

THERAPEUTIC USE EXEMPTION (TUE) APPLICATION

Please complete ALL sections. Type or print in block letters in blue or black ink. Incomplete applications will be returned and will need to be resubmitted. This application must be completed in ENGLISH.

1. *Player Information* (Indicate the address to which all correspondence relating to *TUEs* should be sent.)

Last Name: _____	
First Name: _____	
Playing Name (If different from above): _____	
Date of Birth (month/day/year): _____	
Mailing Address: _____ _____	
City: _____	State: _____
Zip Code: _____	Country: _____
Please type or print ALL telephone and fax numbers where you can be reached, including country code and area code:	
Contact Phone: _____	
Mobile Phone: _____	
E-mail: _____	
Fax Number: _____	Attention: _____
<i>TUE</i> reply to be sent to: (Please select <u>one</u> option by ticking the appropriate box)	
<input type="checkbox"/>	Fax: _____
<input type="checkbox"/>	E-mail: _____

2. Prescribing Medical Doctor Information

Last Name: _____

First Name: _____

Qualifications: (e.g. M.D., D.O., etc.) Medical Specialty: _____

U.S. States in which licensed: _____

(If not U.S. State licensed, please provide qualifications to prescribe) _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Please type or print ALL telephone and fax numbers including country code and area code:

Contact Phone: _____

Mobile Phone: _____

E-mail: _____

Fax Number: _____

Other: _____

3. Medical Information: Diagnosis with sufficient medical information

Evidence confirming the diagnosis must be attached and forwarded with this application. In those cases where the evidence is not written in English, a summary in English must be enclosed. The medical evidence should include all condition-specific requested records, all evidence confirming the diagnosis,

copies of the original reports and/or letters, a comprehensive, relevant medical history and the results of all relevant examinations, laboratory investigations and imaging studies (Any additional relevant investigation, examinations or imaging studies requested by the *TUE Panel* or the *Administrator* will be undertaken at the expense of the *Player*). The *Player* must have been examined by an appropriately qualified and licensed doctor, as confirmed by *LPGA*, within the last 12 month period prior to submitting the *TUE* application. Evidence should be as objective as possible in the clinical circumstances, and in the case of non-demonstrable conditions, independent supporting medical opinion should accompany this application.

Patient's Year of Birth: _____

Diagnosis: _____

A statement by an appropriately qualified doctor to the necessity of the otherwise *Prohibited Substance* in the treatment of the *Player* and a description as to (1) why an alternative, permitted medication cannot, or should not, be used in the treatment of this condition; and (2) why *Use of a Prohibited Substance* will not

produce additional enhanced performance, other than that which might be anticipated by a return to a state of normal health following the treatment of a legitimate medical condition.

4. Medication Details

<i>Prohibited Substance(s)</i> Generic Name/Active Ingredient	Dosage/Strength	Route of Administration	Frequency

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

One-Time Only

Emergency

Duration (weeks/months): _____

In the case of an emergency treatment, please indicate all relevant information to explain the emergency.

5. Medical Practitioner's Declaration

I certify that the above-mentioned treatment is medically appropriate and that the *Use* of alternative medications not on the *Prohibited List* would be unsatisfactory for this condition.

Name of Doctor: _____

Signature of Doctor: _____

Date: _____

Please include the following information if it differs from what was provided in Section 2 "Prescribing Medical Doctor Information"

Medical Specialty: _____

U.S. State Licensure: _____

(If not U.S. State licensed, please provide qualifications to prescribe) _____

6. Pharmacy Information

Evidence confirming that the *Prohibited Substance* has been appropriately obtained must be attached and forwarded with this application. Please provide the requested information below regarding the pharmacy(ies) where the prescription for the *Prohibited Substance* has

been filled or refilled over the past 6 months. Attach the fill or refill detail (e.g. printout) from each pharmacy.

Pharmacy Name	Address (City, State, Zip, Country)	Phone Number	Date(s) Provided	Quantity (e.g. 60 tablets)	Name of Pharmacist

7. Previous TUE Applications

Have you submitted any *TUE* Applications over the past two years to any sports organization or drug testing agency on behalf of the *Player*? (Please check one)

Yes

No

(If yes, please attach copies of the *TUE* Applications and all attachments, as well as all related correspondence with the sports organization or testing agency.)

