

განაცხადი ტერაპიული გამოყენების ნებართვის მიღებაზე
THERAPEUTIC USE EXEMPTIONS (TUE) APPLICATION FORM

გთხოვთ, გარკვევით შეასვთ ყველა პუნქტი. სპორტსმენი ავსებს 1, 5, 6 და 7 პუნქტებს; ეკიმი ავსებს 2, 3 და 4 პუნქტებს. შესაბამისად არასრული განაცხადები დაუბრუნდება განმცხადებელს და განმეორებით მიიღება მხოლოდ შესაბამისი და სრულყოფილი სახით.

Please complete all sections in capital letters or typing. Athlete to complete sections 1, 5, 6 and 7; physician to complete sections 2, 3 and 4. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

1. ინფორმაცია სპორტსმენის შესახებ
Athlete information

გვარი: ----- Surname:	სახელი: ----- Given names:	
ქალი <input type="checkbox"/> მამაკაცი <input type="checkbox"/> დაბადების თარიღი (დ/მ/წ): ----- Female Male Date of birth (d/m/y)		
მისამართი: ----- Address:		
ქალაქი: ----- ქვეყანა: ----- საფოსტო ინდექსი: ----- City: Country: Postcode:		
ტელეფონი (ქვეყნის საერთაშორისო კოდის მითითებით): ----- Tel (with international code):		
ელ. ფოსტა: ----- E-mail:		
სპორტის სახეობა: ----- კვსახეობა/სათამაშო პოზიცია: ----- Sport : Discipline/position:		
საერთაშორისო ან ეროვნული სპორტული ორგანიზაცია: International or national sport organization: -----		
უნარშემოწმებული სპორტსმენის შემთხვევაში მითითეთ უნარშემოწმებულობის სახე: If athlete with disability, indicate disability: -----		

2. samedicino informacia (SegiZliaT gaagrZeloT calke furcelze)
Medical information (continue on separate sheet if necessary)

diagnozi:
 Diagnosis:

Tu mocemuli samedicino mdgomareobis samkurnalod SeiZleba gamoyenebul iqnas nebadarTuli medikamenti, gTxovT moiyyanoT klinikuri dasabuTeBa imisa, Tu ratom iTxovT akrZaluli medikamentis gamoyenebs nebarTvas:

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

SeniSvna	<p>diagnozi</p> <p><i>am ganaxads Tan unda erTvodes diagnozis damadasturebeli obieqturi samedicino informacia. es ukanaskneli unda moicavdes avadmyofobis istorias da Sesabamisi gamokvlevebis Sedegebs, laboratoriuLi da instrumentuli analizebis monacemebs. Sesazleblobis SemTxvevaSi ganaxads Tan daurTeT uSualod analizebis da gamokvlevebis pasuxebis, aseve specialistebis Canawerebis qseroaslebi. informacia unda iyos maqsimalurad obieqturi, klinikuri garemoebidan gamomdinare. iseTi mdgomareobebis SemTxvevaSi, romelTa obieqturi demonstrireba ver xerxdeba, damatebiT daurTeT damoukidebeli samedicino piris mosazreba.</i></p>
Note	<p>Diagnosis</p> <p><i>Evidence confirming the diagnosis must 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></p>

3. detaluri informacia medikamentis Sesaxeb
Medication details

akrZaluli nivTiereba(ebi): <u>generiuli saxelwodeba</u>	doza Dose	Seyvanis gza Route of Administration	sixSire Frequency	mkurnalobis xangrZlivoba Duration of Treatment
Prohibited Substance(s): <u>Generic name</u>				
1.				
2.				
3.				

4. eqimis ganxadeba
Medical practitioner's declaration

vadastureb, rom zemoT, 2 da 3 punqtebSi moyvanili informacia zustia da rom zemoTaRniSnuli mkurnaloba gamarTlebulia samedicino TvalsazrisiT
I certify that the information at sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate

saxeli, gvარი: -----
 Name:

specialoba: -----
 Medical specialty:

misamarTi: -----
 Address:

telefoni: -----
 Tel.:

faqsi: -----
 Fax:

el.fosta: -----
 E-mail:

eqimis xelmowera: ----- TariRi: -----
 Signature of Medical Practitioner: Date:

5. retroaqtiuli ganaxadebi
Retroactive applications

<p>aris Tu ara es retroaqtiuli ganaxadi? Is this a retroactive application?</p> <p>diax: <input type="checkbox"/> Yes:</p> <p>ara: <input type="checkbox"/> No:</p> <p>Tu diax, miuTiTeT mkurnalobis dawyebis TariRi: If yes, on what date was treatment started?</p> <p>-----</p>	<p>gTxovT, miuTiToT mizezi: Please indicate reason:</p> <p>aucilebeli gaxda mwvave samedicino mdgomareobis gadaudebeli mkurnaloba <input type="checkbox"/> Emergency treatment or treatment of an acute medical condition was necessary</p> <p>sxva gansakuTrebuli garemoebebis gamo, ar iyo sakmarisi dro ganaxadis SetanisTvis sinjis aRebamde <input type="checkbox"/> Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection</p> <p>aRniSnuli SemTxvevisTvis wesebi ar moiTxovs winaswar ganaxads <input type="checkbox"/> Advance application not required under applicable rules</p> <p>sxva mizezi <input type="checkbox"/> Other</p> <p>ganmartiT:</p>
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Please explain:

6. warsuli ganaxadebi
Previous applications

warsulSi gagikeTebiaT ganaxadi Terapiuli gamoyenebis nebarTvis misaRebad?
Have you submitted any previous TUE application(s)?

diax ara
Yes No

romeli nivTierebisTvis? -----
For which substance or method?

vis mimarT? ----- rodis? -----
To whom? When?

gadawyvetileba: nebarTva uari
Decision: Approved Not approved

7. sportsmenis gancxadeba
Athlete's declaration

me, -----, vadastureb rom 1, 5 da 6 punktSi moyvanili informacia zustia. Tanaxma var, piradi samedicino informacia Cems Sesaxeb gadaeces anti-dopingur organizacias, agreTve WADA-s Sesabamisi uflbamosilebis mqone personals, WADA-s Terapiuli gamoyenebis nebarTvis komitets da sxva antidopingur organizaciebis Terapiuli gamoyenebis nebarTvis komitetebs msolfio antidopinguri kodeqsis da/an Terapiuli gamoyenebis nebarTvis saerTaSoriso standartis moTxovnebis Sesabamisad.

Tanaxma var, Cemma eqim(eb)ma gadasces(n) zemoT CamoTvliil pirebs nebis mieri informacia Cemi janmrTelobis mdgomareobis Sesaxeb, romelsac CaTvlian saWirod Cemi ganaxadis ganxilvisa da gadawyvetilebis miRebisTvis.

vacnobiereb, rom es informacia gamoyenebuli iqneba mxolod Terapiuli gamoyenebis nebarTvis moTxovnis Sefasebis procesSi, antidopinguri wesebis SesaZlo darRvevis gamokvlevisa da procedurebis konteqstSi. vacnobiereb, rom Tu rodime movisurveb (1) movipovo meti informacia Cems mier miwodebuli informaciis gamoyenebis Sesaxeb; (2) gamoviyeno am informaciaze wvdomis da Sesworebis uflaba an (3) moviTxovo, rom zemoT aRniSnul organizaciebs aRar hqondeT Cemi janmrTelobis Sesaxeb informaciis mopovebis uflaba, amis Sesaxeb werilobiT unda Sevatyobino Cems eqims da Cemi qveynis anti-dopingur organizacias. vacnobiereb da Tanaxma var, rom anti-dopinguri kodeqsis moTxovnebis Sesabamisad, SeiZleba aucilebeli iyos Cems mier Tanxmobis uaryofamde miwodebuli, Terapiuli gamoyenebis nebarTvasTan dakavSirebuli informaciis Senaxva, mxolod da mxolod anti-dopinguri wesebis SesaZlo darRvevis dadgenis mizniT, kodeqsis moTxovnebis Sesabamisad.

Tanaxma var, ganaxadis ganxilvis Sedegad miRebuli gadawyvetileba ecnobaT yvela antidopingur organizacias, an sxva organizaciebs, romelTac aqvT testirebis da/an Sedegebis marTvis uflbamosileba CemTan mimarTebsi.

vacnobiereb, rom am ganaxadTan dakavSirebuli informaciisa da gadawyvetilebis recipientebi SeiZleba imyofebodnen Cemi qveynis gareT, sxva qveynebsi. zogierT am qveyanaSi monacemTa dacvasTan da piradi informaciis xelSeuxeblobasTan dakavSirebuli kanonebi SeiZleba ar iyos Cemi qveynis kanonebis ekvivalenturi.

vacnobiereb, rom Tu CavTvli, rom Cemi piradi informaciis gamoyeneba ar Seesabameba Cems mier gacemuli Tanxmobis pirobebs da piradi informaciis dacvis saerTaSoriso standartis, uflaba maqvs Sevitano saCivari WADA-s, an CAS-is winaSe.

I, _____, certify that the information set out at sections 1, 5 and 6 is accurate. 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 World Anti-Doping Code (“Code”) and/or the International Standard for Therapeutic Use Exemptions.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health 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 consent to the decision on this application made available to all ADOs, or other organizations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

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.

sportsmenis xelmowera: ----- **TariRi:** -----
Athlete’s signature **Date**

mSoblis/meurvis xelmowera: ----- **TariRi:** -----
Parent’s/guardian’s signature **Date**

(Tu sportsmeni mcirewlovania an unarSezRudulia, rac xels uSlis am formis xelmoweraSi, sportsmenTan erTad an misi saxeliT xels awers mSobeli an meurve)

(If the athlete is a Minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete)

gTxovT, CaabaroT Sevsebuli ganaxadi ----- **s Semdegi gziT:** -----

----- **(da SeinaxoT asli)**

Please submit the completed form to -----

by the following means: ----- **(keeping a copy for your records)**