



Therapeutic Use Exemptions (TUE) Application Instructions 治療用藥豁免申請指引

1. Therapeutic Use Exemptions (TUE) application should be made as soon as the need arises, or **at least 30 days before** the approval is required (e.g. participation in a competition).
你應盡早遞交治療用藥豁免(TUE)申請，或在需要獲批 TUE 的日期(例如參加比賽)**最少 30 日前**遞交申請。
2. TUE application should be submitted to Hong Kong Anti-Doping Committee (HKADC) under the following circumstances:
在下列情況之下，運動員應向香港運動禁藥委員會(HKADC)遞交治療用藥豁免申請：
 - a) You are **NOT** in the Registered Testing Pool of your International Federation (IF);
你**不是**國際聯會的註冊藥檢名單運動員；
 - b) You have confirmed with your IF that they will **NOT** accept nor process your TUE application (Please contact HKADC Office for a template <Letter to IF> if needed); and
你所屬之國際聯會確認**不會**接受或處理你的治療用藥豁免申請 (如有需要，請聯絡本會辦事處索取 <致國際體育聯會信函>之樣本)；及
 - c) You have already contacted and informed HKADC Office to confirm items a) and b) above.
你已經聯絡並通知本會辦事處確認上述 a)及 b)項。
3. You must submit the following documents to apply for a TUE:
你必須遞交以下文件以申請治療用藥豁免申請：
 - a) **TUE Application Form** completed by the athlete and his/her physician.
由醫生及運動員一同填妥的**治療用藥豁免申請表**。
 - b) **Detailed medical report and/or letter** confirming the diagnosis by your physician (including medical history, laboratory results, examination reports, etc.)
提供診斷證明的**詳盡醫療報告及/或醫生信** (包括醫療紀錄、化驗結果、檢查報告等)
4. Please follow the steps below to assist your physician to prepare the medical report:
請按照以下步驟協助你的醫生準備有關醫療報告：
 - a) Download and print out the **<Medical Information to support the decisions of TUECS – also called TUE Physician Guidelines>** corresponding to your medical condition at World Anti-Doping Agency's (WADA) webpage below:
前往世界運動禁藥機構(WADA)網頁下載及列印因應你的醫療狀況的**<支持治療用藥豁免專責委員會審批的醫療文件 – 亦稱為治療用藥豁免醫生指引>**：
https://www.wada-ama.org/en/search?q=TUE%20Physician%20Guidelines&filters%5Bcontent_type%5D%5B%5D=%22resource%22
 - b) Show the Guidelines to your physician and ask him/her to provide the diagnostic reports according to requirement as stipulated in **"Section 4: Diagnosis"**.
向你的醫生展示有關指引，並請他/她根據**「第四部份 – 診斷」**列明的要求提供診斷報告。
5. Please contact HKADC Office promptly for any uncertainty of the above procedures.
如對以上程序有任何疑問，請盡早聯絡本會辦事處。



Therapeutic Use Exemptions (TUE) Application Form 治療用藥豁免申請表

Please complete all sections in **ENGLISH** 請以英文填妥所有部分

Section 1, 2, 3, 7: to be completed by **athlete** 第 1、2、3、7部分：由運動員填寫

Section 4, 5, 6: to be completed by **prescribing physician** 第 4、5、6部分：由處方醫生填寫

Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form 難以閱讀或未填妥之申請表將會被退回，運動員須重新遞交清晰及完全填妥的表格。

1. Athlete Information 運動員資料

Surname 姓: _____	Given Names 名: _____
Gender 性別: <input type="checkbox"/> Female 女性	<input type="checkbox"/> Male 男性
Date of Birth 出生日期 (d日/m月/y年): _____	
Address 地址: _____ _____	
Tel. 電話: _____	E-mail 電郵: _____
Sport 運動: _____	Discipline/Position 項目/位置: _____

2. Previous Applications

<p>Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition? 你是否曾經因相同病情向任何運動禁藥管制組織提交治療用藥豁免申請?</p> <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If yes, for which substance(s) or method(s)? 如答是，曾經就哪種物質或方法提出申請?</p>	
To whom 向哪個機構提交申請? _____	
When 何時提交? _____	
Decision 審批結果: <input type="checkbox"/> Approved 批准 <input type="checkbox"/> Not approved 否決	

3. Retroactive Applications 補辦申請

Is this a retroactive application? 這是否補辦申請?