For which substance(s)? (Generic Name/Active Ingredient)

To whom was it submitted? _____

When was it submitted? _____

Was it approved? _____

8. *Player's Declaration*

I, _____, certify that the information provided in this *TUE* Application is accurate and that I am requesting approval to *Use a Prohibited Substance(s)* from the *Prohibited List*. I voluntarily authorize the release of my personal medical information to the *LPGA*, including its *TUE Panel* and *TUE Appeal Specialist*. I understand that I may revoke the right of the *LPGA*, including its *TUE Panel* and *TUE Appeal Specialist* to obtain and review my personal medical information at any time, and that such revocation must be sent to my doctor and the *LPGA* in writing. Upon receipt of such revocation, the *LPGA* shall have a reasonable amount of time in which to comply. Further, I understand and agree that my refusal to allow the *LPGA* and/or its *TUE Panel* and *TUE Appeal Specialist* to review relevant medical information about me may result in the denial of any application I have pending, or the revocation of any application that has previously been granted, for a *TUE*.

I am aware that the *LPGA*, and its *TUE Panel* and *TUE Appeal Specialist*, will be processing and/or evaluating my proposed *Use of a Prohibited Substance* in connection with this Application. I understand that neither the *LPGA*, nor its *TUE Panel* and *TUE Appeal Specialist*, are providing medical advice to me in connection with any information disclosed on this *TUE* Application. I understand that I must obtain medical advice from a qualified doctor before taking or stopping any medication or course of treatment for any health condition that I may have. I also understand that no decision respecting this *TUE* Application in any way indicates whether I should or should not follow my doctor's medical advice regarding any health condition that I may have.

I, for myself, personal representatives, assigns, heirs and next of kin hereby release, waive discharge and covenant not to sue the *LPGA*, *FGTA, LLC*, *Symetra Tour*, *Symetra Life*

Insurance Company, and each of their respective affiliates, subsidiaries and related companies, and each of their officers, directors, members, employees, the Administrator, volunteers, as well as the *LPGA Medical Advisory Committee*, the *TUE Panel*, the *TUE Appeal Specialist*, and any arbitrators who hear an appeal under the *LPGA's Anti-Doping Program* (collectively, and for the purposes of this release and waiver, the "Releasees"), from all liability to the undersigned, my personal representatives, assigns, heirs and next of kin for any and all loss or damage and any claims or demands therefore on account of injury to my person or property or resulting in death of the undersigned, whether caused by the negligence of the Releasees or otherwise, with respect to the processing, review or decision-making related to this *TUE Application*.

I further expressly agree that the foregoing release and waiver agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida.

Player's Signature: _____

Date: _____

If the *Player* is a minor or has a disability preventing her from signing this form, a parent or guardian shall sign together with or on behalf of the *Player*.

Parent/Guardian's Signature: _____

Date: _____

Incomplete Applications will be returned and will need to be resubmitted

Please submit the completed application and keep a copy for your records. This form and all required medical documentation shall be sent electronically or in a sealed envelope marked "CONFIDENTIAL" via overnight courier (mail, Federal Express, UPS, Airborne Express, or DHL) or certified mail to:

LPGA
Attn: *TUE Applications - LEGAL*
100 International Golf Drive
Daytona Beach, FL 32124-1092
Phone: 386-274-6200
Email: AntiDoping@LPGA.com

PLEASE DO NOT FAX *TUES* OR OTHER SUPPORTING DOCUMENTS

Therapeutic Use Exemption (TUE) Application Procedures¹

The *Prohibited List* includes substances that enhance performance, harm health, and/or mask the *Use* of other prohibited drugs.

The *LPGA* recognizes that some banned substances have legitimate medical *Uses*. Accordingly, the *LPGA* may allow an exception to be made for a *Player* with a documented medical history demonstrating the need for *Use* of a *Prohibited Substance* or *Prohibited Method*, provided that the criteria for a *TUE* are met.

1. *TUEs*: What are they?

