



Federation International des Quilleurs



World Ninepin Bowling Association

## Ausnahmegenehmigung für therapeutische Anwendung Therapeutic Use Exemptions / TUE/

### WNBA Anti-Doping Rules:

#### 4.4 Therapeutische Anwendung

4.4.1 Athleten mit einer nachgewiesenen Krankheit, welche die Anwendung eines verbotenen Wirkstoffes oder einer verbotenen Methode erfordert, müssen erst eine Ausnahmegenehmigung zur therapeutischen Anwendung (TUE) erlangen.

#### 4.4 Therapeutic Use

4.4.1 Athletes with a documented medical condition requiring the use of a Prohibited Substance or a Prohibited Method must first obtain a TUE.

4.4.2 Gegenstand des Artikel 4.4.1 ist, dass **im Registered Testing Pool der WNBA erfasste Athleten** oder **andere Athleten bei Teilnahme an jedem internationalen Event** eine Ausnahmegenehmigung für therapeutische Anwendung (TUE) von der WNBA erlangen müssen, ohne Rücksicht darauf, dass der Athlet vorher eine TUE auf nationaler Ebene erhalten hat. Der Antrag für eine TUE muss so bald als möglich gemacht werden (im Falle eines im Registered Testing Pool erfassten Athleten würde dies mit seiner/ihrer erstmaligen Aufnahme in den Pool sein) und für jede Veranstaltung (ausgenommen in Notfall-Situationen) nicht später als 21 Tage vor der Teilnahme des Athleten an dem Event.

4.4.2 Subject to Article 4.4.1, **Athletes included by WNBA in its Registered Testing Pool** and other **Athletes participating in any International Event** must obtain a TUE from WNBA regardless of whether the Athlete previously has received a TUE at the national level. The application for a TUE must be made as soon as possible (in the case of an Athlete in the Registered Testing Pool, this would be when he/she is first notified of his/her inclusion in the pool) and in any event (save in emergency situations) no later than 21 days before the Athlete's participation in the Event.

### Der internationale Event von WNBA 2012 / International Events of WNBA 2012:

- **Ninepin Bowling Classic /NBC/**
  1. World Championships U 23 Women/Men 18-26.05.2012 Bautzen /GER/
  2. World Single Championships Women/Men 27-21.10.2012 Lesno /POL/
- **Ninepin Bowling Schere /NBS/**
  1. World Championships U 23 Women/Men 22-26.08.2012 Luxemburg

#### Venue and Office

World Ninepin Bowling Association  
Huglgasse 13-15/2/2/6  
A – 1150 Wien (Austria)  
Post-office Box 72  
A-1152 Wien (Austria)

ZVR 010 454 559 over <http://zvr.bmi.gv.at>

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**Mobil** 00 36 30 644 2060  
**Email** [vicepresident.david@fiqwnba.org](mailto:vicepresident.david@fiqwnba.org)

#### Banking-account of WNBA

Raiffeisenbezirksbank Oberpullendorf  
A-7322 Lackenbach

Account-number  
509661

BLZ  
33065

IBAN  
AT473306500000509661

BIC  
RLBBAT2E065



**ANNEX 1:**

Therapeutic use exemption application form

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<b>Identification of Anti-Doping Organization</b> <b>(Logo or Name of the ADO)</b>
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Application form

**THERAPEUTIC USE EXEMPTIONS**  
**TUE**

Please complete all sections in capital letters or typing

1. Athlete Information

Surname: _____ Given Names: _____.
Female <input type="checkbox"/> Male <input type="checkbox"/> Date of Birth (d/m/y) _____
Address: _____
City: _____ Country: _____ Postcode: _____
Tel.: _____ E-mail: _____ (with international code)
Sport: _____ Discipline/Position: _____
International or National Sport Organization: _____
Please mark the appropriate box:
<input type="checkbox"/> I am part of an International Federation Registered Testing Pool
<input type="checkbox"/> I am part of a National Anti-Doping Organization Testing Pool
<input type="checkbox"/> I am participating in an International Federation event for which a TUE granted pursuant to the International Federation's rules is required <sup>1</sup> - Name of the competition: _____
<input type="checkbox"/> None of the above
If athlete with disability, indicate disability: _____

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<sup>1</sup> Refer to your International Federation for the list of designated events

**2. Medical information**

Diagnosis with sufficient medical information (see note 1):

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If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication

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**3. Medication details**

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

**Intended duration of treatment:**  
(Please tick appropriate box)

once only

emergency

or duration (week/month): \_\_\_\_\_

**Have you submitted any previous TUE application:**

yes

no

For which substance?

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To

whom? \_\_\_\_\_ When? \_\_\_\_\_

Decision: Approved

Not approved

**4. Medical practitioner's declaration**

**I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.**

Name: \_\_\_\_\_

Medical specialty: \_\_\_\_\_

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

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Signature of Medical Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Athlete's declaration**

I, \_\_\_\_\_, certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the provisions of the Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint to WADA or CAS.

**Athlete's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

(if the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)

6. Note:

<b>Note 1</b>	<b>Diagnosis</b> <i>Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical evidence should 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. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.</i>
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**Incomplete Applications will be returned and will need to be resubmitted.**

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