- Yes 是** **No 否**

If yes, on what day was the treatment started?

如答是，治療於哪一天開始? _____

Do any of the following exceptions apply? (Article 4.1 of the ISTUE)

以下哪一項例外情況適用? (治療用藥豁免國際標準第4.1條)

- 4.1 (a) - You required emergency or urgent treatment of a medical condition.
4.1 (a) - 你需要接受緊急治療或處理危急病情。
- 4.1 (b) - There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.
4.1 (b) - 因沒有足夠時間、機會或其他特殊情況，導致你不能夠在接受藥檢前遞交TUE申請或被評估。
- 4.1 (c) - You were not permitted or required to apply in advance for a TUE as per Hong Kong Anti-Doping Committee Anti-Doping Rules.
4.1 (c) - 按香港運動禁藥委員會運動禁藥管制規條，你不能夠或無須事前遞交TUE申請。
- 4.1 (d) - You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.
4.1 (d) - 你已接受藥檢，但不是受到國際聯會或地區運動禁藥管制組織管轄的運動員。
- 4.1 (e) - You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition e.g., S9 glucocorticoids (See [Prohibited List](#)).
4.1 (e) - 你的陽性檢測結果是由於在賽外使用了只在賽內禁用的物質，例如：S9 糖皮質激素 (請參閱 [禁用清單](#) (只有英文版本))。

Please explain (if necessary, attach further documents)

請解釋 (如有需要可附上有關文件):

- Other Retroactive Applications (ISTUE Article 4.3)**
其他補辦申請 (治療用藥豁免國際標準第4.3條)

In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.

儘管治療用藥豁免國際標準上有其他規定，但在極少數及特殊情況下，運動員可以補辦申請及獲補批TUE。因考慮到運動禁藥法規的目的，不授予補辦申請是明顯不公平的。

In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation.

如需按第4.3條遞交申請，請提供詳細原因及附上所需的證明文件。

Physician to complete sections 4, 5, 6**第 4、5、6 部分由處方醫生填寫****4. Medical Information 醫療資料**

(Please attach relevant medical documentation 請附上有關的醫療文件)

Diagnosis (Please use the WHO ICD 11 classification if possible)

診斷 (如情況許可，請利用世界衛生組織的國際疾病分類第11次修訂版本):

5. Medication Details 藥物詳情

Prohibited Substance(s)/Method(s) 禁用物質/方法 Generic name(s) 學名	Dosage 劑量	Route of Administration 處方途徑	Frequency 使用的頻率	Duration of Treatment 治療期
<i>Example : Prednisolone</i>	<i>10mg</i>	<i>Oral</i>	<i>2 times/day</i>	<i>1/1/2022 – 31/3/2022</i>
1.				
2.				
3.				

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must 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. In addition, a short summary that includes the diagnosis, key elements of the clinical exams, medical tests and the treatment plan would be helpful.

If a permitted medication can be used to treat the medical condition, please provide justification for the therapeutic use exemption for the prohibited medication.

World Anti-Doping Agency (WADA) maintains a series of TUE Checklists to assist athletes and physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term “Checklist” on the WADA website: <https://www.wada-ama.org>.

