

INTRAVENOUS (IV) INFUSIONS THERAPEUTIC USE EXEMPTION GUIDE



This factsheet is designed to provide guidance for applying for Therapeutic Use Exemptions (TUEs) relating to IV infusions.

IV infusions of more than 100ml within a 12-hour period are classed as a Prohibited Method on the World Anti-Doping Agency (WADA) Prohibited List.

IV infusions are only permitted via the following two exceptions:

- if 100ml or less is infused within a 12-hour period (unless the infused substance is on the Prohibited List).
- if the infusion has been received during the course of hospital treatment, a surgical procedure, or clinical diagnostic investigation.

A TUE may still be necessary for a Prohibited Substance delivered by IV infusion even if the infusion itself is delivered in one of the exceptions listed above.

Athletes should always apply for a TUE, if they are administered an IV treatment of more than 100 ml in a 12-hour period, in any of the following situations:

- At a tournament (e.g., ATP, WTA or ITF) medical facility, tent, or first aid station
- At a medical practitioner's office, suite, home, tent, or vehicle
- At IV clinics or any clinic/treatment room or centre outside of a hospital facility
- unless a clinical diagnostic investigation or surgical procedure has been performed.

Applying for a Therapeutic Use Exemption

TUE applications are made with the assistance of a physician. Players must assign a physician to complete the application on their behalf in the Tennis Anti-Doping Portal: <http://tennis.idtm.se/>

Step-by-step video and flowchart guides are available below:

[Video guide for players](#)

[Video guide for medical professionals](#)

[TUE Application Guide](#)

If you have any questions regarding TUE applications for IV infusions, please contact anti-doping.admin@itia.tennis.



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Please contact the ITIA for further assistance or to ask any questions about the TADP, the Prohibited List or the TUE process.

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Requirements for IV infusion TUEs

It is the responsibility of the treating physician to evaluate the clinical need for an IV infusion. However, it is the responsibility of the player to inform the treating physician that IV infusions are prohibited. It is also the responsibility of the player to initiate and complete a subsequent TUE application. TUE applications should, ideally, be made prior to treatment, though in cases of medical emergency, a retroactive TUE application may be acceptable.

When an IV infusion is administered to a player, the following criteria should be evidenced as part of a TUE application:

- A clearly defined diagnosis
- Supportive evidence that no permitted alternative treatment can be used/ or that permitted alternative treatments have been unsuccessful
- The treatment has been ordered by a physician and administered by qualified medical personnel in an appropriate medical setting
- Adequate medical records of the treatment (e.g., pre- and post-treatment measures of vital signs [heart rate, blood pressure, etc.] in the case of retroactive applications for emergency/urgent treatment)
- A detailed description of the substance infused and rate of infusion.

It is the player's responsibility to provide all necessary documents to their physician(s). Failure to supply all the necessary documentation will result in delays in processing and reviewing the application.

IVs and rehydration

The use of IV infusions in sport is often associated with diagnoses of dehydration (and the negative effects this can cause) following exhaustive effort. Scientific research has indicated that the use of IV fluid replacement to treat mild to moderate dehydration is not necessary. Rather, oral rehydration (i.e., with sports drinks) is the preferred therapeutic choice and leads to normal hydration in the majority of individuals.



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