pre-existing TUE or if your athlete needs to apply for a new one.



# How to apply for a TUE?

TUE application process.

## TUE application process.

International-level  
athletes should  
apply to their IF  
  
National-level  
athletes should  
apply to their  
NADO

Once the  
application is  
submitted, the  
respective TUEC  
of the ADO will  
review it and  
decide.

An athlete cannot apply for a TUE  
on their own.

They will need the help of a  
medical professional to complete  
the TUE application form and  
provide the required medical  
documentation.

Both the application form and the  
medical evidence must then be  
sent to the athlete's IF or NADO.

TUE applications should be  
submitted to the NADO, IF  
and/or a MEO (as  
applicable) as soon as  
possible.

For substances banned in-  
competition only, athletes  
should apply for a TUE at  
least 30 days  
before his/her next  
competition, unless it is an  
emergency or  
exceptional situation.

# TIME FRAME FOR TUE SUBMISSION

- ▶ TUE submitted before an event by athlete none less than 21 days before event.

Advised to submit it 30 days before participating event.

DURATION : LIMITED TIME PERIOD

HAVE TO GET RENEWED FOR CHRONIC CASES.

# TUE APPLICATIONS - KEY REQUIREMENTS

Have the diagnosis  
clearly stated



Include the appropriate  
medical documentation to  
substantiate that diagnosis  
(lab reports, imaging etc.)

Include the dosage, route  
of administration and  
duration of treatment



Be sent to the appropriate  
ADO or entered directly in  
ADAMS (WADA's international  
database system, if national or  
international level athlete)

# TUE Physician Guidelines

- ❑ WADA has developed Guidelines to assist TUECs in reviewing TUEs, but these are also helpful to read when you are completing a TUE application.
- ❑ These Guidelines are not mandatory but they can assist TUECs in the decision-making process for TUE applications. They give examples of common medical conditions that require a TUE but TUEs can still be approved for other conditions.

# INTRAVENOUS INFUSIONS AND/OR INJECTIONS

Intravenous (IV) infusions have been included on the WADA List of Prohibited Substances and Methods under section M2. Prohibited Methods; Chemical and Physical Manipulation since 2005<sup>1</sup> .

An IV infusion or injection is the supply of fluid and/or prescribed medication by drip or push directly into a vein.

Since January 2018, intravenous infusions are prohibited both in-competition and out-of competition if the volume delivered exceeds 100 ml within a 12-hour period.

Prior to 2018, the volume was limited to 50 ml within a 6-hour period.



Infusions or injections of 100 ml or less within  
a 24-hour period are permitted???

. YES

.NO

▶ PROHIBITED SUBSTANCE

▶ PROHIBITED METHOD



# IMPORTANT POINT TO REMEMBER???

- ▶ If a **NON-PROHIBITED SUBSTANCE** is infused or injected without being part of a hospital treatment, surgical procedure or clinical diagnostic investigation, a TUE must be submitted for this **Prohibited Method** if more than 100 ml of fluid in a 12-hour period is infused or injected.
- ▶ If a **PROHIBITED SUBSTANCE** is administered via IV infusion or injection, a TUE application must be submitted for the **Prohibited Substance** regardless of whether the infusion is less than 100 ml or the setting/circumstances under which it is administered.





IV infusions are included on the Prohibited List mainly because some athletes could use this Prohibited Method to:

- a) enhance their performance by increasing plasma volume levels
- b) mask the use of a Prohibited Substance
- c) distort the values of their Athlete Biological Passport.

