

# Therapeutic Use Exemption

Dr. Daniel Scotland  
FIDE Medical Commission



# What is Therapeutic Use Exemption?

A Therapeutic Use Exemption (TUE) is an official medical document that allows an athlete to use a prohibited substance or method for medical reasons. This ensures that athletes can receive necessary treatment without violating anti-doping regulations.

Relevance

Doping in Chess?

Compliance with World Anti  
Doping Association (WADA)

Transparency and Trust in  
Competitive Chess

# Who Requires a TUE

- Any athlete subject to doping control must apply for a TUE before using a prohibited substance.
- Any athlete who may have an illness or medical condition that requires a particular medication. If this medication contains a substance or requires an administration method that is on the List of Prohibited Substances and Methods, the athlete is to apply for a TUE

ADHD (Attention Deficit Hyperactivity Disorder) in Child and Adults
Adrenal Insufficiency
Anaphylaxis
Asthma
Cardiovascular Conditions requiring the use of Beta-blockers
Diabetes Mellitus
Female Infertility
Growth Hormone Deficiency
Inflammatory Bowel Disease
Intrinsic Sleep Disorders
Kidney Failure and Kidney Transplant
Male Hypogonadism
Chronic Pain Management
Polycystic Ovarian Syndrome
Sinusitis/Rhinosinusitis

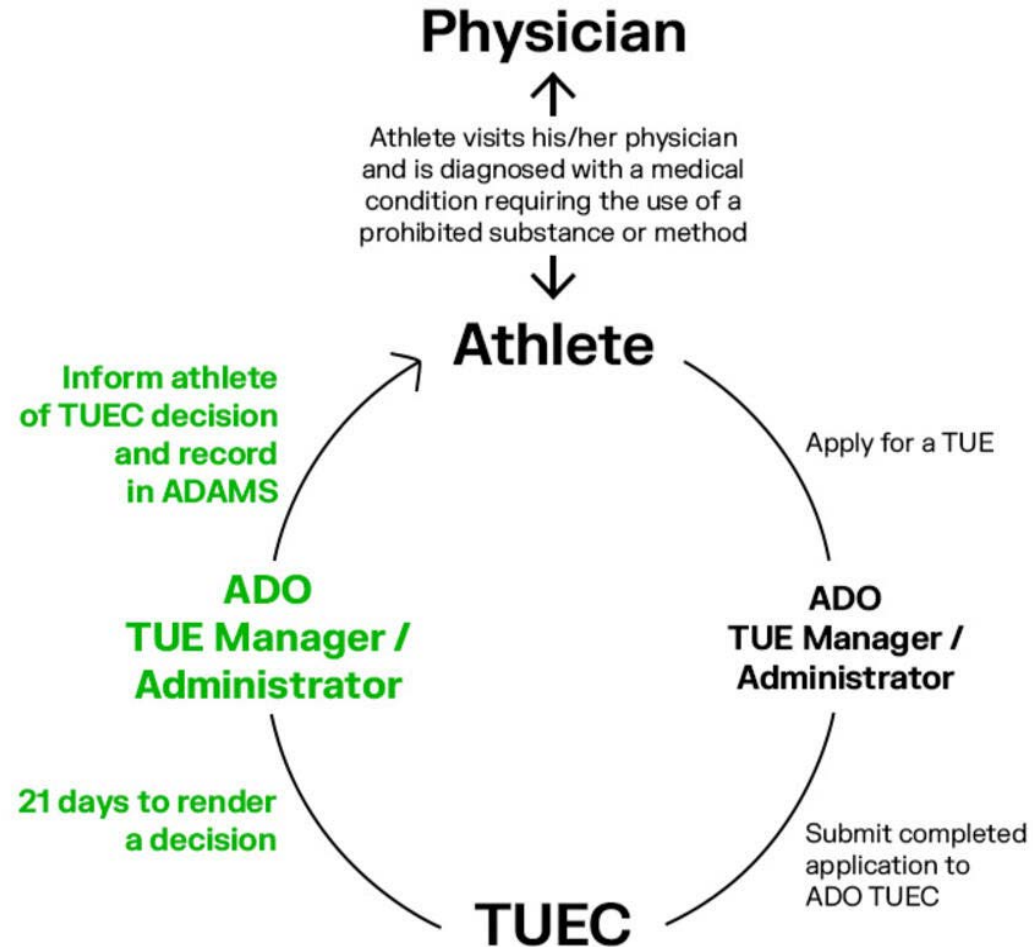
S0	NON-APPROVED SUBSTANCES
S1	ANABOLIC AGENTS
S2	PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES
S3	BETA-2 AGONISTS
S4	HORMONE AND METABOLIC MODULATORS
S5	DIURETICS AND MASKING AGENTS
M1	MANIPULATIOIN OF BLOOD AND BLOOD COMPONENTS
M2	CHEMICAL AND PHYSICAL MANIPULATION
M3	GENE AND CELL DOPING
S6	STIMULANTS
S7	NARCOTICS
S8	CANNABINOIDS
S9	GLUCOCORTICOIDS
P1	BETA-BLOCKERS

