



GLASNIK

SLUŽBENO GLASILO HRVATSKOG NOGOMETNOG SAVEZA

Godina: XXVII

Datum: 03. 01. 2018.

Broj: 1

SADRŽAJ

- UEFA Cirkularno pismo 73/2017- Wada zabranjena lista 2018.
- Vodič za WADA-inu Zabranjenu listu i izuzeće zbog terapijskog korištenja
- Sažetak najvažnijih promjena na Zabranjenoj listi
- WADA Zabranjena lista 2018.
- FIFA Cirkularno pismo br. 1613/17
- HNS Cirkularno pismo br. 63 - Licenciranje klubova za natjecateljsku 2018/2019. godinu - Rok za podnošenje molbe za licencu
- Registracije

Izdaje: Hrvatski nogometni savez

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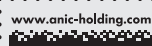
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HNS urudžbeni broj:INT-14889-2/17 od 27.12.17.



- UEFA-INIM SAVEZIMA ČLANOVIMA
- KLUBOVIMA KOJI SUDJELUJU U UEFA-INIM NATJECANJIMA

na pažnju Predsjednika i Glavnog tajnika

CIRKULARNO PISMO BROJ 73/2017

Datum: 22.12.2017.

WADA Zabranjena lista 2018.

Poštovani,

u skladu sa stavkom 4.01 UEFA-inog Antidopinškog pravilnika, izdanje 2016., WADA-ina Zabranjena lista 2018. primjenjivat će se na sva UEFA-ina natjecanja **od 1. siječnja 2018.**

U tu svrhu prilažemo novu listu zabranjenih supstanci, kao i WADA-in dokument u kojem su sažete promjene u odnosu na Listu 2017. Ove informacije također su dostupne na Internet stranicama WADA-e (www.wada-ama.org).

Glavne izmjene na Listi 2018. (vidi također priloge)

Glavne izmjene na Listi 2018. navedene su u daljnjem tekstu. Za potpune informacije o svim izmjenama, molimo vas da pročitate priloženi dokument *Sažetak glavnih izmjena („Summary of Major Modifications and Explanatory Notes“)*.

Supstance i metode zabranjene u svako vrijeme (tijekom i izvan natjecanja)

S3: Beta-2 agonisti

- Parametri za doziranje salbutamola revidirani su kako bi bilo jasno da podijeljene doze salbutamola ne mogu premašivati 800 mikrograma tijekom bilo kojeg razdoblja od 12 sati.
- Tulobuterol je dodan kao primjer.
- Stavak u vezi urinarnog praga je poboljšán.

S5: Diuretici i maskirna sredstva

- Razmatrajući informacije objavljene u znanstvenim člancima od 2012. godine, koji se posebice odnose na svojstvo glicerola da utječe na volumen plazme u sportaša i na parametre biološke putovnice sportaša, značaj učinaka nastalih iz glicerola smatraju se minimalnima. Stoga je glicerol uklonjen sa Zabranjene liste.

Zabranjene metode

M2: Kemijska i fizička manipulacija

- M2.2: dozvoljeni volumen i vrijeme davanja intravenskih infuzija promijenjen je sa infuzija od najviše 50 mL tijekom razdoblja od 6 sati na najviše 100 mL tijekom razdoblja od 12 sati, kako bi se dozvolila veća fleksibilnost za sigurnu primjenu nezabranjenih terapijskih supstanci, na primjer, željeza.
- Kako bi se odrazila medicinska praksa, „bolnički prijemi“ promijenjeni su u „bolničke tretmane“, a „klinička ispitivanja“ pojašnjena su kao „klinička dijagnostička ispitivanja“.

Supstance i metode zabranjene tijekom natjecanja

S6: Stimulansi

- 1,3-Dimetilbutilamin dodan je kao primjer. Ova supstanca se nalazi u nekim prehrambenim dodacima.