申請時須一併提交詳盡的診斷證明。診斷證明必須包括詳盡的醫療紀錄，以及所有化驗、造影、或其他相關檢查結果。請盡量遞交所有正本報告或信件的複印本。此外，提交相關診斷、臨床檢查的關鍵元素、醫療測試及治療計劃的簡短概要亦會有助申請。

如有允許的藥物可以治療病情，請提供申請利用禁用藥物治療的理據。

世界運動禁藥機構(WADA)提供一系列TUE清單以協助運動員及醫生填寫完整及全面的TUE申請表。你可於WADA網站：<https://www.wada-ama.org> 輸入搜索字 “Checklist” 以尋找這些清單。

6. Medical Practitioner's Declaration 醫療人員聲明

I certify that the information in sections 4 and 5 above is accurate. I acknowledge and agree that my personal information may be used by Anti-Doping Organization(s) (ADO) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my personal information will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see the [ADAMS Privacy Policy](#) for more details).

本人證明以上第4及第5部份所提供的資料準確。本人知悉及同意本人的個人資料會被運動禁藥管制組織用作聯絡本人有關此TUE申請、查核TUE申請過程的專業評估、或用作違反運動禁藥管制規條的調查或訴訟。本人亦同時知悉及同意本人的個人資料將會因上述目的被上載到運動禁藥管制行政管理系統 (ADAMS) (詳情請參閱[ADAMS的隱私權政策](#)(只有英文版本))。

Name 姓名： _____

Medical specialty 專科： _____

License number 執照編號： _____

License body 執照機構： _____

Address 地址： _____

Tel. 電話： _____

Fax 傳真： _____

E-mail 電郵： _____

Signature of Medical Practitioner

醫療人員簽署： _____

Date 日期： _____

7. Athlete's Declaration 運動員聲明

I, _____, certify that the information set out at sections 1, 2, 3 and 7 is accurate and complete.

I authorize my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the Anti-Doping Organization(s) (ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of relevant ADO(s) and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.

I further authorize the Hong Kong Anti-Doping Committee to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

I have read and understood the TUE Privacy Notice (below) explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

本人_____，確認在第1、2、3及7部份所提供的資料準確及完整。

本人授權本人的醫療人員在認為有必要情況下，將本人的醫療資料及紀錄提交至以下人士以協助評估本人的TUE申請：負責決定批核、否決或認可本人的TUE的運動禁藥管制組織、負責確認運動禁藥管制組織的審批合乎治療用藥豁免國際標準的世界運動禁藥機構(WADA)、有機會審核本人的申請是否合乎世界運動禁藥法規及國際標準的相關運動禁藥管制組織的委員會醫生及WADA的治療用藥豁免專責委員會成員、以及如需要評估本人申請的獨立醫療、科學或法律專家。

本人亦授權香港運動禁藥委員會因上述原因向其他運動禁藥管制組織及WADA發放本人的完整TUE申請，包括醫療證明文件及紀錄。本人亦明白這些機構有機會向他們的治療用藥豁免專責委員會成員及相關專家提供本人完整的申請以作評估。

本人已閱讀及明白TUE私隱權聲明(見下文)解釋本人的個人資料會因本人的TUE申請而被處理，並且接受其條款。

Athlete's signature 運動員簽署 _____ **Date 日期:** _____

If the athlete is a Minor or has an impairment preventing him/her from signing this form, a parent or guardian shall on behalf of the athlete. 若運動員未滿18歲，或有任何身體障礙導致他/她本人未能簽署此表，父母一方或監護人應代表運動員簽名。

Parent's/Guardian's Signature

家長/監護人簽署: _____ **Date 日期:** _____

Name姓名: _____

TUE Privacy Notice

This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.

TYPES OF PERSONAL INFORMATION (PI)

- The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
- Supporting medical information and records provided by you or your physician(s); and
- Assessments and decisions on your TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

PURPOSES & USE

Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code (Code), the International Standards, and the anti-doping rules of ADOs with authority to test you. This includes:

- Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and
- In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

TYPES OF RECIPIENTS

Your PI, including your medical or health information and records, may be shared with the following:

- ADO(s) responsible for making a decision to grant, reject, or recognize your TUE, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available to ADOs with testing authority and/or results management authority over you;
- WADA authorized staff;
- Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and
- Other independent medical, scientific or legal experts, if needed.

