

ANTI-DOPING TUE Policy

2026



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EXTRACT FROM EUROPEAN TOUR ANTI-DOPING POLICY 2026:

F. Therapeutic Use Exemptions (“TUEs”)

Players may be granted a TUE for the use of a Prohibited Substance and/or Prohibited Method if (and only if), on the balance of probabilities, the following four criteria are fulfilled:

1. The Prohibited Substance or Prohibited Method in question is needed to treat a diagnosed medical condition supported by relevant clinical evidence;¹ and
2. The therapeutic use of the Prohibited Substance or Prohibited Method will not, on the balance of probabilities, produce any additional enhancement of performance beyond what might be anticipated by a return to the *Player's* normal state of health following the treatment of a legitimate medical condition¹; and
3. The Prohibited Substance or Prohibited Method is an indicated treatment for the medical condition, and there is no reasonable therapeutic alternative¹; and
4. The necessity for the use of the otherwise Prohibited Substance or Prohibited Method is not a consequence, wholly or in part, of a prior use (without a TUE) of any substance or method which was prohibited at the time of such use.

A TUE can only be granted if all four criteria are fulfilled.

An application (including all requested medical information) for a TUE shall be made to the PGA EUROPEAN TOUR at least **thirty (30) days prior** to participation in the PGA EUROPEAN TOUR co-sponsored, approved or coordinated tournament for which the TUE is sought, unless it is an emergency or exceptional situation.

TUE APPLICATION PROCESS

A *Player* who needs to Use a Prohibited Substance or Method for therapeutic reasons shall apply for and obtain a TUE **prior** to using or possessing the substance or method, unless the circumstances outlined for a **Retroactive TUE** applies.

A TUE application will be considered by an independent TUE Committee appointed and administered by the PGA EUROPEAN TOUR, who may seek the guidance of additional specialists as appropriate from an established list of medical experts¹. **The TUEC decides if a TUE application present sufficient justification for granting a TUE, the ADA reviews the validity of the application and decision process.**

A *Player* whose TUE application is denied by the TUE Committee may appeal the denial to a TUE Appeal Committee by submitting a written appeal to the PGA EUROPEAN TOUR within fourteen (14) days of the date of Notification of the denial. In considering the appeal, the TUE Appeal Committee may consult with additional medical advisors and may require the *Player* to submit additional information. Within thirty (30) days of receiving the TUE appeal, the PGA EUROPEAN TOUR will advise the *Player* of the TUE Appeal Committee's decision either confirming the denial of the TUE or granting the TUE. The TUE Appeal Committee's decision on the TUE is final and binding.

Prior to a TUE being granted, a *Player* who uses a substance on the PGA EUROPEAN TOUR Prohibited List does so at his own risk of a TUE denial, potentially resulting in a violation under the Policy. The PGA European Tour may recognise TUEs granted by other golf organisations provided the exemption was granted in a manner consistent with the PGA European Tour's Policy.

To obtain approval for a TUE, a player must have a well-documented medical condition supported by reliable and relevant medical data. A TUE is essential for all long term prohibited medication use, and for prohibited medication prescribed and required during a tournament.

RETROACTIVE TUE

A Retroactive TUE may be applied for if any of the following apply:

- a. Emergency or urgent treatment of a medical condition was necessary.
- b. Exceptional circumstances prevented the Player from submitting a TUE application prior to *Sample collection (The Player is required to explain the exceptional circumstances that prevented a prospective TUE application)*
- c. The Player has prepared a *Medical File* to submit as a TUE application, for a medically justified and specified treatment, as permitted under the TUE Policy.

DECLARATION OF MEDICATIONS AT TIME OF TESTING:

At the time of an Anti-Doping Test, Players are requested to declare Medications (and Supplements) taken within the last 7- 10 days. Note some medications are detectable for 60 days or longer. It is in a Player's interests to declare all medications (even up to two months) and provide details and the prescriber. Follow up enquiries may be necessary to help explain a presumptive analytical finding.

ANTI-DOPING RULE VIOLATION and TUE

The presence of a Prohibited Substance or its Metabolites or Markers, Use or Attempted Use of a Prohibited Substance or Prohibited Method, Possession of a Prohibited Substance or Prohibited Method or administration of a Prohibited Substance or Prohibited Method consistent with the provisions of an applicable TUE shall not be considered an Anti-Doping Rule Violation.

The Anti-Doping Administrator will review TUE decisions and Medical Files submitted to explain an Adverse Analytical Finding, if consistent with an applicable TUE, the AAF shall not be considered an Anti-Doping Rule Violation.

NOTE: Possession of an illegal substance may be considered a criminal offence. Check before you travel. TUE evidence may help explain medically justified treatments.

WARNING: Tampering or attempted tampering with medical evidence, including TUE applications or Medical File information may be considered an Anti-Doping Rule Violation. All amendments must be recorded contemporaneously by the person responsible for providing original evidence.

MEDICAL FILE

A Medical File is the primary information in a TUE application and would simply require the Player to sign additional data consent section of the TUE Form to confirm agreement to process via the TUE Committee.

A Medical File may be completed to record any medication or supplement used, with additional information [including photographs of the medication prescription, supplement batch numbers, research results, messages and emails]. The Medical File may be updated with additional information at any time, as version history is retained.

Short term treatments using a Prohibited medication out of competition should be recorded by the Player using a Medical File which may be submitted as supporting evidence in the event of an Adverse Finding from a Doping Control test. If in doubt, complete and submit a Medical File.

Players are responsible for retaining medical records and other information that may be required to explain an adverse or atypical finding.

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HOW TO MANAGE THE ANTI-DOPING & TUE POLICIES

1. INTRODUCTION

Players, like anyone else, may have illnesses or conditions that require the use of a substance or method on the European Tour Prohibited List. In such a case, a Therapeutic Use Exemption (TUE) may under strict conditions, provide a Player with authorisation to use (or possess) a medication or method while continuing to play.

TUEs provide exemptions for athletes to use and possess substances or methods that are on the Prohibited List. Players and their treating medical personnel should first verify if there is even a need for a TUE. To clarify, if a substance or method is not prohibited, then no TUE is necessary.

Players (who remain responsible for obtaining a TUE) should check if the substance is prohibited using relevant drug information websites listed in on the final page of this document, or consulting the Tour's permitted list for 2026. (The Prohibited List is **not recommended** as a way to confirm the status of a medication; it is a list of examples only). If advice is sought from the Tour's Anti-Doping or Medical Team, request this advice in writing and retain a copy of this advice.

2. EUROPEAN TOUR ANTI-DOPING TUE POLICY

A Player who needs to use a Prohibited Substance or Prohibited Method for therapeutic reasons must apply for and obtain a TUE prior to using or possessing the substance or method in question, unless the Player is entitled to apply for a TUE retroactively as set out in Section 4; in both cases, all criteria set out in Section 3 TUE conditions must be satisfied.

Policy Principle: A TUE is required for the use of all prohibited medications or methods, supported by reliable and relevant medical evidence. A Medical File is the record of diagnosis, medical evidence and prescribing physician's data. Upon review by the Anti-Doping Administrator, a TUE (or valid Medical File), if consistent with an Adverse Analytical Finding, is not an Anti-Doping Rule Violation.

Comment: *There may be situations where a Player has a medical condition and is Using or Possessing a Prohibited Substance or Prohibited Method prior to becoming subject to anti-doping rules. In that case, such prior Use/Possession does not require a TUE and a retrospective TUE application, if approved, will be sufficient.*

NOTE: For Professional Golf, the Prohibited List applies at all times, in and out of competition. Consequently, where indicated in this Policy, a Player should apply for and obtain a TUE where appropriate. There are specific circumstances when short term treatments, particularly for emergency or urgent treatment, with insufficient time to apply for a TUE, as indicated in this Policy, that a retroactive application may be submitted.

In such cases Players are strongly advised to have a **Medical File** prepared and ready to demonstrate they satisfy the TUE Conditions, in case an application for a retroactive TUE is necessary. This seeks to address situations where for Therapeutic reasons, a Player uses a substance out of competition short term, although there is a risk the substance will remain in their system in-competition. In such situations The PGA European Tour permits the Player to apply for a retroactive TUE where the Player has not applied in advance.

Players should verify if the substance or method they are using, or in possession of, is legal in the specific jurisdiction (e.g., country, state, or province) where they compete or plan to compete. A TUE only grants permission to use and/or possess a prohibited substance or method while competing in sport. For example, cannabis, CBD or opioids are illegal in various states and

countries and there may be serious legal consequences for transgressing those rules regardless of whether one was granted a TUE.

A Player who returns an Adverse Analytical Finding, is allowed the opportunity to apply for a retroactive TUE for the legitimate medical use of the prohibited substance in question (where the athlete has not applied in advance).

An example is the short-term use of glucocorticoids (GCs) out-of-competition. In-competition use of a Prohibited Substance requires a TUE application.

3. CONDITIONS FOR GRANTING A TUE

Players may be granted a TUE for the use of a Prohibited Substance and/or Prohibited Method if (and only if), on the balance of probabilities, the following four criteria are fulfilled:

1. The Prohibited Substance or Prohibited Method in question is needed to treat a diagnosed medical condition supported by clinical evidence;¹ and
2. The therapeutic use of the Prohibited Substance or Prohibited Method will not, on the balance of probabilities, produce any additional enhancement of performance beyond what might be anticipated by a return to the Player's normal state of health following the treatment of a legitimate medical condition²; and
3. The Prohibited Substance or Prohibited Method is an indicated treatment for the medical condition, and there is no reasonable therapeutic alternative³; and
4. The necessity for the use of the otherwise Prohibited Substance or Prohibited Method is not a consequence, wholly or in part, of a prior use (without a TUE) of any substance or method which was prohibited at the time of such use.