S8: Kanabinoidi

- Kategorija Kanabimimetika, npr. „Spice, JWH-018, JWH-073, HU210“ promijenjena je u „sintetske kanabinoide, npr. Δ^9 -tetrahidrokanabinol (THC) i druge kanabimimetike“. Sintetski kanabinoidi su jedna od glavnih kategorija novih psihoaktivnih supstanci kod kojih se konstantno pojavljuju nove droge te mijenja dostupnost. Prijašnja lista primjera i dalje je zabranjena, ali se trenutno ne koristi često. „Ostali kanabimimetici“ zamijenili su te primjere.
- Kanabidiol više nije zabranjen. Sintetski kanabidiol nije kanabimimetik; međutim, kanabidiol dobiven iz biljaka kanabisa može također sadržavati promjenjive koncentracije THC-a, koji ostaje zabranjena supstanca.

S9: Glukokortikoidi

- Primjeri uobičajeno korištenih glukokortikoida dodani su zbog veće jasnoće.

Izuzeće zbog terapijskog korištenja (TUE)

UEFA-ina pravila i postupci u vezi TUE obrasca, koji su usklađeni s onima FIFA-e, ostaju isti kao i za 2017., unatoč promjenama na Zabranjenoj listi. Igrači koji sudjeluju u UEFA-inim natjecanjima ili u seniorskim međunarodnim (nacionalna A reprezentacija), prijateljskim utakmicama i moraju koristiti zabranjenu supstancu ili zabranjenu metodu u terapijske svrhe, moraju zatražiti prethodno odobrenje UEFA-e putem UEFA TUE obrasca zahtjeva (u prilogu).

TUE obrazac zahtjeva mora biti popunjen i potpisan od strane igrača i njegovog liječnika te poslan uz kompletni spis s medicinskim dokazima UEFA-inom Medicinskom i Antidopinškom odjelu (povjerljiv broj faksa +41 22 990 31 31). Obrasci moraju biti poslani samo UEFA-i, ne NADO-u. Osim u slučajevima medicinske hitnosti, liječnici ne smiju propisati zabranjenu supstancu ili korištenje zabranjene metode prije nego je UEFA odobrila TUE.

TUE koje je odobrila FIFA automatski su valjani za UEFA-ina natjecanja, dok TUE koje je odobrila NADO - igračima koji tada nisu sudjelovali u UEFA-inom natjecanju - moraju prvo biti priznati od strane UEFA-e kako bi bili valjani za UEFA-ina natjecanja. U skladu s člankom 4.4.3 Svjetskog Antidopinškog kodeksa, UEFA TUE Komisija priznaje TUE koje je odobrila NADO, pod uvjetom da su ispunjena sva tri sljedeća uvjeta:

- NADO je postupila sukladno UEFA-inim kriterijima za odobravanje TUE, posebice u vezi tretmana astme;
- UEFA Antidopinškom i medicinskom odjelu dostavljena je kopija originalnog obrasca zahtjeva, uključujući sve medicinske informacije dostavljene tijelu koje daje odobrenje (prevedeno na jedan od UEFA-inih službenih jezika, ako je potrebno); i
- UEFA TUE Komisija potvrdi da zahtjev udovoljava UEFA TUE pravilima i uvjetima (koji su isti kao i FIFA-ina i WADA-ina pravila).

Igrači koji sudjeluju u međunarodnim prijateljskim utakmicama mlađih uzrasta (tj. bilo koja nacionalna momčad mlađih uzrasta do i uključujući U-21), moraju se javiti svojoj NADO za TUE, a ne UEFA-i.

TUE zahtjevi za zabranjene beta-2 agoniste moraju uključivati kompletni medicinski spis koji ispunjava zahtjeve utvrđene u priloženom „Vodiču za WADA-inu Zabranjenu listu i TUE“.

Odgovornost

Igrači trebaju biti svjesni da se doping kontrole mogu provoditi u bilo koje vrijeme, i tijekom i izvan natjecanja. Stoga vas podsjećamo na stavak 2.01b) UEFA-inog Antidopinškog pravilnika, izdanje 2016.: *„Osobna je dužnost svakog igrača osigurati da niti jedna zabranjena supstanca ne uđe u njegovo tijelo i da ne bude korištena nikakva zabranjena metoda. Shodno tome, nije neophodno da igrač demonstrira namjeru, krivnju, nemar ili svjesnu upotrebu da bi se utvrdio prekršaj antidopinškog pravila zbog korištenja zabranjene supstance ili zabranjene metode.“* Uzimajući u obzir disciplinske posljedice s kojima igrač može biti suočen u slučaju prekršaja antidopinškog pravila, tražimo da svi igrači budu u potpunosti informirani o rizicima povezanim uz uzimanje bilo kojeg oblika lijeka ili dodatka prehrani.