# Requirements for a TUE

Health of the athlete will be significantly impaired if they do not take the substance.

To be granted a TUE, the substance must not enhance performance beyond normal health, no alternative treatments should be available, and the need should not result from prior use of a prohibited substance.

# The Application Process





# Supporting Documents

<input type="checkbox"/>	<b>Application form included</b>
<input type="checkbox"/>	All handwritten information is legible and all sections are completed
<input type="checkbox"/>	All information is in a language accepted by ADO
<input type="checkbox"/>	Applying physician signed
<input type="checkbox"/>	Athlete signed
<input type="checkbox"/>	<b>Medical report included</b>
<input type="checkbox"/>	Medical history: symptoms, age at onset, course of disease, start of treatment; typical symptoms and complications (where applicable)
<input type="checkbox"/>	Findings on physical examination
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by physician
<input type="checkbox"/>	Diagnosis based on current internationally accepted criteria
<input type="checkbox"/>	Substance prescribed, dosage, frequency, administration route
<input type="checkbox"/>	Evidence of follow-up/monitoring of athlete by physician
<input type="checkbox"/>	<b>Diagnostic test results included (copies of originals or printouts)</b>
<input type="checkbox"/>	Laboratory tests (where applicable)
<input type="checkbox"/>	Imaging or other test results (where applicable)
<input type="checkbox"/>	<b>Additional information included</b>
<input type="checkbox"/>	As per ADO specification



## Therapeutic Use Exemptions (TUE) Application Form

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. Athlete Information

Surname:		Given Names:	
Female	<input type="checkbox"/>	Male	<input checked="" type="checkbox"/>
Date of Birth (d/m/y):			
Address:			
City:		Country:	CANADA
Postcode:			
Tel.:		E-mail:	
(with International code)			
Sport:	Chess	Discipline/Position:	Player
International or National Sport Organization:	FIDE		
If you are an Athlete with an impairment, please indicate the impairment:			
ADHD			

### 2. Medical Information (continue on separate sheet if necessary)

Diagnosis:	Attention Deficit Hyperactivity Disorder
If a permitted medication can be used to treat the medical condition, please provide clinical justification for the requested use of the prohibited medication:	
A long-acting amphetamine-based or methylphenidate-based stimulant is considered first line treatment and, in this patient, is required for adequate concentration and executive functioning.	
Comment:	

Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical information must include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should

I will attach the "Appendix of Assessment Results and Test Findings" that summarizes the Conners' Adult ADHD Rating Scales, Behavior Rating Inventory of Executive Function, Adult ADHD self-Report and Diagnostic Interview, be as objective as possible in the clinical circumstances. In the case of non-demonstrable conditions, independent supporting medical opinion will assist this application.

WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. These TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website: <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, and requiring treatment with prohibited substances.

### 3. Medication Details

Prohibited Substance(s): <u>Generic name</u>	Dose	Route of Administration	Frequency	Duration of Treatment
1. Lisdexamfetamine	20-70mg	oral, once daily	once daily in morning	ongoing
2.				
3.				

### 4. Medical Practitioner's Declaration

I certify that the information at sections 2 and 3 above is accurate, and that the above-mentioned treatment is medically appropriate.

Name:

[Redacted]

Medical specialty:

Medical doctor / Physician

Address:

[Redacted]

Tel.:

[Redacted]

Fax:

[Redacted]

E-mail:

[Redacted]

Signature of Medical Practitioner:

[Redacted]

Date: November 2, 2023

### 5. Retroactive applications

<p>Is this a retroactive application?</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input checked="" type="checkbox"/></p> <p>If yes, on what date was treatment started?</p> <p>n/a</p>	<p>Please choose one:</p> <p><input type="checkbox"/> Emergency treatment or treatment of an acute medical condition was necessary</p> <p><input type="checkbox"/> Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection</p> <p><input type="checkbox"/> Advance application not required under applicable rules</p> <p><input type="checkbox"/> Fairness (WADA and [IF/NADO] approval required)</p> <p>Please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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### 6. Previous applications