A TUE can only be granted if **all four criteria are fulfilled**.

WADA documents titled ***TUE Physician Guidelines*** available on WADA's website and via the Anti-Doping section of the Player Portal should be used to assist in the application of these criteria in relation to particular medical conditions. Granting of a TUE is based solely on consideration of the conditions set out in this section, it does not consider whether this is the most clinically appropriate or safe, or whether its use is legal in all jurisdictions.

4. RETROACTIVE TUE APPLICATION

A Retroactive TUE provides a Player with the opportunity to apply for a TUE for a Prohibited Substance or Prohibited Method after using or possessing the substance or method in question.

A Player may apply retrospectively for a TUE if any one of the following exceptions applies:

- a. Emergency or urgent treatment was necessary.

¹ The Use of the Prohibited Substance or Prohibited Method may be part of a necessary diagnostic investigation rather than a treatment per se.

² A Player's normal state of health will be determined on an individual basis. A normal state of health for a specific Player is their state of health but for the medical condition for which the Player is seeking the TUE.

³ The Physician must explain why the treatment chosen was the most appropriate, e.g., based on experience, side-effect profiles or other medical justifications, including, where applicable, geographically specific medical practice, and the ability to access the medication. Further, it is not always necessary to try and fail alternatives before using the Prohibited Substance or Prohibited Method.

- b. Exceptional circumstances prevented the Player from submitting a TUE application prior to *Sample* collection such as insufficient time, opportunity or other exceptional circumstances prevented the Player from submitting an application for a TUE prior to Sample Collection. (The Player is required to explain the exceptional circumstances that prevented a prospective TUE application)
- c. The Player has prepared a *Medical File* to submit as a TUE application, for a medically justified and specified treatment, as permitted under the TUE Policy. This may be relevant where the Player is using a short-term treatment of a Prohibited Substance or Method out of competition, (particularly for emergency or urgent treatment) although there is a risk the substance will remain in their system in-competition.

In exceptional circumstances, a Player may apply for retroactive approval, if it would be manifestly unfair not to grant a Player's application, (as determined by the Anti-Doping Administrator).

5. VALIDITY OF A TUE

A TUE granted by the TUE Committee appointed by the PGA European Tour is valid for period of time designated on the Certificate. The TUEC assigns a start and end date to each TUE, upon which the TUE will expire automatically. The TUEC should use the WADA TUE Physician Guidelines to guide them in determining the duration. Players need to be aware of the duration of their TUE and be ready to re-apply well in advance before it expires. The TUE may specify certain requirements (e.g., dosage). A TUE may be cancelled prior to its expiry if the athlete does not comply with any of the requirements or conditions imposed by the TUEC when it granted the TUE. For example, a TUEC may permit the use of testosterone under strict conditions, which may include submitting updated clinical test results to the Anti-Doping Administrator.

6. RENEWING A TUE

Although not all tests or evaluations need necessarily be repeated, TUEs cannot be renewed without a new medical consultation and confirmation. The Player must complete a new application signed by their physician. The Player should reapply for the new TUE well in advance to allow sufficient time for a decision to be made on the application before the existing TUE expires. Automatic extension of a TUE is not allowed under any circumstances. It may not be necessary to have an extensive re-evaluation, particularly for long-standing conditions. However, this is on a case-by-case basis and the Player is advised to provide updated information rather than a brief note from a physician stating that the Player should continue treatment. Although the Player may receive a notification about an expiring TUE, it remains their responsibility to be aware and apply for a renewal of their TUE, when necessary.

TUE APPLICATION FORM OR MEDICAL FILE?

The TUE form may be downloaded from the Player Portal area:

<https://playerportal.europeantourgroupp.com> >INFORMATION HUB/ >Integrity Tab

Copies are also available through the Anti-Doping Adviser, Medical Team or via the Tournament Office. Use the PGA European Tour TUE form to make an application for a Therapeutic Use Exemption. A TUE form for ADHD treatment applications is available.

A Medical File, which is an online version of the TUE form completed and retained by the Player (or submitted for review to the CMO or ADA), yet available to update with subsequent treatments and

medical evidence (including photographs of prescriptions, physician's professional qualifications) whilst retaining the audit trail of information as supporting evidence for retroactive application for a TUE.

This is an important record which may be necessary to explain (and possibly excuse) an Adverse Analytical Finding following the collection of a Sample by an anti-doping organisation.

APPLYING FOR A TUE – A Guide for Players

When to submit a TUE

If no alternative permitted medication is available for your medical condition and the medication your physician prescribes is prohibited, then you should submit a TUE application with all supporting medical evidence, (including the physician's diagnosis and professional information) promptly, if possible prior to commencing the medication. If in doubt, check with the CMO or ADA or submit for review.

In emergency and life-threatening situations, you should receive the necessary treatment and submit the TUE retrospectively. A Medical File may be completed to capture all information in anticipation of submitting a retroactive TUE Application (or submitted for review).

An application for a TUE should be submitted for **all prohibited medications, when permitted alternatives have been tried, or if the prohibited substance is the only option available for the medical condition.**

Documentation Required: The TUE Application Form must be answered completely and data sharing consent given. Information submitted should be sufficient to allow the TUE Committee to render a reasoned decision. Supporting medical evidence, including the following documents (copies of original reports) must be provided in support of a TUE request:

- Diagnosis, all evidence confirming the diagnosis,
- A comprehensive medical history, all condition specific requested records,
- Results of all relevant examinations, laboratory investigations and imaging studies, relevant to application (additional relevant investigations, examinations or imaging studies requested by TUE Committee will be undertaken at the cost of the applicant.
- In the case of non-demonstrable conditions, independent supporting medical opinion may be required in support of the application.

Guidance and checklists for treating physicians on the specific requirements for various medical conditions may be obtained from the World Anti-Doping Agency website.
(Details below and on page 22/23)

TUE Physician Guidelines for various medical conditions:

<https://www.wada->

[ama.org/en/search?q=TUE%20Physician%20Guidelines&filters%5Bcontent_type%5D%5B%5D=%22resource%22](https://www.wada-ama.org/en/search?q=TUE%20Physician%20Guidelines&filters%5Bcontent_type%5D%5B%5D=%22resource%22)



ASTHMA MEDICATIONS - TUE Information

Asthma treatments include a range of treatments, some of which are prohibited; some are restricted and should be used carefully to avoid mistakenly overusing the medicine, which could lead to a positive test. If you require an asthma medication, you should be aware of how the anti-doping rules may impact upon you. Should your asthma condition require use in excess of the permitted limits, contact the Anti-Doping Adviser immediately. Complete a Medical File to record use.

Check your asthma medication below:

ASTHMA MEDICATION CHECK LIST 2026:

PERMITTED (By Inhalation only)	PROHIBITED
<p><u>BETA₂AGONISTS:</u></p> <p>Salbutamol/ Albuterol (e.g., Ventolin, Respigen) - Permitted but with intake limited to a maximum of 1600 micrograms over 24 hours but not to exceed 600 micrograms over 8 hours starting from any dose.</p> <p>Salbutamol inhalers commonly dispense either 100 or 200 micrograms per puff/inhalation, this relates to either 3 or 6 inhalations per 8-hour period. Check with your doctor the dosage of your inhaler.</p> <p>Salmeterol (e.g., Serevent) -Inhaled salmeterol, maximum 200 micrograms over 24 hours in divided doses not to exceed 100 micrograms over 8 hours starting from any dose.</p> <p>Formoterol (e.g., Oxis, Foradil, Symbicort) - Permitted by inhalation maximum delivered dose 54 micrograms over 24 hours in divided doses not to exceed 36 micrograms over 12 hours starting from any dose.</p> <p>Vilanterol (e.g., Relvar Ellipta) Permitted up to manufacturer's maximum recommended dose; expressed as the metered dose of 25 micrograms equivalent to delivered dose of 22 mcg.</p> <p><u>Threshold is not valid in the presence of diuretics.</u> If you are using a diuretic, you must have a Therapeutic Use Exemption to use both the diuretic and asthma medication. Refer to your doctor.</p> <p><u>GLUCOCORTICOIDS:</u> (e.g., Becotide, Beclazone, Budesonide, Flixotide, Pulmicort)</p> <p>Other permitted asthma medications: Montelukast, Atrovent</p>	<p>Other beta2 agonists, for example:</p> <p>Terbutaline (e.g., Bricanyl) Bambuterol (e.g., Bambec)</p> <p>US brands x Utibron or Arcapta (indacaterol), Stiolto or Striverdi (olodaterol), Maxair (pirbuterol)</p> <p>Oral Salbutamol (e.g., Ventolin in syrup form)</p> <p>Nebulised Salbutamol.</p> <p>Beta2Agonists- Prohibited levels by inhalation: Presence in urine of salbutamol in excess of 1000 ng/mL or formoterol in excess of 40 ng/mL is not consistent with therapeutic use of the substance and will be considered as an Adverse Analytical Finding unless the Player proves, through a controlled pharmacokinetic study, that the abnormal result was the consequences of a therapeutic dose (by inhalation) up to the maximum dose indicated above.</p> <p>Glucocorticoids by oral/tablet, or by injection require an approved TUE.</p>

BETA₂AGONISTS: formoterol, salbutamol, salmeterol and vilanterol by inhalation are permitted when used in accordance with maximum dosage within 12/24 hours according to therapeutic regime.