# When should athletes apply for a TUE, if they are administered an Intravenous treatment

- ✓ (more than 100 ml/12hrs), in any of the following situations:
  - a. Medical practitioner's office, suite, home, tent or vehicle
  - b. IV clinics or any clinic/treatment room or centre outside of a hospital facility unless a clinical diagnostic investigation or surgical procedure has been performed
  - c. event organizers' medical facility, tent, first aid station, or start-finish line facility

# RETROACTIVE TUES

- ▶ An athlete may only be granted a retroactive TUE if:
  - a. Emergency or urgent treatment of a medical condition was necessary
  - b. Insufficient time, opportunity or other exceptional circumstances that prevented submission/consideration of a TUE application prior to sample collection
  - c. Rules did not allow/require the athlete to apply prospectively for a TUE
  - d. Non-international/national level athletes who are tested
  - e. The athlete used out-of-competition, a substance that is only prohibited in-competition

# Retroactive TUE –does not mean that the athlete's TUE will automatically be approved.

Only in rare and exceptional circumstances, an athlete may apply for and be granted retroactive approval for their therapeutic use, if it would be manifestly unfair not to grant a retroactive TUE.



**How would your athletes know if they need a TUE as per their ADO's requirements?**

The athlete should consult with their ADO to check if they are required to have a TUE based on their level of competition.

A young gymnast currently competing in local competitions is told by their coach that the methylphenidate (Ritalin) they require to treat their ADHD is banned in sports in competition. The athlete's mother checks with their ADO (on their website) and finds that methylphenidate is prohibited in-competition, but the athlete is considered by the NADO to be competing at a lower level than that required to have a TUE in advance. They are advised to keep a record of the medical condition and medication use and they can keep using the medication as directed by their doctor.

Two years later this athlete is now competing at the National championships and checks again with their ADO. They are now required to have a TUE in place as they are competing at a higher level.

Do they need to submit their TUE application along with their medical information to their ADO TUEC. ??

If the athlete has been already been tested, then he/she will be allowed to apply for a retroactive TUE. Therefore, it is essential to have medical records ready in case of a retroactive TUE application.

## APPROVED TUE

If a TUE is approved, it will be for:

- ✓ a specific medication with a defined dosage
- ✓ a specific period of time and will therefore have an expiry date
- ✓ an athlete to comply with all the treatment conditions set out in the TUE application

## DENIED TUE

- For **national-level** athletes, if the NADO denies their TUE application, the athlete may appeal exclusively to the **national-level appeal body**. The NADO should be able to direct the athletes to the national-level appeal body.
- **International-level** athletes can ask **WADA** to review their IF's decision to either not grant a TUE or if the IF chooses not to recognize a TUE already approved by another ADO.
- If WADA does not change the decision of the IF's then the athlete or the athlete's NADO may appeal to the Court of Arbitration of Sport (**CAS**).



Aman is a football (soccer) player who has made his U17 national team. He has had trouble in school with paying attention and talking during class. He spoke with his family physician and the physician wondered if he has Attention Deficit Hyperactivity Disorder (ADHD).

He wrote a prescription for Aman for Adderall (amphetamine/dextroamphetamine), a stimulant medication. Aman found it greatly helped, and his school behavior and academic performance significantly improved.

Upon being picked for the U17 team, he did on-line antidoping education and realized Adderall is on the Prohibited List if taken in competition.

He applies for a TUE with a letter from his physician reporting his history and that the medication is effective.



# Would you grant this TUE?

- ▶ In order for a TUE to be granted, all 4 criteria of ISTUE 4.2 must be met.
  - a. The prohibited substance or method in question is needed to treat an acute or chronic medical condition, such that the athlete would experience a significant impairment to health if the prohibited substance or method were to be withheld
  - b. The therapeutic use of the prohibited substance or method is highly unlikely to produce any additional enhancement of performance only a return to the athlete's normal state of health following the treatment of the acute or chronic medical condition.



c. There is no reasonable therapeutic alternative to the use of the prohibited substance method.

d. The necessity for the use of the prohibited substance or method is not a consequence, wholly or in part, of the prior use (without a TUE) of a substance or method which was prohibited at the time of such use.