Players with a documented illness or medical condition, which negatively impacts their health and ability to function normally and requires the *Use* of a medication that is included on the *Prohibited List*, may request a *TUE*. If granted, the *TUE* will authorize a *Player* to take the medication needed in the manner provided in the *TUE*.

2. When to apply for a *TUE*

- A. A *Player* may **apply** for a *TUE* at any time. *Players* should submit their applications no less than 45 days prior to participation in their next scheduled *Tournament*. A *Player* may not *Use* a *Prohibited Substance* or *Prohibited Method* without risk until **after** a *TUE* is granted.
- B. Any *Player* who *Uses* a *Prohibited Substance* or *Prohibited Method* prior to the *TUE* being granted does so entirely **at her own risk**.
- C. Applications for *TUEs* will **not** be approved retroactively except as set forth in Section G(4) of the *Protocol*. The submission of a retroactive *TUE* may require the payment of a fee up to Two Thousand Five Hundred Dollars (\$2,500), at *LPGA*'s discretion in each case.
- D. If the substance to be *Used* is not on the *Prohibited List*, a *Player* does not need to apply for a *TUE*.

3. Criteria for obtaining a *TUE*

TUEs will be granted only in the following circumstances:

- A. The *Player* has a properly diagnosed medical condition and would experience a significant **impairment to her health** if she does not *Use* the *Prohibited Substance* or *Prohibited Method* for which a *TUE* is requested.
- B. There is **no reasonable therapeutic alternative** medication or treatment for the *Player's* medical condition that is **not** on the *Prohibited List*.

¹ Subject to amendment by the *LPGA*

- C. The *Use of the Prohibited Substance or Prohibited Method* will produce **no additional enhancement** of performance, other than that which might be anticipated by a return to a state of normal health following the treatment of a legitimate medical condition.

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

- D. A *TUE* can be cancelled if:
- i. The *Player* does not promptly comply with any requirements or conditions imposed when the *TUE* was granted.
 - ii. The time period for which the *TUE* was granted has expired.
 - iii. The *Player* is advised that the *TUE* is withdrawn due to incorrect or misleading information provided by the applicant that is discovered after the fact, or due to a change in the *Player's* health condition.

(Note: the *Use of any Prohibited Substance to increase “low-normal” levels of any endogenous hormone is not considered an acceptable therapeutic intervention and will not receive a TUE.*)

4. Application procedure for a TUE

Prior to *Use of a Prohibited Substance or Prohibited Method*, a *Player* must submit a *TUE Application* to the *LPGA*. The *TUE Application* is available in the Anti-Doping section of *LPGA.com*.

- A. A *TUE Application* will be considered only if it is **complete**. Incomplete applications will be returned to the *Player* without approval and will need to be resubmitted. The *Player* is responsible for providing **all** information requested on the *TUE Application* (e.g. contact details, medication details, pharmacy details, medical documents, and laboratory results).
- B. The *TUE Application* must be **typed or printed in English in block letters in blue or black ink.**
- C. The *LPGA* and the *Medical Advisory Committee* and the *TUE Appeal Specialist* will work to make the administrative and decision-making process as expeditious as possible. Incomplete or illegible applications, or lack of cooperation from a *Player* or her doctor(s), will cause a delay in the administration process.
- D. The medical information shall be provided by an appropriately qualified and licensed doctor, attesting to the necessity of the *Use of the Prohibited Substance or Prohibited Method*.
- E. The following documents must be provided in support of a *TUE* (all of which shall be up-to-date (i.e., documentation from the prior 12-month period) and accurate in form and substance):