For other beta₂agonists by inhalation, e.g., terbutaline, a medical file containing specified medical evidence is required to support your TUE application.

Multiple/Combination use of beta 2 agonists should be notified to the Anti-Doping Administrator/CMO.

GLUCOCORTICOIDS - Glucocorticoids by inhalation, e.g., Becotide, beclomethasone, Flixotide, fluticasone are **permitted**.

For some asthma medications, the application requires a more detailed medical file of specific information. You should ask your physician to prepare this medical file and be ready to submit this on request for independent review.

A Medical File may be reviewed by the European Tour Anti-Doping programme at any time.

For any oral glucocorticosteroid (tablet), a TUE application should be submitted and approval is required. A TUE certificate is required, for example if you are tested and an approved TUE could explain the Adverse Analytical Finding.

GLUCOCORTICOIDS FOR OTHER MEDICAL CONDITIONS (e.g., Allergy or Injury)

NOTE: as of 1 January 2022 – all injectable routes of glucocorticoids are prohibited and subject to strict TUE approval criteria. To manage this change, complete a Medical File or TUE application for all injections for glucocorticoids at the time of treatment.

Depending on the timing of treatment and your next competition, you may need to submit a TUE application for treatment during a competition period. Otherwise, your Medical File may be held by you, or submitted for processing, if appropriate, for example to explain an Adverse Analytical Finding.

Medical File applications received will be reviewed and processed as applicable.

Glucocorticoids by oral, intravenous, intramuscular (for example to treat hay fever, Crohn's disease or arthritis) or rectal routes **require a TUE**. Submit an application on the TUE form accompanied by supporting medical evidence from the prescribing physician.

Short term Glucocorticoid treatments by non-systemic routes, for injury i.e., localised injection, (intra-articular, peritendinous, epidural, intradermal), require completion of a Medical File for treatments received out of competition (**or TUE Form if treatment is administered in -competition**), supported by diagnostic information and evidence regarding the choice of treatment using a prohibited substance, especially where permitted alternatives exist.

Topical glucocorticoids (e.g., eye drops, nasal sprays, creams & ointments) containing glucocorticoids are **permitted and do not require a TUE**.

Use of sustained-release glucocorticoids formulations may result in detectable glucocorticoid levels past the 'washout' period due to prolonged systemic absorption.

IV INFUSIONS



From 1 January 2018, the permitted volume and timing of intravenous infusions of (**permitted**) substances changed to no 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.

More specifically, **IV infusions and/or injections of any substance in excess of 100 mL per 12-hour period are prohibited at all times, except** for those legitimately received in the course of hospital treatments, surgical procedures, or clinical diagnostic investigations.

IV infusions or injections received in a medical practitioner's office, IV clinic or medical facility at a golf course are prohibited and require a TUE to cover use. Complete a Medical File and notify AD Adviser/CMO as a TUE application may be required

Note: permitted IV infusions have changed from “hospital admissions” to “hospital treatments,” and “clinical investigations” to “clinical diagnostic investigations.”

If a **prohibited** substance is administered intravenously or via injection, a TUE is necessary for this substance regardless of whether the infusion or injection is less than 100mL.

Hospital treatment includes treatment or admission at a physical hospital named as such. TUEs are still required for infusions provided through on-site event medical services, ambulatory treatment, outpatient clinics, doctors' or medical offices, home visits, etc.

NOTE: Non-medicinal IV infusions, for well-being, supplementation, hangover 'cure', or when oral rehydration is a practical alternative, or boosting are **NOT PERMITTED**.

Clinical trials, or academic or private research projects are not clinical diagnostic investigations and are NOT PERMITTED

HOSPITAL/EMERGENCY ROOM VISIT



Ensure a copy of the drugs chart and treatment record is obtained prior to being discharged. Any delay in obtaining records subsequently may impact eligibility to compete.

Check status of medications/treatment methods. If a TUE is required submit a TUE Form and copies of all medical records relating to treatment as soon as possible, If in doubt, complete and hold a Medical File. Share with CMO or ADA to assist your declaration of medications.

TREATMENTS REQUIRING A RETROSPECTIVE APPLICATION FOR A TUE



Adrenaline Auto-Injector e.g., EpiPen, Emerade, Jext: Adrenaline; if you experience a severe allergic reaction and use an EpiPen or adrenaline injection, your Medical File/TUE application must be submitted **within 3 days** after use.

Intravenous or Oral Narcotics: Strong pain relief administered in the course of surgery may include prohibited narcotic drugs such as Fentanyl, Morphine. Submit your Medical File/TUE application, if your treatment is received **within 7 days of your next golf tournament**. Retain your Medical File in case required.

Intravenous, Injectable or Oral Glucocorticoids: IV, injection or oral Glucocorticoids used to treat hay fever, asthma, infections, and acute back pain, in addition to a range of inflammatory conditions. Corticosteroid tablets (for example prednisolone), intraarticular (IA), intramuscular (IM) and Intravenous (IV), or rectal administration are **prohibited, at all times**, IN or OUT of competition.

Treatment received or ongoing during the competition period (from registration to the end of the tournament play) requires you to submit a TUE. If you are prescribed a corticosteroid treatment in tablet, injection or rectal form, a TUE application must be completed, and submitted immediately prior to commencement of treatment.

In an emergency, a retrospective application for urgent treatment must be submitted immediately. Submit your TUE application **within 7 days of last treatment**.

Blood Transfusions, Intravenous Diuretics & Masking Agents: Submit a retrospective TUE as soon as practical after the procedure and **within 7 days** of last treatment.

NOTE: diuretics as eyedrops should be recorded on a Medical File. Declare dosage/use at time of testing.

TREATMENTS REQUIRING A PROSPECTIVE (ADVANCE) APPLICATION FOR A TUE

ADHD:

*To assist with the detailed information required for TUE applications for **ADHD** conditions, a specific form is available to complete.*

*Please use this form when applying for **ADHD** medications which are prohibited.*

DIABETES:

Review the TUE Physician Guidelines and Checklist for Diabetes, and complete a TUE Form. It is important to ensure that the physician has correctly completed all the medical information, diagnosis, and medication details sections in the TUE application. It is also important that they sign and date the physician declaration.

HOW TO COMPLETE AND SUBMIT THE TUE FORM

To apply, complete the relevant TUE form (available from the Player Portal) and obtain supporting evidence from your physician. If you have already obtained a TUE approval certificate through your national body, you should submit details of the application and certificate to the Tour ADA/Chief Medical Officer.

It is the Player's responsibility to submit a completed form.

The application form should **NOT** be submitted to the European Tour office.

Submit your TUE Application to antidoping@europeantourgroup.com

One form is required per medical condition even if the medical condition requires several medications.

Note: where a medical file is required to support a TUE application, this file should be submitted with the TUE form or after the TUE form has been submitted, to provide the detailed medical information retrospectively. It should be available on request, as it may be required to explain an adverse analytical finding if you are tested.

If your Physician requires further guidance on the status of medications, details of permitted medications and information for drug information websites to allow you and your physician to check the status of medications under the European Tour Anti-Doping Policy. The European Tour has adopted the WADA list of prohibited substances and applies the full list across the Tour Schedule, i.e., there is no distinction between in and out of competition time during the Tour. Additional information will be available to assist the completion of the TUE Form.

ALREADY HAVE A TUE?

If you already hold a previous approval from a National Anti-Doping Organisation or golf federation, **submit this evidence**. The PGA European Tour may, at its sole discretion, recognise TUEs granted by other golf organisations provided the TUE was granted in a manner consistent with the PGA European Tour's policy.

TUE Application Process

Completed forms should be submitted as soon as the need for a prohibited substance in a medication is identified. Password protect documents containing sensitive personal information submitted.

The TUE Application will be reviewed, the next stage is to refer the TUE application to the independent TUE Committee or to hold for retrospective consideration. The Player will be advised of the status of the application.

What happens next? An application for a TUE which requires the review of a committee of independent medical experts to consider a full Therapeutic Use Exemption will be submitted to the TUE Committee as soon as there is sufficient medical evidence to support the application. The process for assessing each application is based on the International Standard for Therapeutic Use Exemptions to provide fair and consistent standards for the approval for use of a prohibited medication and may take up to 14 days to conclude. Players should bear this in mind when applying for approval in advance of a golf event.

The TUEC decision will be notified in writing. If the application is approved a certificate will be issued, indicating validity dates and specific treatment approved. If selected for testing at an ET or other golf event, declare the existence of a TUE on the Doping Control Form.

NOTE: If, after the TUE is granted, you require a materially different dosage, frequency, route of administration or duration or change of the treatment containing a Prohibited Substance and/or Method,

seek advice as to whether a new TUE application is required. The fact that a TUE exists will not prevent an Adverse Analytical Finding being considered an Anti-Doping Rule Violation.

Criteria for Granting a TUE

Each TUE application is reviewed against four criteria:

1. The Prohibited Substance or Prohibited Method in question is needed to treat a diagnosed medical condition supported by clinical evidence;⁴ and
2. The therapeutic use of the Prohibited Substance or Prohibited Method will not, on the balance of probabilities, produce any additional enhancement of performance beyond what might be anticipated by a return to the Player's normal state of health following the treatment of a legitimate medical condition⁵; and
3. The Prohibited Substance or Prohibited Method is an indicated treatment for the medical condition, and there is no reasonable therapeutic alternative⁶; and
4. The necessity for the use of the otherwise Prohibited Substance or Prohibited Method is not a consequence, wholly or in part, of a prior use (without a TUE) of any substance or method which was prohibited at the time of such use.