Molimo vas da ovo cirkularno pismo i WADA-inu Zabranjenu listu 2018. odmah prosljedite svojim liječnicima momčadi, koji o sadržaju moraju obavijestiti igrače. Lista, „Vodič za WADA-inu Zabranjenu listu i TUE“, kao i UEFA-in Antidopinški pravilnik, izdanje 2016., također su dostupni u Antidopinškom poglavlju na UEFA-inim Internet stranicama: <http://www.uefa.com/insideuefa/protecting-the-game/anti-doping/index.html>

Ako imate bilo kakvih pitanja ili su vam potrebne dodatne informacije, molimo vas da kontaktirate Marca Vouillamoza (marc.vouillamoz@uefa.ch) ili Richarda Grisdalea (richard.grisdale@uefa.ch) pri UEFA-inom Antidopinškom i medicinskom odjelu.

S poštovanjem,

UEFA

Theodore Theodoridis
glavni tajnik

Prilozi:

- WADA-ina Zabranjena lista 2018.
- WADA-in Sažetak izmjena na Listi 2017.
- UEFA-in Vodič za WADA-inu Zabranjenu listu i TUE
- UEFA-in TUE obrazac zahtjeva

Kopija (s priložima):

- UEFA-in Izvršni odbor
- UEFA-ina Medicinska komisija
- UEFA-in Antidopinški panel
- Europski članovi FIFA-inog Vijeća
- FIFA, Zurich

Odjel za međunarodne poslove i licenciranje (V.J.)

Kopija: Predsjednik, Izvršni direktor, Tajnik, Zdravstvena komisija,

Odjel reprezentacija i natjecanja, Glasnik HNS-a, www.hns-cff.hr

Napomena:

U svrhu primjene i tumačenja ovog cirkularnog pisma isključivo je mjerodavna verzija na engleskom jeziku.



SIJEČANJ 2018.

**Vodič za WADA-inu Zabranjenu listu i
Izuzeće zbog terapijskog korištenja (TUE)**

Prijevod s engleskog izvornika: Odjel za međunarodne poslove i licenciranje HNS-a

Napomena:

U svrhu primjene i tumačenja isključivo je mjerodavna verzija na engleskom jeziku.

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WADA-ina Zabranjena Lista

Što je WADA-ina Zabranjena lista?

WADA-ina Zabranjena lista je lista koja sadrži supstance i metode koje su zabranjene u sportu. Neke supstance na listi zabranjene su u svako vrijeme (i tijekom i izvan natjecanja), dok su druge zabranjene samo tijekom natjecanja. Metode sadržane na listi zabranjene su u svako vrijeme. Listu objavljuje Svjetska Antidopinška agencija (WADA), te se ista ažurira svake godine.

Koja je moja odgovornost u odnosu na Zabranjenu listu?

Stavkom 2.01b UEFA-inog Antidopinškog pravilnika utvrđeno je: *„Osobna je dužnost svakog igrača osigurati da niti jedna zabranjena supstanca ne uđe u njegovo tijelo i da ne bude korištena nikakva zabranjena metoda. Shodno tome, nije neophodno da igrač demonstrira namjeru, krivnju, nemar ili svjesnu upotrebu da bi se utvrdio prekršaj antidopinškog pravila zbog korištenja zabranjene supstance ili zabranjene metode.“*

Zabranjene supstance mogu se pronaći u uobičajenim lijekovima, a istraživanja su pokazala da su mnogi dodaci prehrani njima kontaminirani. Prema tome, trebate biti posebno pažljivi ako ste bolesni ili se odlučite za korištenje dodataka prehrani.

Koja je razlika između supstanci koje su zabranjene tijekom natjecanja i onih koje su zabranjene u svako vrijeme?