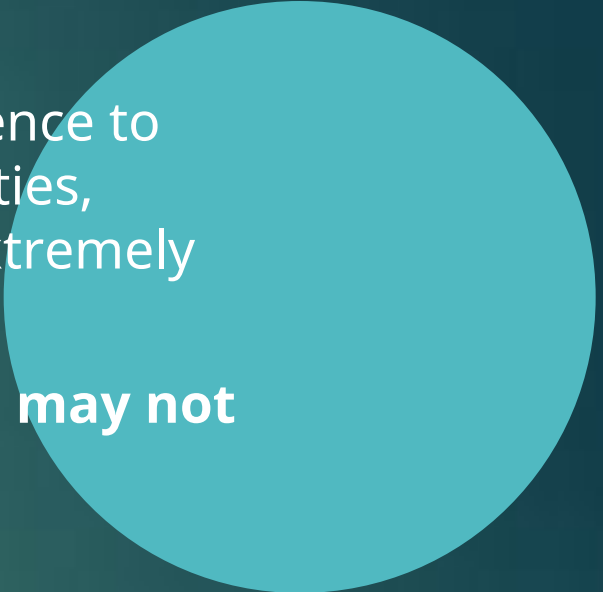

# Would you grant this TUE?

- ▶ NO
- ▶ athlete applies for a TUE with a letter from his local doctor, who is not a specialist in ADHD, who simply states the name and dose of the medication and that the athlete “has a medical condition” that requires treatment with this medication.
- ▶ The local doctor believes this is adequate as it is a standard letter he uses when patient ask for confirmation of their medications in other circumstances such as travel, work or insurance purposes.

- ▶ Mary is an archer who has qualified for an international competition. She takes a beta blocker to control high blood pressure, and is aware this is prohibited in the sport of archery, so she must apply for a TUE.
- ▶ She submits a TUE application which clearly demonstrates her hypertension diagnosis, with readings off and on medications, and a full set of test results to rule out secondary causes. She has tried multiple other medications and requires an angiotensin-converting enzyme (ACE) inhibitor, alpha blocker and beta blocker to control her blood pressure.

# Would you grant this TUE?

1. Your review of Mary's application and the TUE Physician Guidelines indicate that there is good information to support the diagnosis and there are no non-prohibited alternatives which are left to be tried (bearing in mind that diuretics are on the Prohibited List).
2. The athlete must show that the medication "will not" produce any additional enhancement of performance beyond what might be anticipated by a return to the athlete's normal state of health following the treatment of the medical condition" in order to satisfy ISTUE 4.2b.
3. Beta blockers slow heart rate and reduce tremor, which can enhance performance in precision sports like archery.



3. In order to satisfy 4.2b, the athlete will need to submit evidence to show that this medication will not, on the balance of probabilities, enhance performance in archery. In most cases, this will be extremely difficult.

**Mary is didn't submit this evidence, and therefore the TUE may not be granted.**



- ▶ Natasha is an Olympic swimmer. Unfortunately, while at a training camp right outside the city before the Games, she developed quite severe vomiting and diarrhea.
- ▶ She was seen in the team medical clinic where she was found to be dehydrated. She was then given 500 ml of intravenous infusion (IV) fluid late in the evening and was due to compete 2 days later.
- ▶ There is no time or ability to get a TUE application in beforehand.

# What can she do?

- ▶ Intravenous infusions and/or injections of more than a total of 100 mL per 12 hour period except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations are prohibited, and would therefore require a TUE.
- ▶ As she received the IV fluids in a team clinic, a TUE is needed.



- ▶ This was given for an emergency treatment with no or limited time to submit a TUE application and have it reviewed by the TUEC.
- ▶ An athlete must obtain a TUE under Article 4.2, prior to using or possessing the substance/method, unless one of the following applies:
  - a. Emergency or urgent treatment of a medical condition was necessary; or
  - b. Insufficient time, opportunity or other exceptional circumstances that prevented submission/consideration of a TUE application prior to sample collection; or
  - c. Rules did not allow/require the athlete to apply prospectively for a TUE; or
  - d. Non-international/national level athletes who are tested; or
  - e. Athlete used a substance that is only prohibited in-competition, outside of their competition

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- ▶ Natasha can apply for a retroactive TUE under 4.1a criteria.
  - ▶ She submits a TUE application for IV fluids, along with medical documentation clearly indicating the diagnosis of acute dehydration due to gastroenteritis.