A TUE can only be granted if all four criteria are fulfilled.

If all four criteria are met, the TUEC decision should be made within 14 days.

DECLARING AND RENEWING A TUE

If selected for testing at an ET or other golf event, declare your medication or the TUE/Medical File on the Doping Control Form. There is no need to declare your medical condition.

TUE certificates have a specified time limit. Automatic renewal for ongoing conditions may be obtainable and will depend upon the medical condition. TUEs cannot be renewed without a new medical consultation and confirmation of the request by the Player's physician with appropriate supporting documentation. Changes to medication, even for the same medical condition will require a new TUE Application.

The PGA European Tour will recognise TUEs approved by other Tours when determined in accordance with the PGA European Tour's policy.

Please note, acceptance of Tour approved TUEs by National Anti-Doping Organisations is not guaranteed. You may be required to apply to your NADO (particularly when part of the IGF/NADO Registered Testing Pool).

Guidance for Prescribing Physician: Evidence should be as objective as possible in the clinical circumstances. In the case of non-demonstrable conditions independent supporting medical opinion will assist the application. If a permitted medication could be used to treat the medical condition, provide clinical justification as to why a permitted alternative is not appropriate.

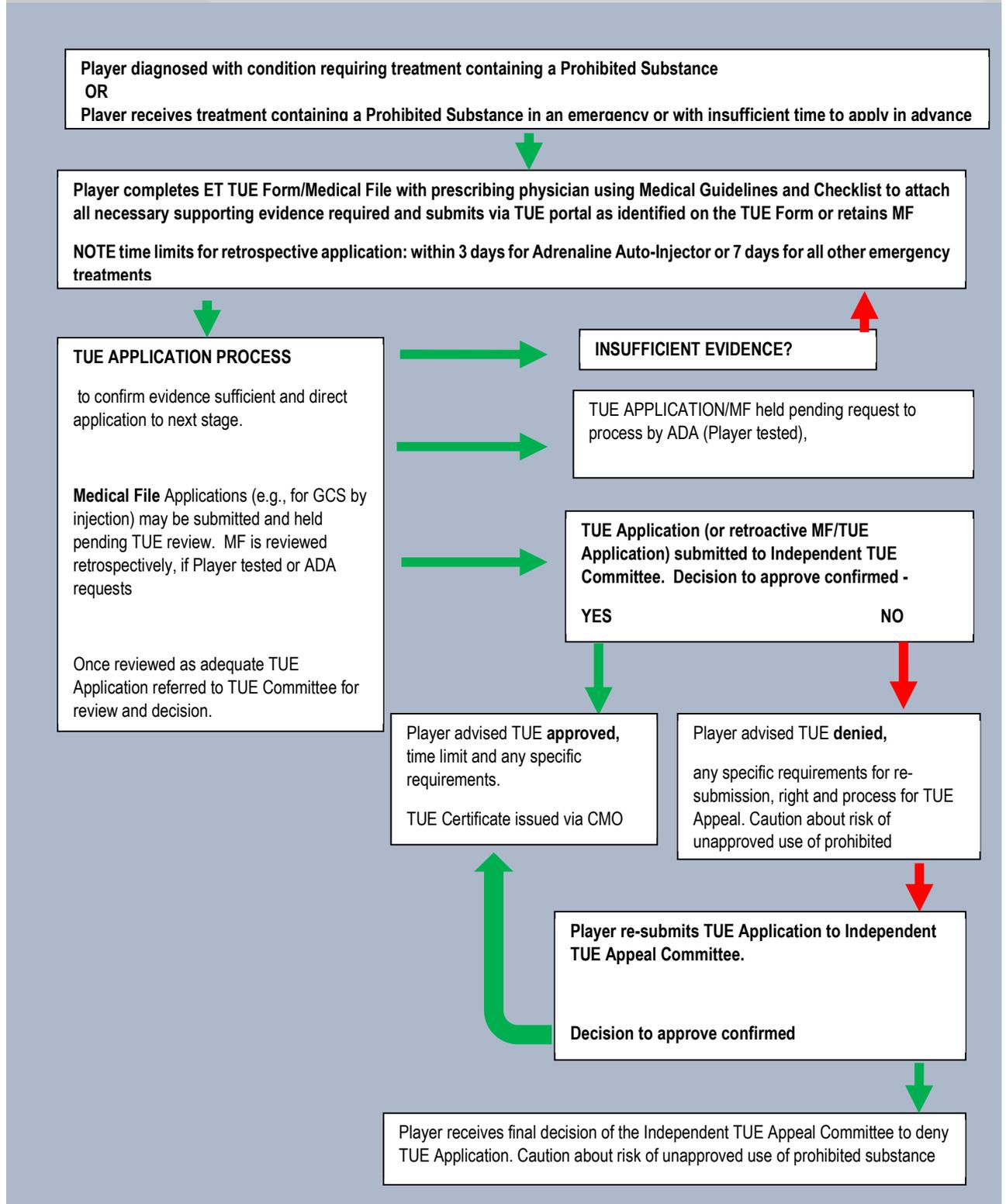
The TUE Committee will decide if the application presents sufficient medical justification for the granting of a TUE.

⁴ The Use of the Prohibited Substance or Prohibited Method may be part of a necessary diagnostic investigation rather than a treatment per se.

⁵ A Player's normal state of health will be determined on an individual basis. A normal state of health for a specific Player is their state of health but for the medical condition for which the Player is seeking the TUE.

⁶ The Physician must explain why the treatment chosen was the most appropriate, e.g., based on experience, side-effect profiles or other medical justifications, including, where applicable, geographically specific medical practice, and the ability to access the medication. Further, it is not always necessary to try and fail alternatives before using the Prohibited Substance or Prohibited Method.

FLOW CHART – PROCESS FOR OBTAINING A THERAPEUTIC USE EXEMPTION



WHAT HAPPENS IF MY TUE APPLICATION IS TURNED DOWN?

If your application is denied following a review by the TUEC, you are entitled to appeal this decision. If you wish to appeal the decision, you must lodge written notice of the appeal with the PGA European Tour's Anti-Doping Administrator within fourteen (14) days of receiving the decision. You should specify the grounds for the appeal and submit any further evidence in support of your application. An appeal committee, made up of three new medical experts, will be set up. The TUE Appeal Committee's decision is final and binding.

EMERGENCY TREATMENT

In an emergency you may submit an application for a TUE retrospectively where emergency treatment or treatment of an acute medical condition was necessary or in exceptional circumstances there was insufficient time or opportunity to submit, or for the TUEC to consider, an application for a TUE prior to you being tested. You should not assume that by submitting an emergency TUE application, that it will be granted. Use of or possession of a Prohibited Substance or Method before a TUE has been granted shall be entirely at your own risk. However, your declaration and application will be taken into consideration in deciding if there has been any anti-doping rule violation.

You may accept an emergency treatment. Check with the European Tour Anti-Doping Adviser or Chief Medical Officer, as soon as possible after treatment, whether you will need to apply for a TUE.

Many strong pain killers contain narcotics which are not permitted but can be taken in an emergency under doctor's instructions, but a TUE application should be submitted if treatment received within **7 days** of your participation in a golf tournament.

If you receive emergency treatment e.g. (surgery or emergency admission to hospital), this may include prohibited drugs or methods. Obtain a copy of your treatment plan/drugs chart prior to being discharged. There may be a delay if you request this afterwards. Talk with your physician about your treatment plan.

Always check the status of ingredients of any IV infusion or injection, regardless of volume.

ADVERSE FINDING INVESTIGATION

The Anti-Doping Administrator will review TUE decisions and Medical Files submitted to explain an Adverse Analytical Finding, if consistent with an applicable TUE, the AAF shall not be considered an Anti-Doping Rule Violation.

DATA PROTECTION

When you sign the TUE form you are consenting to the release of personal medical information to the PGA European Tour Anti-Doping Adviser and TUEC for the purposes of a review of that information only. All TUE information is handled in the strictest confidence and in accordance with current Data Protection laws.

If required to explain an Adverse Analytical Finding, anonymised information may be submitted to the accredited laboratory for review.

NOTE TUE information is retained for 10 years in accordance with the anti-doping protocol. Your data is not shared outside the anti-doping programme unless you consent.

You should read the Privacy Notice carefully to ensure you understand your rights and responsibilities as well as those of the designated recipients of your information.

RETENTION POLICY; To protect Players from retrospective investigations of treatments involving Prohibited Substances that conclude whether an Anti-Doping Rule Violation has been committed, Medical File/TUE applications shall be retained for a period of minimum 12 months and maximum 10 years.

DETERMINING THE TUE DURATION

TUE duration is decided on a case-by-case basis although the TUE Physician Guidelines provides recommendations in this area. Below is a summary of recommendations from the Guidelines.