Neke supstance (npr. anabolički steroidi) zabranjene su u svako vrijeme jer one mogu imati dugoročne učinke na poboljšanje nastupa kada se koriste u okviru treninga ili programa oporavka. Druge supstance, kao što su maskirna sredstva, zabranjene su u svako vrijeme jer se mogu koristiti kako bi se prikrili dokazi dopinga.

Kada se supstanca koja je zabranjena samo tijekom natjecanja koristi izvan natjecanja, to ne predstavlja prekršaj antidopinškog pravila. Međutim, mnoge supstance mogu dugo vremena ostati u vašem tijelu, pa ako nalaz testa bude pozitivan na takvu supstancu nakon doping kontrole tijekom natjecanja, to predstavlja prekršaj antidopinškog pravila.

Sve supstance i metode na Zabranjenoj listi zabranjene su tijekom natjecanja.

Što je specifična supstanca?

Neke supstance na Zabranjenoj listi klasificirane su kao specifične supstance. Ako vam nalaz bude pozitivan na specifičnu supstancu, dobili bi inicijalnu zabranu do dvije godine, radije nego četiri godine, što je standard za supstance koje nisu specifične. To je zbog toga što WADA priznaje da supstance mogu dospjeti u tijelo igrača nehotice i da se ne mora nužno raditi o upotrebi s namjerom dopinga.

Mogu li zabranjene supstance biti prisutne u uobičajenim lijekovima?

Da. Mnogi uobičajeni lijekovi, uključujući lijekove za liječenje bolova, prehlada i gripe, sadrže supstance koje se nalaze na Zabranjenoj listi.

Trebate biti posebno oprezni s lijekovima koji se nalaze u vašoj kućnoj ljekarni. Isto tako, ako putujete u inozemstvo, trebate voditi računa da se lijekovi istog naziva određene marke po svom sastavu mogu razlikovati ovisno o zemlji u kojoj su kupljeni. U jednoj zemlji proizvod može biti bez zabranjenih supstanci, dok u drugoj zemlji proizvod istog naziva i pakiranja može sadržavati zabranjenu supstancu. Nikada ne biste smjeli uzeti niti jedan lijek bez da prvo provjerite i savjetujete se sa svojim liječnikom momčadi. I ako redovito trebate uzimati određeni lijek, ponesite ga sa sobom kada putujete.

Mogu li zabranjene supstance biti prisutne u dodacima prehrani?

Da. Rezultati nedavno provedenih istraživanja o dodacima prehrani koje koriste sportaši pokazuju da su mnogi od tih proizvoda kontaminirani zabranjenim supstancama, uključujući anaboličke steroide i stimulanse. U popisu sastojaka većine dodataka rijetko je naznačeno da sadrže zabranjene supstance.

Također trebate voditi računa da neke zabranjene supstance imaju nekoliko različitih naziva. Na primjer, postoji mnogo slučajeva u proteklim godinama u kojima su sportaši iz nekoliko sportova, uključujući nogomet, bili pozitivni na zabranjeni stimulans metilheksanamin, koji se uobičajeno nalazi u dodacima prehrani. Metilheksanamin se također naziva dimetilamilamin, geranamin, Forthane, 2-amino-4-metilheksan, ekstrakt korijena geranija i ulje geranija. Iako jedan od ovih naziva može biti naveden u sastojcima dodatka prehrani, službeni naziv metilheksanamin gotovo sigurno neće biti naveden.

Morate biti iznimno oprezni s korištenjem dodataka prehrani jer bi u slučaju pozitivnog doping testa bili disciplinski kažnjeni, čak i ako ste slučajno konzumirali zabranjenu supstancu putem dodatka prehrani.

Što trebam učiniti ako moram uzeti bilo koji lijek ili dodatak prehrani?

Uzimajući u obzir disciplinske posljedice koje vam mogu biti izrečene u slučaju kršenja antidopinškog pravila, trebate biti upoznati sa sadržajem Zabranjene liste te prije uzimanja bilo kojeg lijeka ili dodatka prehrani, konzultirati svog liječnika momčadi ili svoju nacionalnu antidopinšku organizaciju (NADO). Savjet također možete zatražiti putem anti-doping@uefa.ch.