Note that due to the sensitivity of TUE information, only a limited number of ADO and WADA staff will receive access to your application. ADOs (including WADA) must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult the ADO to which you submit your TUE application to obtain more details about the processing of your PI.

Your PI will also be uploaded to ADAMS by the ADO who receives your application so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your PI, consult the ADAMS Privacy Policy ([ADAMS Privacy Policy](#)).

FAIR & LAWFUL PROCESSING

When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing

described in this Notice. Alternatively, ADOs and these other parties may rely upon other grounds recognized in law to process your PI for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfill contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfill legitimate interests associated with their activities.

RIGHTS

You have rights with respect to your PI under the ISPPPI, including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.

Where the processing of your PI is based on your consent, you can revoke your consent at any time, including the authorization to your physician to release medical information as described in the Athlete Declaration. To do so, you must notify your ADO and your physician(s) of your decision. If you withdraw your consent or object to the PI processing described in this Notice, your TUE will likely be rejected as ADOs will be unable to properly assess it in accordance with the Code and International Standards.

In rare cases, it may also be necessary for ADOs to continue to process your PI to fulfill obligations under the Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, WADA and/or an ADO.

SAFEGUARDS

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

Under the ISPPPI, ADO staff must also sign confidentiality agreements, and ADOs must implement strong privacy and security measures to protect your PI. The ISPPPI requires ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in ADAMS by consulting the response to [How is your information protected in ADAMS?](#) in our [ADAMS Privacy and Security FAQs](#).

RETENTION

Your PI will be retained by ADOs (including WADA) for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for 10 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

CONTACT

Consult the Hong Kong Anti-Doping Committee at antidoping@hkolympic.org for questions or concerns about the processing of your PI. To contact WADA, use privacy@wada-ama.org.

TUE 私隱聲明

此聲明描述就你所遞交的 TUE 申請的個人資料處理。

個人資料類別

- 你或你的醫療人員在 TUE 申請表上所提供的資料(包括你的姓名、出生日期、聯絡資料、運動及項目、診斷、用藥及你所申請的相關治療)；
- 你或你的醫療人員所提供的醫療證明文件及紀錄；
- 運動禁藥管制組織(包括 WADA)及其治療用藥豁免專責委員會以及其他 TUE 專家對你的 TUE 申請的評估及審批，包括你與你的醫療人員、相關的運動禁藥管制組織或其他支援人員就有關於你的申請的通訊。

目的與用途

你的個人資料會根據治療用藥豁免國際標準被用作處理及審核你的 TUE 申請情況。在某些情況下，根據世界運動禁藥法規、其國際標準及對你有檢測權限的運動禁藥管制組織的運動禁藥管制條例，你的個人資料有可能會被用作其他目的，包括：

- 當你的樣本或運動員生物護照出現陽性或異常檢測結果時的結果管理；及
- 在極少數情況下，與涉嫌違反運動禁藥管制規條方面的相關調查或程序。

接收資料人士的類別

你的個人資料，包括你的醫療或健康資料及紀錄，有機會分享予以下人士：

- 負責決定批核、否決或承認你的 TUE 的運動禁藥管制組織，以及他們授權的第三方(如有)。有關你的 TUE 申請的最終決定亦會提供予對你有檢測及/或結果管理權限的運動禁藥管制組織；
- WADA 授權的職員；
- 每個相關運動禁藥管制組織及 WADA 的治療用藥豁免專責委員會；及
- 如需要，其他獨立的醫療、科學或法律專家。

基於 TUE 資料的敏感度，只有少數運動禁藥管制組織及 WADA 的職員可以查閱你的申請。運動禁藥管制組織(包括 WADA)須要根據私隱及個人資料保障國際標準(ISPPPI)去處理你的個人資料。你可以向你遞交申請的運動禁藥管制組織取得更多關於處理你的個人資料的資訊。