MEDICAL CONDITION	SUBSTANCES / METHOD	RECOMMENDED DURATIONS
ADHD	Stimulants – e.g., methylphenidate	12 months for a new diagnosis. Up to 4 years for those with a diagnosis made more than 12 months previously on a stable dose of medication.
Adrenal Insufficiency Primary	Glucocorticoids	10 years in case of primary insufficiency, pituitary disease, or surgery
Adrenal Insufficiency Secondary	Glucocorticoids	4-12 weeks
Anaphylaxis	Stimulants and glucocorticoids: 1. Epinephrine (adrenaline) 2. Systemic glucocorticoids: hydrocortisone or methylprednisolone	Most patients respond to 1-2 doses. TUE for epinephrine for athletes at risk of future anaphylaxis; up to 5 years but notify every time used
Androgen Deficiency / Male Hypogonadism – Primary or Secondary	Testosterone or human Chorionic Gonadotropin (hCG)	4 years but regular monitoring by ADO imperative
Asthma	1. Beta-2 agonists 2. Glucocorticoids	Beta-2 agonists: 4 years Glucocorticoids: up to 12 months
Cardiovascular Conditions: Arterial Hypertension	1. Diuretics 2. Beta-blockers	Up to 4 years for arterial hypertension Up to 10 years for congenital LQTS
Diabetes Mellitus – Type 1	Insulin	First granted TUE should not exceed a 1-year duration. All future TUEs can have a validity of up to 10 years
Female-to-Male (FtM) Transgender Athletes	Testosterone	10 years
Growth Hormone Deficiency (adult)	hGH	10 years if genetic, congenital, or hypothalamic-pituitary structural abnormality 2 years if due to brain trauma or irradiation
Growth Hormone Deficiency (child & adolescent)	hGH	10 years if genetic, congenital, or hypothalamic-pituitary structural abnormality 4 years if due to brain trauma or irradiation For athletes transitioning into adulthood, the duration must be applicable to the situation
Infertility / Polycystic Ovarian Syndrome (PCO)	1. Clomiphene 2. Spironolactone	Infertility: 2 years PCO: 10 years
Inflammatory Bowel Disease	Glucocorticoids	4 years
Intravenous Infusion	Administration of i.v. fluids	Single medical episode
Intrinsic Sleep Disorders	Stimulants e.g., Modafinil, methylphenidate and dexamphetamine	4 years with annual review by a specialist physician
Musculoskeletal Conditions	1. Glucocorticoids 2. Narcotics	Both GC and narcotics should be as short as possible, days to weeks. There are certain cases of chronic pain where duration of glucocorticoids and narcotics may be longer.
Pain Management	1. Narcotics 2. Cannabinoids	Acute pain: (e.g. post-op) a period of days to a week Chronic pain: 1 to 4 years
Renal Transplantation	1. Glucocorticoids 2. Beta-Blockers 3. Diuretics 4. Erythropoietin (EPO)	10 years (if on EPO, regular monitoring of blood parameters & specialist review)
Sinusitis	1. Glucocorticoids 2. Pseudoephedrine	Days to weeks



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GUIDELINES FOR THE COMPLETION OF THE TUE FORM

Please complete all sections in English, in capital letters or typing. Please note that information submitted in other languages may take longer to process due to the need for accurate translation. **USE ONE FORM PER MEDICAL CONDITION.** You may complete this form online, then save the document and send it by email as an attachment. Password protect any TUE documentation sent by emails. Original signatures may be requested later. Failure to submit personal information with sufficient safeguards on data transfer shall be at Player's own risk

Complete all sections with as much information as possible, ask prescribing physician to complete section 4.

1. **Player Information** - It is essential to have contact details, to check information and to advise the player of the TUEC decision.
2. Explain the relevant medical condition and the category of medication prescribed to treat this condition.
 - **WHAT** is to be taken, full name of medication including ingredients
 - **HOW MUCH** - the dose. e.g., Number/quantity of tablets, injections etc
 - **HOW** it is being taken – the route of administration, e.g. tablets, injections,
 - **HOW OFTEN** – how many times a day/week, or if once only.
3. Diagnostic information must be provided to support the application, e.g. blood tests, X rays, MRI scans, details of symptoms. Explain if a permitted medication is available and why it has not been used. Explain the duration of treatment and date it commenced.
4. Physician to complete declaration and contact details. Electronic completion is acceptable.
5. Complete if this is a retroactive application for emergency treatment or due to exceptional circumstances and explain why
6. Explain if a previous application has been made or if an existing TUE in place, (if so, attach a copy)
7. Player should read this section carefully, sign and date. Electronic completion is acceptable

EXAMPLE OF MEDICAL EVIDENCE FILE

For ASTHMATICS - BETA₂AGONISTS BY INHALATION

Except SALBUTAMOL by inhalation (maximum 1600 mcg over 24 hours, not to exceed 600 mcg over 8 hours).

SALMETEROL by inhalation (maximum 200 mcg over 24 hours).

FORMOTEROL by inhalation (maximum 54 micrograms over 24 hours).

VILANTEROL by inhalation (maximum 25 micrograms over 24 hours)

ALL OTHER BETA₂AGONISTS (e.g. terbutaline) require a TUE. Complete this form & prepare a medical file

The following information must be recorded in a medical file, reviewed annually, and available to European Tour on request

1. A complete medical history
2. A comprehensive report of the clinical examination with specific focus on the respiratory system
3. A report of spirometry with the measure of the Forced Expiratory Volume in 1 second (FEV1)
4. If airway obstruction is present, the spirometry will be repeated after inhalation of a short-acting Beta2 agonist to demonstrate the reversibility of bronchoconstriction
5. In the absence of reversible airway obstruction, a bronchial provocation test is required to establish the presence of airway hyper-responsiveness
6. Exact name, speciality, address (including telephone, e-mail, fax) of the examining physician

For GLUCOCORTICOIDS by injection, oral or rectal administration

Supporting medical evidence required for the Use of Glucocorticoids by certain routes of administration

- **by injection**, (complete this form & attach additional medical evidence), intravenous, intramuscular, intra-articular, local, dermal
- **by oral (tablet) or rectal administration** (complete this form & attach additional medical evidence)
- **dermatological (skin cream), nasal (nose drops or sprays), eye (ointment or drops) or inhalation are PERMITTED**

TUE Checklists by medical condition is available to assist you complete your TUE application. Check the Player Portal, Integrity Tab, Anti-Doping resources for Checklists documents or enter search term "Checklist" on: <https://www.wada-ama.org>

YOU MAY COMPLETE THIS FORM AND HOLD AS A MEDICAL FILE – SUBMIT AS YOUR TUE APPLICATION IF REQUESTED
For assistance with completing this form, please contact

Michele Verroken (ET Anti-Doping Administrator) +44(0)7785 326569 or by e-mail: (mverroken@consultant.etghq.com)
Or Dr Andrew Murray ET Chief Medical Officer +44 7791303980 or by email: Amurray@etghq.com

Complete online, save and send as an attachment, or print and fax.

Submit the completed form with supporting evidence by email to antidoping@europeantourgroupp.com
Incomplete applications will be returned and should be resubmitted. Keep a copy of this application for your own records

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THERAPEUTIC USE EXEMPTION APPLICATION FORM

Before you complete this form, please read the TUE Privacy Notice below to ensure you are fully aware of how your personal information is processed and your rights regarding your data.

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 and/or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, 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 European Tour Anti-Doping and Medical Consultants, their TUE Committees, 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 Exemption. In some instances, it could be used for other purposes in accordance with the European Tour Anti-Doping Policy. 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 Anti-Doping Organisations (ADOs) responsible for making a decision to grant, reject, or recognize your TUE, as well as their delegated third parties (if any). **With your consent**, 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, and other independent medical, scientific or legal experts, if needed.

Due to the sensitivity of TUE information, the number of ADO staff able to access to your application is limited. ADOs must handle your PI in accordance with Data Protection legislation and the International Standard for the Protection of Privacy and Personal Information (ISPPPI).

FAIR & LAWFUL PROCESSING

When you sign the Player Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, European Tour may consider that this signature confirms your express consent to the PI processing described in this Notice. You may consult the European Tour to obtain more details about the processing of your PI.

RIGHTS

You have rights with respect to your PI under Data Protection legislation and 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.

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 Player Declaration. To do so, you must notify the European Tour and your physician(s) of your decision in writing. If you withdraw your consent or object to the PI processing described in this Notice, your TUE will likely be rejected as we will be unable to properly assess it in accordance with the Tour's Anti-Doping Policy and International Standards.

In rare cases, it may also be necessary to continue to process your PI to fulfill obligations under the Policy 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 and/or European Tour and/or its Anti-Doping and Medical consultants.

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. Information is retained for a period of 10 years, except incomplete applications are retained for 12 months.

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THERAPEUTIC USE EXEMPTION APPLICATION FORM

Complete all sections in English. How to complete this form: Guidance for completion of this form on page 4. Prescribing Physician information required to complete sections 2, 3, 4, 5. This form may be completed online, saved as a document & emailed as an attachment, marked as confidential.

USE ONE FORM PER MEDICAL CONDITION

1. PLAYER PERSONAL INFORMATION

Family Name: _____ First Name(s): _____
 Date of Birth: _____ dd/mm/yy Unique ID/ Membership No: _____
 Nationality: _____
 Address: _____
 City: _____
 Country: _____ Zip/ Postcode: _____
 Tel (with international code): _____ Cell Mobile (with international code): _____
 Email: _____
 Preferred method of communication: Email SMS Tel

2. RELEVANT MEDICAL CONDITION & MEDICATION DETAILS
 Please tick relevant boxes below to indicate the types of medication you are declaring or applying for exemption

RELEVANT MEDICAL CONDITION _____

ASTHMA MEDICATIONS

betazonigists by inhalation (e.g. inhalers for asthma) except SALBUTAMOL, SALMETEROL, FORMOTEROL, VILANTEROL by inhalation, when taken in accordance with maximum dose limitations.

betazonigists by inhalation e.g. terbutaline **Nebulised salbutamol requires immediate retrospective TUE application.**

File of additional medical evidence may be required. See Guidelines page 5.