Što trebam učiniti ako sam ozlijeđen ili bolestan i moram uzeti lijek sa Zabranjene liste?

Morate podnijeti Zahtjev za izuzeće zbog terapijskog korištenja (TUE). Niže se nalazi više informacija o TUE.

Gdje mogu pronaći više informacija o WADA-inoj Zabranjenoj listi?

WADA-inu Zabranjenu listu 2018. i sažetak izmjena u odnosu na Listu 2017. možete preuzeti s UEFA.com:

<http://www.uefa.com/insideuefa/protecting-the-game/anti-doping/index.html>

Više informacija također je dostupno na internet stranicama WADA-e (www.wada-ama.org). Također možete kontaktirati svoju nacionalnu antidopinšku organizaciju (NADO).

Izuzeće zbog terapijskog korištenja (TUE)

Što je TUE?

TUE je dozvola za korištenje, u terapijske svrhe, supstanci ili metoda koje se nalaze na WADA-inoj Zabranjenoj listi, tj. supstanci ili metoda čije bi korištenje inače bilo zabranjeno.

Nogometaši, kao i svaka druga osoba, mogu biti bolesni ili u stanju koje zahtijeva uzimanje lijeka. Međutim, ako se jedini prikladan lijek nalazi na Zabranjenoj listi, tada morate podnijeti TUE zahtjev prije nego počnete uzimati taj lijek.

TUE zahtjevi se odobravaju samo ako ne možete koristiti dozvoljeno liječenje, pa je potrebno da se konzultirate s liječnikom vaše momčadi kako bi razmotrili moguće alternativne načine liječenja prije podnošenja TUE zahtjeva.

Na koji način mogu dobiti TUE?

Ako ste prijavljeni za sudjelovanje u UEFA-inom natjecanju, ili igrate međunarodnu prijateljsku utakmicu na seniorskoj razini, TUE zahtjev morate podnijeti UEFA-i. Ne smijete podnijeti zahtjev vašoj nacionalnoj antidopinškoj organizaciji (NADO), FIFA-i ili WADA-i.

- Preuzmite obrazac TUE zahtjeva sa UEFA.com, antidopinškog poglavlja: <http://www.uefa.com/insideuefa/protecting-the-game/anti-doping/index.html>
- Zatražite od svog liječnika da popuni obrazac ručno, velikim tiskanim slovima, ili da ga otipka. Ako rukopis na obrascu ne bude čitljiv, obrazac će vam biti vraćen.
- Zahtjevu mora biti priložena izjava odgovarajuće kvalificiranog liječnika kojom potvrđuje zašto vam je potrebna zabranjena supstanca ili metoda. Potrebno je također dostaviti medicinski dokaz koji potvrđuje vaš zahtjev i detaljnu povijest bolesti, uključujući rezultate svih pregleda, laboratorijskih pretraga i snimke relevantne za podnošenje zahtjeva.
- I vi i vaš liječnik morate potpisati zahtjev.
- Zahtjev i popratni medicinski dokaz pošaljite telefaksom na UEFA-in povjerljiv antidopinški broj telefaksa: **+41 22 990 31 31**.
- Ako imate astmu i trebate koristiti zabranjeni beta-2 agonist (npr. terbutalin), morat ćete obaviti određena testiranja funkcije pluća i rezultate tih testova priložiti svom zahtjevu. Detaljni zahtjevi za astmu nalaze se na 9. stranici TUE zahtjeva.
- Ne smijete koristiti zabranjenu supstancu ili metodu dok vaš TUE zahtjev ne bude odobren.

**Igrat ću međunarodnu prijateljsku utakmicu mlađih uzrasta i potreban mi je TUE.
Kome se trebam obratiti s TUE zahtjevom?**

Igrači koji igraju međunarodne prijateljske utakmice mlađih uzrasta (tj. do i uključujući U-21), trebaju podnijeti zahtjev svojoj nacionalnoj antidopinškoj organizaciji (NADO). Ako naknadno budete pozvani za nastup u službenom UEFA-inom natjecanju mlađih uzrasta, tada prije početka natjecanja ovaj TUE nacionalne antidopinške organizacije (NADO) morate poslati UEFA-i radi odobrenja.