- All condition-specific requested records,
 - All evidence confirming the diagnosis,
 - Copies of the original reports or letters,
 - A comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies relevant to the application. (Any additional relevant investigations, examinations or imaging studies requested by the *TUE Panel* or the *Administrator* will be undertaken at the expense of the *Player*),
 - A statement by a qualified physician attesting to the necessity of the otherwise *Prohibited Substances* or *Prohibited Method* in the treatment of the *Player* and describing why an alternative permitted medication cannot, or could not, be used to treat this condition, and
 - In the case of non-demonstrable conditions, an independent supporting medical opinion may be required in support of the *TUE Application*.
- F. The *TUE Application* process will be treated in a **strictly confidential** manner, however, a *Player* must grant written permission for the *LPGA*, its *TUE Panel* and *TUE Appeal Specialist*, if applicable, to review the medical records submitted with her *TUE Application*.
- G. The *TUE Panel* and the *TUE Appeal Specialist* reserves the right to make additional requests it deems necessary to make an informed decision on whether to grant or deny a *TUE* (which may include, without limitation, submission of additional information; or, testing procedures, in-person analysis performed by an independent physician selected by *LPGA*, or other procedures requested by *LPGA* or the *TUE Panel* or *TUE Appeal Specialist* which the *LPGA* and/or *TUE Panel* and/or *TUE Appeal Specialist* deem reasonably necessary to confirm a diagnosis or other medical inquiry or to make an informed decision regarding the submission and/or analysis of a *Player's TUE*).
- H. The *TUE Application* will be examined by a *TUE Panel*, which may consist of one or more members of the *Medical Advisory Committee*, who will determine whether the *TUE* shall be granted or denied.
- I. If a *TUE* is granted, the *Player* can begin using the *Prohibited Substance* or *Prohibited Method* only after receiving the written decision of the *TUE Panel* or *TUE Appeal Specialist*, and only under the conditions (if any) stated in the decision.
- J. If the *Player* starts using the *Prohibited Substance* or *Prohibited Method* **prior** to receiving authorization from the *LPGA* as indicated above, the *Player* does so **at her own risk**.
- K. *TUEs* cannot be renewed after expiration without a new medical consultation and confirmation (within the prior 12 month period) of the request by the *Player's* physician with appropriate supporting documentation (including the submission of a new *TUE Application*).

5. Effect of granting of *TUE*

- A. The *TUE Panel* will return its decision to the *Administrator*, who will forward it to the *Player* in the mode she requested. The *Player* may appoint a third person to receive this communication on her behalf in writing.
- B. Any *TUE* Application that is approved **is only valid during the time period specified by the TUE Panel**. It shall be within the sole discretion of the *TUE Panel* or *TUE Appeal Specialist* to issue *TUEs* for longer than one year.
- C. *Players* are responsible for insuring that their *TUEs* are kept current and up-to-date. *Players* should not assume that they will be granted a *TUE* in the future based on the fact that they had previously been granted a *TUE* in the past. Each new *TUE* Application will be reviewed on its merits, regardless of previous decisions to grant or deny a *TUE*. If the term of a *TUE* will expire while the *Player* is still using the *Prohibited Substance* or *Prohibited Method* related to that *TUE*, the *Player* is responsible for resubmitting a *TUE* Application with respect to that *Prohibited Substance* or *Prohibited Method*. New *TUE* Applications should be submitted in enough time for a decision to be rendered prior to the expiration of the current *TUE*. *TUEs* cannot be renewed after expiration without a new medical consultation and confirmation (within prior 12 month period) of the request by the *Player's* physician with appropriate supporting documentation (including the submission of a new *TUE* Application).

6. Procedures for challenging the granting or denial of a *TUE*

- A. The granting or denial of a *TUE* may be subject to review. Either the *Player* or the *LPGA* may challenge the decision of the *TUE Panel* by sending a **written** notice of appeal to the *Administrator* **within 14 days** after the *Player* is notified of the decision of the *TUE Panel*.
- B. Once an appeal is requested by either the *Player* or the *LPGA*, at the discretion of the *Administrator*, a hearing may be held by a *TUE Appeal Specialist* **within 15 days** after receiving all relevant medical documentation.
- C. Decisions rendered by the *TUE Appeal Specialist* will be **final and unreviewable**.

Refer to the full text of the *TUE* Application process and procedures contained in the *Anti-Doping Program Protocol*.

Questions regarding the *TUE* Application process may be directed to the *Administrator* at:

LPGA

Attn: *TUE* Applications

100 International Golf Drive

Daytona Beach, FL 32124-1092

Phone: (386) 274-620

E-mail: AntiDoping@LPGA.com