Glucocorticoids (for example, cortisone/hydrocortisone/prednisolone)
 Glucocorticoid preparations administered by dermatological (skin cream), nasal (nose drops or sprays), eye (ointment or drops) routes, do NOT require a TUE.
 Injections of glucocorticoid require completion of a Medical File or TUE form (if treatment in competition) with relevant information. Oral treatments require completion of Medical File or TUE form (if treatment in competition).

BY INJECTION: local (ligament or tendon), intra-muscular, intravenous, intra-articular (joint), dermal
 by oral (tablet) or rectal administration

File of additional medical evidence may be required. See Guidelines page 5.

Glucocorticoids by inhalation do NOT require a TUE.

OTHER MEDICATION(S) **All other medications** containing prohibited substances

IV Infusion **Intravenous infusions and/or injections** of more than a total of 100ml per 12-hour period except those legitimately received in the course of hospital treatments, surgical procedures or clinical investigations. **Blood transfusions require immediate retrospective TUE application.**

Check status of medications on drug information website on the Player Portal/Integrity tab (N.B. Apply full prohibited list at all times) or by calling Michele Verroken ET Anti-Doping Administrator on +44 (0) 1785 326 569 or by email mverroken@consultant.etgha.com or Dr Andrew Murray +44 1791303980 or by email amurray@etgha.com

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2. RELEVANT MEDICAL CONDITION & MEDICATION DETAILS (continued)

Full name of Medication (include generic names & ingredients)	Dose/units of administration	Route of Administration	Frequency/Duration of Treatment
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Intended Duration of Treatment

Date treatment commenced: _____ dd/mm/yy.

Once Only Emergency or Duration (Day/ Week/ Month) _____

3. DIAGNOSIS with sufficient medical information: please use latest WHO ICD classification

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include:

- a comprehensive medical history
- results of all relevant examinations, laboratory investigations and imaging studies

Copies of the original report 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. See attached guidance on medical evidence for Asthma.

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, provide clinical justification for the requested use of the prohibited medication and rationale, with any supporting evidence as to why a permitted alternative is not appropriate.

4. PHYSICIAN'S DECLARATION

I certify that the information in Section 2 & 3 is accurate and medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition. I acknowledge and agree that the European Tour may contact me to review information further, or in connection with Anti-Doping Rule Violation investigations or proceedings and may process my personal information for these purposes.

Name: _____ Professional License No & License Body: _____
 Medical Speciality: _____
 Address: _____
 Telephone: _____ Fax: _____
 Email: _____
 I have attached additional information: Yes No (note no of pages here) _____
 Signature of Medical Practitioner: _____ Date: _____ dd/mm/yy.

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5. RETROACTIVE APPLICATION

Is this a retroactive application? No Yes If Yes, date treatment started: _____ dd/mm/yy.

Duration of treatment: _____

Indicate reason for retroactive application:

- Emergency treatment or urgent treatment of an acute medical condition was necessary
- Advance application not required under applicable rules (e.g. EMERGENCY use of adrenaline for anaphylaxis, apply within 3 days of use; EMERGENCY treatment including intravenous, oral narcotics, IV or oral glucocorticoids, apply within 7 days of treatment; or blood transfusions, nebulised salbutamol, IV diuretics & masking agents, apply as soon as possible after treatment)
- Due to other exceptional circumstances, insufficient time or opportunity to submit application prior to sample collection (explain): _____

Where possible submit a prospective application for use of a Prohibited Substance to reduce risk of a violation

6. PREVIOUS TUE APPLICATION/APPROVED TUE IN PLACE

Have you submitted a previous TUE application for the medical condition above? No Yes

If Yes, for which substance(s) _____

To Whom? _____ When? _____ Decision: Not Approved Approved

*If approved what duration does the approval have _____ Date approval ends _____ dd/mm/yy.

Attach copy of TUE Certificate of Approval for same Prohibited Substance.

7. PLAYER'S DECLARATION and DATA PRIVACY CONSENT

I, _____, certify that the information set out above is accurate and complete. I request approval to use the medication for therapeutic purposes only. I authorise release of my personal medical information to the independent Therapeutic Use Exemption Committee and authorised officials appointed by the European Tour, (who are subject to professional or contractual confidentiality obligations)

I consent to my physician(s) releasing to the above person(s) any relevant health information deemed necessary to consider and determine my application. I understand and agree that my TUE data (or part of it) will only be:

- used to evaluate my TUE request and in the context of potential anti-doping rule violation investigations and procedures;
- collected by the European Tour Anti-Doping and core Medical Team who shall be principally responsible for ensuring the protection of this data. The Anti-Doping and core Medical Team shall store, process and manage my data, including its disclosure to authorised recipients in accordance with current data protection legislation;
- shared with other independent medical and/or scientific experts (including the appointed TUE Committees, Murray Sports Med who administer TUE information processing) and all necessary staff involved in the relevant review or appeal of TUE decisions if applicable, in accordance with current data protection legislation and where relevant in redacted, protected format.

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

Information will be stored securely and retained for the duration of international anti-doping standards. If I believe my information is not used in conformity with my consent, I can file a complaint with my national data protection regulator. I may have certain rights under applicable laws in relation to my TUE data, including rights to access and/or correct in accurate data.

I understand if I ever wish to obtain more information about the use of my health information, to access, restrict, rectify, oppose, delete or revoke this authorisation, I must notify the European Tour Anti-Doping Advisor (mverroken@consultant.etgha.com) and my medical practitioner in writing of that fact. I understand that information submitted prior to consent revocation may be retained for the purpose of investigations or procedures under the Anti-Doping policy.

I have read and understood the TUE Privacy Notice explaining how my PI will be processed in connection with my TUE Application and accept its terms. By signing this form, I expressly consent to the use of my TUE data as set out above.

Player's Signature _____ Date _____ dd/mm/yy.

If applicant is under 18 years of age or has a disability preventing him to sign this form, a parent or guardian shall sign together with or on behalf of the applicant.

Parent's/Guardian's Name _____ Signature _____ Date _____ dd/mm/yy.

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TUE FORM – ADHD Medication

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Therapeutic Use Exemption Application Form For Attention Deficit Hyperactivity Disorder (ADHD)

Guidance for completion of this form on page 4. Complete all sections in English, (capital letters or typing).
Prescribing Physician information required to complete sections 2, 3, 4, 5
This form may be completed online, saved as a document & emailed as an attachment, marked as confidential.

USE ONE FORM PER MEDICAL CONDITION

1. PLAYER PERSONAL INFORMATION

Family Name		First Name(s)	
Date of Birth	dd/mm/yy	Unique ID/ Membership No	
Nationality			
Address			
City			
Country		Zip/ Postcode	
Tel (with international code)		Cell/ Mobile (with international code)	
Email			
Preferred method of communication:	Email <input type="checkbox"/>	SMS <input type="checkbox"/>	Tel <input type="checkbox"/>

2. RELEVANT MEDICAL CONDITION & MEDICATION DETAILS

Please tick relevant boxes below to indicate the types of medication you are declaring or applying for exemption

RELEVANT MEDICAL CONDITION	ADHD	<input type="checkbox"/>
----------------------------	------	--------------------------

Full name of Medication (include generic names & ingredients)	Dose / units of administration	Route of Administration	Frequency/Duration of Treatment
1.			
2.			
3.			

Intended Duration of Treatment

Date treatment commenced: dd/mm/yy

Once Only Emergency or Duration (Day/ Week/ Month) _____

Status of medications may be checked through drug information websites listed in ET Anti-Doping Information Handbook (N.B. Full list at all times) or by calling Michele Verroken ET Anti-Doping Administrator on +44 (0) 7785 326 569 or by email m.verroken@consultant.elfgha.com or michele@sportingintegrity.com or Dr Andrew Murray +44 7791303980, or by email amurray@elfgha.com

Complete online, save and send as an attachment, or print and fax.
Submit the completed form by email to antidoping@europesportgroup.com
Incomplete applications will be returned and should be resubmitted. Keep a copy of this application for your own records
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3. DIAGNOSIS

Diagnosis with sufficient medical information: see page 4 for details of medical evidence required

Evidence confirming the diagnosis must be attached and forwarded with this application.

Name _____

If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication and rationale, with any supporting evidence as to why a permitted alternative is not appropriate.

Indicate the informants used during the diagnosis of ADHD:

Past informant: Parent Partner Other Please state: _____

Present informant: Parent Partner Other Please state: _____

4. PHYSICIAN'S DECLARATION

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.
note that the European Tour may contact me to review information further.

Name _____ Professional Registration No _____

Medical Speciality _____

Address _____

Telephone _____ Fax _____

Email _____

I have attached additional information Yes No (note no. of pages here) _____

Signature of Medical Practitioner: _____ Date: dd/mm/yy

5. RETROACTIVE APPLICATION

Is this a retroactive application? No Yes If Yes, date treatment started dd/mm/yy

Duration of treatment _____

Please indicate reason for retroactive application:

Emergency treatment or treatment of an acute medical condition was necessary

Advance application not required under applicable rules (e.g. EMERGENCY use, temporary member registration).

Due to other exceptional circumstances, insufficient time or opportunity to submit application prior to sample collection (explain).... _____

6. CONFIRMATION OF PREVIOUS APPLICATION FOR TUE/APPROVED TUE IN PLACE

Have you submitted a previous TUE application for the medical condition above? No Yes

Complete online, save and send as an attachment, or print and fax.
Submit the completed form by email to antidoping@europesportgroup.com
Incomplete applications will be returned and should be resubmitted. Keep a copy of this application for your own records
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If Yes, for which substance(s) _____

To Whom? _____ When? _____ Decision: Not Approved Approved

If approved what duration does the approval have _____ Date approval ends dd/mm/yy

Attach copy of TUE Certificate of Approval for same Prohibited Substance.