Hoće li informacije iz mog TUE zahtjeva ostati povjerljive?

Sve informacije sadržane u vašem TUE zahtjevu tretirat će se kao povjerljivi medicinski podaci. Osoblje UEFA-inog Antidopinškog odjela i svi članovi UEFA TUE Komisije obvezani su ugovorima o povjerljivosti.

Koji su kriteriji za odobravanje TUE zahtjeva?

Pravila u vezi TUE zahtjeva i kriteriji za odobravanje TUE zahtjeva sadržani su u WADA-inom Međunarodnom standardu za TUE. Sukladno članku 4.1 ovog dokumenta, glavni kriteriji za odobravanje TUE zahtjeva su sljedeći:

- Igrač bi imao značajne zdravstvene probleme kada ne bi koristio zabranjenu supstancu ili metodu.
- Postoji velika vjerojatnost da terapijsko korištenje zabranjene supstance ili metode neće dovesti do nikakvog poboljšanja nastupa igrača nego što bi on bio u normalnom zdravstvenom stanju.
- Nema razumne terapijske alternative korištenju zabranjene supstance ili metode.
- Potreba za korištenjem zabranjene supstance ili metode ne može biti rezultat prijašnjeg korištenja, bez TUE, zabranjene supstance ili metode.

Tko odlučuje hoće li će mi TUE zahtjev biti odobren?

WADA od svih antidopinških organizacija zahtijeva da imaju neovisnu TUE Komisiju koja odlučuje o odobravanju TUE zahtjeva. Vaš će TUE zahtjev razmotriti UEFA TUE Komisija, koja je sastavljena od neovisnih medicinskih stručnjaka. Na temelju medicinskih dokaza koje pošaljete u prilogu svog zahtjeva, oni će odlučiti hoće li vam odobriti TUE zahtjev ili će vaš zahtjev odbiti. Oni vas mogu zatražiti da osigurate dodatne dokaze ili da se podvrgnete daljnjim testovima.

WADA izdaje smjernice o mnogim medicinskim stanjima kako bi poduprla odluke TUE Komisija.

Koliko traje postupak rješavanja TUE zahtjeva?

Sukladno WADA-inom Međunarodnom standardu za TUE, UEFA TUE Komisija treba donijeti odluku o vašem zahtjevu što je prije moguće, ali ne u razdoblju dužem od 21 dana od primitka vašeg TUE zahtjeva. Ako imate kronično stanje koje zahtijeva tretman, potrebno je da svoj TUE zahtjev podnesete pravovremeno prije početka UEFA-inog natjecanja u kojem sudjelujete.

Što se događa ako mi je potreban hitan tretman? Trebam li čekati 30 dana kako bih uzeo lijek koji mi je potreban?

Ako vam je potreban hitan medicinski tretman koji zahtijeva da odmah koristite zabranjenu supstancu ili zabranjenu metodu, možete retroaktivno podnijeti TUE zahtjev.

UEFA TUE Komisija će razmatrati retroaktivan TUE zahtjev samo ako postoji jasno **medicinsko** opravdanje za hitno korištenje zabranjene supstance. Uzimanje zabranjene supstance u svrhu oporavka od ozljede i mogućnosti sudjelovanja na nadolazećoj važnoj utakmici ne predstavlja hitan medicinski slučaj.

Na koji način mogu saznati je li moj TUE zahtjev odobren?

Ako UEFA TUE Komisija odobri TUE zahtjev, UEFA će vam telefaksom poslati TUE potvrdu, a kopiju vašem klubu, nacionalnom savezu, nacionalnoj antidopinškoj organizaciji (NADO), FIFA-i i WADA-i.

Preispituje li WADA TUE zahtjeve koje je odobrila UEFA?

WADA prima kopije svakog odobrenog TUE zahtjeva od UEFA-e te može preispitati odluku koju je donijela UEFA TUE Komisija. Ako WADA odluči da odluka nije u skladu s Međunarodnim standardom za TUE, WADA može odlučiti o ukidanju vašeg odobrenja TUE zahtjeva. U tom slučaju vi i UEFA možete uložiti žalbu Sudu sportske arbitraže (CAS) radi donošenja konačne odluke.