你的個人資料會被收取你申請的運動禁藥管制組織上載到運動禁藥管制行政管理系統 (ADAMS)，於有須要時讓其他運動禁藥管制組織及 WADA 因上述目的查閱。ADAMS 的伺服器位於加拿大並由 WADA 操作及管理。有關 ADAMS 的詳情及 WADA 如何處理你的個人資料，你可以參閱 [ADAMS 的私隱政策](#)(只有英文版本)。

公平及合法的處理

當你簽署運動員聲明，代表確認你已閱讀及明白此 TUE 私隱聲明。於適當並在適用的法律所容許下，運動禁藥管制組織及其他上述人士會認為你的簽署確認你表示同意此聲明描述的個人資料處理。此外，運動禁藥管制組織及其他人士可依據法律認可的其他理由以此聲明描述的目的處理你的個人資料，例如運動禁藥管制上的重要公共利益、履行對你的合約義務、確認符合法律責任或必要的法律程序需要、或履行與他們活動相關的合理權益需要。

權利

按照 ISPPPI 的規定，你有權就你的個人資料獲得你的個人資料副本及在某些情況下更改、封鎖或刪除你的個人資料。按照適用的法律，你可以有其他附加權利，例如向你國家的私隱資料監管機構投訴。

雖然你的個人資料是在你的同意下處理，但你可以通知你的運動禁藥管制組織及醫療人員隨時撤回你的同意，包括授權你的醫療人員提供於運動員聲明提及的醫療文件。如果你想撤回以前的同意或反對此聲明所描述的個人資料處理，你的 TUE 申請亦有很大機會被否決，因為運動禁藥管制組織不能夠根據運動禁藥法規及國際標準評估你的申請。

即使你已經拒絕有關的資料處理或撤回同意(如情況適用)，在極少數的情況下，運動禁藥管制組織有必要因履行運動禁藥法規及國際標準的責任而繼續處理你的個人資料。當中包括調查或處理違反運動禁藥規條，以及建立、行使或抗辯涉及你、WADA 及/或運動禁藥管制組織的法律訴訟。

保障

所有有關 TUE 的申請資料，包括醫療證明文件及紀錄，以及任何關於審核 TUE 要求的資料都必須遵從嚴格醫療保密原則處理。被諮詢過的治療用藥豁免專責委員會的醫療人員及其他專家都需要受到保密協議書的規限。

根據 ISPPPI，運動禁藥管制組織的職員必須簽署保密協議書，運動禁藥管制組織亦必須落實有力的私隱及保安措施去保護你的個人資料。基於 TUE 資料屬敏感資料，ISPPPI 要求運動禁藥管制組織對這些資料進行更高規格的保安。你可以到「[ADAMS 私隱及保安的問與答](#)」中的「[ADAMS 如何保護你的資料](#)」(只有英文版本)找到關於 ADAMS 保安的資料。

保存

你的個人資料將會被運動禁藥管制組織(包括 WADA)按 ISPPPI 附表 A 所列出的保留期限而保存。獲批核的 TUE 或否決的結果將被保存 10 年。TUE 申請表及補充醫療文件將由該 TUE 到期日計起被保存 12 個月。未填妥的 TUE 申請會被保存 12 個月。

聯絡

如對處理你的個人資料上有任何問題或疑問，請聯絡香港運動禁藥委員會 (antidoping@hkolympic.org)。如要聯繫 WADA，請電郵至 privacy@wada-ama.org。

<Should there be any inconsistency between the English and the Chinese versions of the information here, the English version shall prevail.>

<中文譯本之文義如與英文版本有異，概以英文版本為準。>

Please submit the completed form with supporting documents to HKADC

(keep a copy for your own records)

請將填妥的表格連同證明文件交回香港運動禁藥委員會 (請自行保留副本)

Hong Kong Anti-Doping Committee

香港運動禁藥委員會

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