7. PLAYER'S DECLARATION and DATA PRIVACY CONSENT

I, _____ certify that the information set out above is accurate.

I request approval to use the medication for therapeutic purposes only. I authorise release of my personal medical information to the independent Therapeutic Use Exemption Committee and authorised officials (who are subject to professional or contractual confidentiality obligations), appointed by the European Tour.

I consent to my physician(s) releasing to the above person(s) any relevant health information deemed necessary to consider and determine my application.

I understand and agree that my TUE data (or part of it) will only be:

- used to evaluate my TUE request and in the context of potential anti-doping rule violation investigations and procedures;
- collected by the European Tour Anti-Doping and core Medical Team who shall be principally responsible for ensuring the protection of this data. The Anti-Doping and core Medical Team shall store, process and manage my data, including its disclosure to authorised recipients in accordance with current data protection legislation;
- shared with other independent medical and/or scientific experts (including the appointed TUE Committee, World Sports Med who administer TUE information processing) and all necessary staff involved in the management, review or appeal of TUE decisions if applicable, in accordance with current data protection legislation and where relevant in redacted, protected format;

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

Information will be stored securely and retained for the duration of international anti-doping standards. If I believe my information is not used in conformity with my consent, I can file a complaint with my national data protection regulator. I may have certain rights under applicable laws in relation to my TUE data, including rights to access and/or correct in accurate data.

I understand if I ever wish to obtain more information about the use of my health information, to access, rectify, restrict, oppose, delete or revoke this authorisation, I must notify the European Tour Anti-Doping Adviser (michele@sportingintegrity.com) and my medical practitioner, in writing of that fact. I understand that information submitted prior to consent revocation may be retained for the purpose of investigations or procedures under the Anti-Doping policy.

By signing this form, I expressly consent to the use of my TUE data as set out above.

Player's Signature _____ Date dd/mm/yy

Parent's/Guardian's Name _____ Signature _____ Date dd/mm/yy

If applicant is under 18 years of age or has a disability preventing him to sign this form, a parent or guardian shall sign together with or on behalf of the applicant.

Complete online, save and send as an attachment, or print and fax.
Submit the completed form by email to antidoping@europesportgroup.com
Incomplete applications will be returned and should be resubmitted. Keep a copy of this application for your own records
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STRICTLY CONFIDENTIAL

GUIDELINES FOR THE COMPLETION OF THE ADHD TUE FORM

Please complete all sections in English, in capital letters or typing. Please note that information submitted in other languages may take longer to process due to the need for accurate translation. You may complete this form online, save the document and send by email as an attachment with password protection. Original signatures may be requested later. Failure to submit personal information with sufficient safeguards on data transfer shall be at the Player's own risk.

In addition to the TUE/ADHD Application Form, supporting medical evidence confirming the diagnosis of ADHD in accordance with DSM-5 criteria MUST be submitted. Where an application is incomplete or ambiguous, European Tour may request the player seeks a second opinion from an experienced psychiatrist recognised by the Tour Chief Medical Officer. The following checklist indicates required evidence:

- Psychiatric Assessment Report from a paediatrician, psychiatrist, or other physician who specialises in assessment and treatment of ADHD. The report MUST contain:**
 - Indication of number of years of experience supporting specialist has in assessing and treating ADHD; typical annual ADHD case load
 - Summary of the diagnostic schedule and rating scale findings
 - A thorough clinical history that includes age when symptoms first presented and any family related history
 - An outline of the areas where impairment is due to ADHD and not related to other co-occurring mental health or physical disorders
 - A description of the current presentation and treatment plan
 - Details of any behavioural modifying techniques trialled, and drug holidays considered and trialled.
- Diagnostic Schedule:** a copy of the diagnostic schedule conducted to support the diagnosis (DIVA 2.0, CAADID or ACE+)
- Rating Scales:** a copy of the rating scale performed to assess severity of the disorder (ADHD-RS, AISRS, ASRS, Barkley or CAARS)

FIRST TIME APPLICATIONS

First time applications must include all the above, where the condition is not newly diagnosed, a copy of the most recent specialist review letter must be enclosed to demonstrate that clinical monitoring and evaluation is in place.

RENEWAL APPLICATIONS

Renewal applications: a new TUE/ADHD form should be completed and submitted to support the renewal request. In addition, a Psychiatric Annual Review Letter from a paediatrician, psychiatrist, or other physician who specialises in the treatment of ADHD. The review letter MUST include:

- Assessment findings from the clinical review meeting including a summary of current symptoms
- Up to date rating scale results as evidence that ongoing monitoring of symptom severity is occurring
- Description of the treatment effect over the last 12 months, including a report of benefits attributed to the medication and any side effects reported or observed. If there have been periods without medication, a statement should also be provided as to the symptoms experienced during those periods
- Treatment plan for the next 12 months

Rating Scales: a copy of the rating scale performed at the annual clinic review meeting. For consistency, the same rating scale used in the previous year should continue to be used. Only DSM-based rating scales such as ADHD-RS, AISRS, ASRS, Barkley or CAARS.

Previous applications made prior to the release of this policy shall require all evidence outlined as if it is a first-time application.

For assistance with completion of this form, please contact _____ Physician Guidelines

Michele Verroken (ET Anti-Doping Administrator) +44(0)7785 326569;
or by e-mail: m.verroken@consultant.elfgha.com or michele@sportingintegrity.com
or Dr Andrew Murray ET Chief Medical Officer +44 7791303980 or by email: amurray@elfgha.com

Complete online, save and send as an attachment, or print and fax.
Submit the completed form by email to antidoping@europesportgroup.com
Incomplete applications will be returned and should be resubmitted. Keep a copy of this application for your own records
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MEDICAL FILE – How to Complete – e.g., for GCS joint injections/Anaphylaxis

MEDICAL FILE

- RECORD treatments received
- INCLUDING DIAGNOSIS, medical evidence, dosage & dates
- TREATMENTS prescribed
- IF NO PERMITTED, Alternative, or justification for use
- DETAILS of prescribing physician

RETROSPECTIVE TUE APPLICATION:
your medical file may be required to support your TUE application – it is a contemporaneous record of your medical condition & treatment



STEP 1.

COMPILE AND HOLD medical file information at time of treatment for GCS (also opioids & adrenaline/epi-pen, iv infusion)

DOWNLOAD MF FORM & save/upload to your Google Drive

A. Player Personal Information (Prefill this section and it is always available)

Family Name:	
First Name(s):	
Date of Birth: (dd/mm/yy)	
Nationality	
Tel (with international code)	
Email	
Address	

STEP 2.

At time treatment complete form with treating physician

B. Medical File (Player completes with prescribing physician)

MEDICAL CONDITION/DIAGNOSIS	<p>GLUCOCORTICOIDS</p> <p>all routes (oral, local (injection or topical), intravenous, intramuscular, intra-articular (IAT), nasal, by oral (solid) or local administration</p> <p><input type="checkbox"/> Glucocorticoids (for example, corticosteroids/hydrocortisone/steroid) Allotropes of glucocorticoids (include completion of a medical file. File of anabolic/medical evidence may be required)</p> <p><input type="checkbox"/> Glucocorticoids by inhalation (as TUE requires a TUE, glucocorticoid preparations administered by aerosolization (with nebulizer, nebulizer-driven device, or nebulizer, non-inhalation or direct) routes, as TUE require a TUE.</p> <p>OTHER MEDICATION(S)</p> <p>Opiates <input type="checkbox"/> All other medications containing prohibited substances</p> <p>Adrenaline (Epi-pen) <input type="checkbox"/></p> <p>IV infusion <input type="checkbox"/> Intravenous infusions and/or injections of more than a total of 100mg per 12 hour period (total dose) of substances included in the course of hospital treatments, surgical procedures or clinical investigations</p> <p><input type="checkbox"/> Blood transfusions require immediate retrospective TUE notification.</p>	<p>INDICATIONS DETAILS</p> <p>Full name of Medication: _____</p> <table border="1"> <tr> <th>Indication</th> <th>Quantity of Administration</th> <th>Route of Administration</th> <th>Prescribing physician of Treatment</th> </tr> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> </table> <p>Adverse Reaction of Treatment: _____</p> <p>Date treatment commenced: (dd/mm/yy) _____</p> <p>How long: <input type="checkbox"/> Emergency <input type="checkbox"/> as directed after attack/episode</p> <p>In a prohibited substance available to treat this medical condition: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, provide details)</p>	Indication	Quantity of Administration	Route of Administration	Prescribing physician of Treatment	1.				2.				3.			
Indication	Quantity of Administration	Route of Administration	Prescribing physician of Treatment															
1.																		
2.																		
3.																		
		<p>MEDICAL EVIDENCE</p> <p>Medical evidence (diagnosis, comprehensive medical history, fullness of all relevant systems, physical examination, laboratory and imaging studies) for longer period (signature, date)</p>																

Insert the picture below: 

STEP 2 (contd).

C. Physician's Declaration (Essential this completed with B at time of treatment)

I certify that the information in Section B & C is accurate and medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition. I acknowledge and agree that the **Player** may contact me to review information further, or in connection with Anti-Doping Rule Violation investigations or proceedings and may process my personal information for these purposes.