<p>Have you submitted any previous TUE application(s) to any ADO?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>For which substance or method?</p> <p>n/a</p> <p>To whom? _____ When? _____</p> <p>Decision: Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p>
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## 7. Athlete's declaration

I, [REDACTED], certify that the information set out at sections 1, 5 and 6 is accurate. I authorize the release of personal medical information to the relevant Anti-Doping Organization (ADO) as well as to FIDE authorized staff, to the FIDE TUEC (Therapeutic Use Exemption Committee), to WADA 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. These people are subject to a professional or contractual confidentiality obligation.

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 rule 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 any rights I may have, such as my right of access, rectification, restriction, opposition, or deletion; 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 purpose of investigations or proceedings related to a possible anti-doping rule violation, where this is required by the *Code*, *International Standards*, or national anti-doping laws; or to establish, exercise or defend a legal claim involving me, WADA, and/or an ADO.

I consent to the decision on this application being 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 my information may be stored in ADAMS, which is hosted by WADA or servers based in Canada, and will be retained for the duration as indicated in the WADA International Standard for the Protection of Privacy and Personal Information (ISPPPI).

I understand that if I believe that my Personal Information is not used in conformity with this consent and the ISPPPI, I can file a complaint to WADA ([privacy@wada-ama.org](mailto:privacy@wada-ama.org)), or the national regulator responsible for data protection in my country.

I understand that the entities mentioned above may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

Athlete's signature: [REDACTED] Date: 2023-11-02

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

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

Please submit the completed form, including supporting Medical documentation IN ENGLISH to FIDE by email [office@fide.com](mailto:office@fide.com) (keeping a copy for your records) and send a paper copy to FIDE Secretariat, 1007 Lausanne, Switzerland, Avenue de Rhodanie 54. Tel: + (41) 21 6010039



# Appendix of Assessment Results and Test Findings

ADHD Signs and Symptoms			
Test Name	Results		
<b>CAARS</b> Conners' Adult ADHD Rating Scales  Evaluates the presence and severity of ADHD symptoms, including: Inattention/Memory Problems, Hyperactivity/Restlessness, Impulsivity/Emotional Lability, and Problems with Self-Concept.		<i>Self</i>	<i>Observer (Mother)</i>
	<i>Inattention/Memory Problems</i>	<b>Very Much Above Average</b>	Slightly Above Average
	<i>Hyperactivity/Restlessness</i>	<b>Much Above Average</b>	Average
	<i>Impulsivity/Emotional Lability</i>	Above Average	Slightly Above Average
	<i>Problems with Self-Concept</i>	<b>Very Much Above Average</b>	Average
	<i>DSM-5 Inattentive Symptoms</i>	<b>Very Much Above Average</b>	Average
	<i>DSM-5 Hyperactive-Impulsive Symptoms</i>	<b>Much Above Average</b>	Average
	<i>DSM-5 ADHD Symptoms Total</i>	<b>Very Much Above Average</b>	Average
	<i>ADHD Index</i>	<b>Very Much Above Average</b>	Above Average
Note: Results are evaluated relative to what is typically reported by similar aged peers. 'Average' refers to what is typically reported, and significant deviations from this are indicated in bold. Scores above average indicate greater concern and scores below average indicate less concern than is typically reported. DSM-5 refers to the Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition.  On the self-report, Shiyam's Inconsistency Index score was elevated, indicating inconsistencies in his responses to similar questions. As such, results should be interpreted with caution.			
<b>BRIEF-A</b> Behavior Rating Inventory of Executive Function – Adult Version  Standardized measure of executive function and self-regulation		<i>Self</i>	<i>Observer (Mother)</i>
	<i>Inhibiting</i>	<b>Elevated</b>	Within normal limits
	<i>Shifting</i>	<b>Elevated</b>	Mildly Elevated
	<i>Emotional Control</i>	<b>Elevated</b>	<b>Elevated</b>
	<i>Self-Monitoring</i>	Within normal limits	<b>Elevated</b>
	<i>Initiating</i>	<b>Elevated</b>	<b>Elevated</b>
	<i>Working Memory</i>	<b>Elevated</b>	Mildly Elevated
	<i>Plan/Organizing</i>	<b>Elevated</b>	<b>Elevated</b>
	<i>Task Monitoring</i>	<b>Elevated</b>	Mildly Elevated
	<i>Organization of Materials</i>	<b>Elevated</b>	Mildly Elevated
	<i>Behavioral Regulation Index</i>	<b>Elevated</b>	<b>Elevated</b>
	<i>Metacognition Index</i>	<b>Elevated</b>	<b>Elevated</b>
	<i>Global Executive Composite</i>	<b>Elevated</b>	<b>Elevated</b>