Name	Professional License No & License Body
Medical Specialty	
Address	
Telephone	Fax
Email	
I have attached additional information	Yes <input type="checkbox"/> No <input type="checkbox"/> (note no. of pages here)
Signature of Medical Practitioner:	Date: dd/mm/yy

Treating Physician provides declaration to **SUPPORT INFORMATION** on your Medical File form.

Save the form, you have your Medical File. Further treatments can be added by completing Step 2 again, history is saved.

STEP 3.

If treatment received in competition, or if after treatment you are tested and return an Adverse Analytical Finding,

Complete and sign section D and submit as your retroactive TUE application.

D. Retroactive TUE Application (Player must sign to submit as TUE)
Complete this section to submit form as a TUE, not

Is this a retroactive application?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, date treatment started:	dd/mm/yy
Duration of treatment			
Please indicate reason for retroactive application			
<input type="checkbox"/> Emergency treatment or urgent treatment of an acute medical condition was necessary			
<input type="checkbox"/> Adverse application not required under applicable rules (e.g. EMERGENCY use of adrenaline for anaphylaxis, apply within 3 days of use or EMERGENCY treatment including intravenous, oral steroids, IV or glucocorticoids, apply within 7 days of treatment or blood transfusions, medical substances, IV diuretics & re-feeding agents, apply as soon as possible after treatment)			
<input type="checkbox"/> I returned an Adverse Analytical Finding after treatment for a prohibited medical condition using a prohibited substance			
<input type="checkbox"/> Due to other exceptional circumstances, sufficient time or opportunity to submit application prior to sample collection (explain)...			
Where possible submit a prospective application for other Prohibited Substances to reduce risk of a violation			
I certify the information above is accurate. I am requesting approval to use a substance or method on the prohibited list. I authorize and expressly consent to release of my personal medical information as necessary to determine this application.			
Player Signature:			
Submission Date:			

Additional information for the same medical condition may be added to the Medical File, an audit trail of information is created and may be required as contemporaneous evidence to explain an Adverse Analytical Finding

GUIDANCE AND CHECKLISTS FOR TREATING PHYSICIANS



Cross Referencing of TUE Physician Guidelines with Prohibited Substances and Methods

TUE Physician Guidelines	Prohibited Substances or Methods
Attention Deficit Hyperactivity Disorder (ADHD) TUE Physician Guideline - ADHD	<ul style="list-style-type: none"> - Amphetamine derivatives - Methylphenidate
Adrenal Insufficiency TUE Physician Guideline - Adrenal Insufficiency	<ul style="list-style-type: none"> - Glucocorticoids - Mineralocorticoids
Anaphylaxis TUE Physician Guideline - Anaphylaxis	<ul style="list-style-type: none"> - Epinephrine (Adrenaline) - Glucocorticoids - Inhaled B2 Agonists
Asthma TUE Physician Guideline - Asthma	<ul style="list-style-type: none"> - Beta 2 Agonists - Glucocorticoids
Cardiovascular Conditions (e.g.: Arterial hypertension) TUE Physician Guideline - Cardiovascular Conditions	<ul style="list-style-type: none"> - Beta-blockers - Diuretics
Diabetes Mellitus TUE Physician Guideline - Diabetes Mellitus	<ul style="list-style-type: none"> - Insulin
Female Infertility TUE Physician Guideline - Female Infertility	<ul style="list-style-type: none"> - Clomiphene - letrozole
Growth Hormone Deficiency <ul style="list-style-type: none"> - Adults - Children and Adolescents TUE Physician Guideline - Growth Hormone Deficiency (Adult) TUE Physician Guideline - Growth Hormone Deficiency (Child. & Adol.)	<ul style="list-style-type: none"> - Growth hormone
Inflammatory Bowel Disease TUE Physician Guideline - Inflammatory Bowel Disease	<ul style="list-style-type: none"> - Glucocorticoids
Intravenous Infusion TUE Physician Guideline - Intravenous Infusion	<ul style="list-style-type: none"> - IV infusions: Volume greater than 100ml per 12 hours
Intrinsic Sleep Disorders TUE Physician Guideline - Intrinsic Sleep Disorders	<ul style="list-style-type: none"> - Amphetamine derivatives - Methylphenidate - Modafinil
Male Hypogonadism TUE Physician Guideline - Male Hypogonadism	<ul style="list-style-type: none"> - Testosterone - hCG (human Chorionic Gonadotropin)
Musculoskeletal Conditions TUE Physician Guideline - Musculoskeletal conditions	<ul style="list-style-type: none"> - Glucocorticoids - Narcotics - Cannabinoids
Polycystic Ovarian Syndrome (PCOS) TUE Physician Guideline - PCOS	<ul style="list-style-type: none"> - Clomiphene citrate - letrozole
Sinusitis/Rhinosinusitis TUE Physician Guideline - Sinusitis/Rhinosinusitis	<ul style="list-style-type: none"> - Glucocorticoids - Pseudoephedrine
Kidney failure and kidney transplantation TUE Physician Guideline - Renal transplant	<ul style="list-style-type: none"> - Beta-blockers - Diuretics - Erythropoietin stimulating agents - Glucocorticoids - Hypoxia-inducible factor (HIF) - Prolyl-hydroxylase inhibitors
Pain Management TUE Physician Guideline - Pain Management	<ul style="list-style-type: none"> - Cannabinoids - Narcotics - Glucocorticoids
Transgender Athletes TUE Physician Guideline - Transgender Athletes	<ul style="list-style-type: none"> - Spironolactone - Testosterone

GUIDANCE AND CHECKLISTS FOR TREATING PHYSICIANS

GUIDELINES & CHECKLISTS FOR VARIOUS MEDICAL CONDITIONS	
ADHD (Attention Deficit Hyperactivity Disorder)	Adrenal Insufficiency
<u>Checklist</u> <u>Guidelines</u>	<u>Checklist</u> <u>Guidelines</u>
Anaphylaxis	Asthma
<u>Checklist</u> <u>Guidelines</u>	<u>Checklist</u> <u>Guidelines</u>
Cardiovascular Conditions Therapeutic Use of Beta-blockers in Athletes	Diabetes Mellitus
<u>Checklist</u> <u>Guidelines</u>	<u>Checklist</u> <u>Guidelines</u>
Growth Hormone Deficiency in Adults	Inflammatory Bowel Disease
<u>Checklist</u> <u>Guidelines</u>	<u>Checklist</u> <u>Guidelines</u>
Intravenous Infusion	Intrinsic Sleep Disorders
<u>Checklist</u> <u>Guidelines</u>	<u>Checklist</u> <u>Guidelines</u>
Male Hypogonadism	Musculoskeletal Conditions
<u>Checklist</u> <u>Guidelines</u>	<u>Checklist</u> <u>Guidelines</u>
Pain Management	Renal Transplantation
<u>Checklist</u> <u>Guidelines</u>	<u>Checklist</u> <u>Guidelines</u>
Sinusitis/Rhinosinusitis	Transgender Athletes
<u>Checklist</u> <u>Guidelines</u>	<u>Checklist</u> <u>Guidelines</u>
<i>Links to Checklist or Guidelines available when resource viewed online</i>	

Prescribing Guidance:

Ensure Player completes Medical File for any prescription of medication. This provides all information in case a TUE application is needed or held as support evidence in response to an Adverse Finding.

If medication contains a Prohibited Substance, check if a TUE is required, or if a Medical File compiled with prescribing Physician is sufficient. For most short-term GCS treatments out of competition, a Medical File is advised, specify the GCS administered. Long term treatments - always complete TUE.

All in-competition treatments involving a Prohibited Substance, complete a TUE Form. This can be processed retroactively if needed. IV infusions are dependent upon location of treatment, ingredients and volume of treatment. A Medical File should be completed which could be submitted with a TUE form if required.

DRUG INFORMATION DATABASES

For any medication (prescribed or over the counter) check if **permitted** (apply in-competition status).

IV infusions and/or injections of any substance more than 100 mL per 12 hour period are prohibited at all times, except for those legitimately received in the course of hospital treatment, surgical procedures, or clinical diagnostic investigations.

WARNING: Players and support personnel administering IV infusions which cannot be medically justified commit an anti-doping rule violation (ADRV) whether or not the individual substances are prohibited. IV infusions should be recorded on a Medical File. If administered during a tournament submit a TUE application.

FURTHER INFORMATION on specific permitted and prohibited substances in particular countries is available through websites below:

IF YOU CANNOT FIND IT, DON'T ASSUME IT'S PERMITTED!

Australia	www.globaldro.com/AU/search
Austria	www.nada.at/de/medizin/medikamentenabfrage
Czech Republic	www.antidoping.cz/zakazane_prostredky_leky.php
Denmark	www.antidoping.dk/doping/medicin/medicin-app
Canada	www.globaldro.com/CA/search
Germany	www.nada.de/de/medizin/nadamed/
France	www.afld.fr/finder/produits-dopants
Ireland	www.eirpharm.com/sports/search
Japan	www.globaldro.com/JP/search
New Zealand	www.globaldro.com/NZ/search
Norway	www. antidoping.no/medisinsk/legemiddelsok
Poland	www.leki.anty doping.pl
South Africa	www.drugfreesport.org.za/online-medication-check/
Spain	https://nodopweb.celad.gob.es
Sweden	www.antidoping.se/rodgronolistan
Switzerland	www.globaldro.com/CH/search
UK	www.globaldro.com/UK/search
USA	www.globaldro.com/US/search

REMINDER – SUBSTANCES PROHIBITED IN COMPETITION ARE PROHIBITED AT ALL TIMES IN PROFESSIONAL GOLF