	<p>Note: Results are evaluated relative to what is typically reported by similar aged peers. 'Elevated' indicates significantly greater difficulty (T score <math>\geq 65</math>); 'Mildly Elevated' indicates mildly greater difficulty (T score between 60-64); 'Within normal limits' indicates difficulty is not elevated (T score <math>\leq 59</math>). The first 4 rating categories listed in this table represent types of executive function behaviours and contribute to the Behaviour Regulation Index summary score. Categories 5 through 9 represent executive function thinking skills (metacognitive) and contribute to the Metacognition Index. All categories contribute to the Global Executive Composite.</p>		
<p><b>ASRS</b></p> <p>Adult ADHD Self-Report Scale Symptom Checklist</p> <p>ADHD symptom screening test by the World Health Organization</p>	<p>Significantly elevated score (5 out of 6), which is indicative of inattentive symptomatology (e.g., difficulty organizing materials, starting and completing tasks) and hyperactive/impulsive symptomatology (e.g., fidgeting/physical restlessness and feeling overly active and compelled to do things).</p>		
<p><b>DIVA 5.0</b></p> <p>Diagnostic Interview for ADHD in Adults</p> <p>Diagnostic Criteria Interview, including: age of onset, pervasiveness, and level of impairment of ADHD symptoms.</p>	<i>Inattention</i>	<i>Adulthood</i>	<i>Childhood</i>
	Challenges paying close attention to detail or makes careless mistakes	Not Present	Not Present
	Difficulty sustaining attention on tasks	Present	Present
	Often does not seem to be listening when spoken to directly	Present	Present
	Difficulty following through on instructions or completing tasks or meeting obligations at work	Present	Present
	Difficulty organizing tasks and activities	Present	Present
	Avoids or reluctant to engage in tasks requiring sustained mental effort	Present	Present
	Loses things necessary for tasks or activities	Not Present	Not Present
	Often easily distracted by external stimuli	Present	Present
	Often forgetful during daily activities	Not Present	Not Present
	<i>Hyperactivity-Impulsivity</i>	<i>Adulthood</i>	<i>Childhood</i>
	Often fidgets or moves hands or feet in a restless manner	Present	Present
	Leaves seat in situations when remaining seated is expected	Present	Did not recall
	Often feels restless	Present	Present
	Difficulty engaging in leisure activities quietly	Present	Not Present
	Often "on the go" or often acts as if "driven by a motor"	Not Present	Not Present
	Talks excessively	Present	Present
	Often gives answers before questions have been completed	Present	Present
	Difficulty awaiting turn	Present	Not Present
	Often interrupts the activities of others or intrudes on others	Present	Present



	<p>In childhood, the above noted symptoms negatively impacted Shiyam's education, family life, and pursuit of hobbies.</p> <p>As an adult, the above-noted symptoms have been negatively impacting Shiyam's work, education, family life and relationships, free time and his self-image.</p>
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Co-morbid Mental Health Screening Tests
<p>Possible co-morbid mental health symptoms were screened and evaluated during clinical interviews as part of the current evaluation. In addition, the client completed the following questionnaires:</p> <ul style="list-style-type: none"> <li>• Diagnostic Assessment Research Tool self-report screener (DART 4.0; McCabe et al., 2017. Hamilton, ON: St. Joseph's Healthcare/McMaster University; used with permission)</li> <li>• Patient Health Questionnaire – 9 (PHQ-9; Kroenke, et al., J Gen Intern Med 2001;16:606-613)</li> <li>• Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., Arch Intern Med 2006;166:1092-1097).</li> </ul>

CONFIDENTIAL MEDICAL COMMISSION



# Anti Doping Rule Violations

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Presence of a prohibited substance or its metabolites or markers

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Use or attempted use of a prohibited substance or method

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Evading, refusing or failing to submit to sample collection

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Whereabout failures

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Tampering or attempted tampering

---

Possession of prohibited substance and methods

---

Trafficking or attempted trafficking

---

Administration or attempted administration

---

Complicity

---

Prohibited association

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Acts by an athlete or other person to discourage or retaliate against reporting to authorities



# Questions and Answers