Što se događa ako UEFA odbije moj TUE zahtjev?

Ako UEFA odbije vaš TUE zahtjev, možete od WADA-e zatražiti preispitivanje UEFA-ine odluke, na svoj vlastiti trošak. U tom slučaju morate dostaviti sve informacije koje su bile poslane UEFA-i, kao i odluku UEFA-e. Također je moguće da ćete morati dostaviti dodatne medicinske informacije, ako to zatraži WADA. WADA ocjenjuje je li odluka UEFA TUE Komisije bila u skladu s kriterijima utvrđenima u Međunarodnom standardu za TUE. Ako WADA potvrdi odluku UEFA-e o odbijanju vašeg TUE zahtjeva, tada se možete žaliti Sudu sportske arbitraže (CAS). Ako WADA pobije prvobitnu odluku UEFA-e i odobri TUE zahtjev, tada UEFA također ima mogućnost žalbe CAS-u.

Je li odobreni TUE od strane UEFA-e valjan samo u UEFA-inim natjecanjima?

Odobreni TUE od strane UEFA-e valjan je za sva UEFA-ina natjecanja, sva FIFA-ina natjecanja te je također valjan na nacionalnoj razini.

Već imam odobren TUE od strane FIFA-e. Je li to izuzeće valjano za UEFA-ina natjecanja?

Da. FIFA TUE valjan je za UEFA-ina natjecanja, a UEFA TUE valjan je za FIFA-ina natjecanja.

Već imam odobren TUE od strane moje nacionalne antidopinške organizacije (NADO). Je li ovo izuzeće valjano za UEFA-ina natjecanja?

Ne. Međutim, nije potrebno da UEFA-i podnosite novi TUE zahtjev. Potrebno je da TUE odobren od vaše nacionalne antidopinške organizacije (NADO) pošaljete UEFA-i zajedno s originalnim obrascem zahtjeva i svim popratnim medicinskim informacijama. Pod uvjetom da je nacionalna antidopinška organizacija (NADO) odobrila TUE u skladu s UEFA TUE pravilima i WADA-inim Međunarodnim standardom za TUE, UEFA TUE Komisija će priznati TUE koji je odobrila nacionalna antidopinška organizacija (NADO) za UEFA-ina natjecanja.

Postoje li popratni uvjeti uz TUE kada se odobri?

TUE zahtjevi se odobravaju za specifični lijek i utvrđenu dozu. Oni se također odobravaju za određeno vremensko razdoblje i imaju datum isteka. Prema tome, vi ste dužni postupiti u skladu sa svim uvjetima koji su utvrđeni na TUE potvrdi. Trebate obratiti posebnu pažnju da ne prekoračite propisanu dozu.

Ako će valjanost vašeg TUE isteći, a vi i dalje trebate koristiti zabranjenu supstancu ili metodu za dugoročno stanje, morate osigurati da pravovremeno ponovno uputite novi TUE zahtjev.

Što trebam učiniti ako se moram podvrgnuti doping kontroli za vrijeme korištenja zabranjene supstance ili metode koja mi je odobrena na osnovu izdanog TUE?

Prilikom doping kontrole trebate navesti lijek koji koristite u dijelu „Izjava o lijekovima“ obrasca za doping kontrolu.

Što će se dogoditi ako se zabranjena supstanca otkrije tijekom analize mog uzorka?

Po primitku izvješća laboratorija, UEFA će provjeriti da je TUE još uvijek valjan i da su rezultati analize sukladni odobrenom TUE-u (vrsta supstance, način primjene, doza, vremensko razdoblje primjene, itd.). Ako provjera bude zadovoljavajuća, rezultat vašeg testa smatrat će se negativnim.

Sažetak: kojoj organizaciji podnosim TUE zahtjev?

<u>Ja sam</u>	<u>TUE zahtjev šalje se</u>	<u>Razdoblje</u>	<u>Zahtjev podnosi</u>
Igrač koji nastupa samo u nacionalnim natjecanjima	Nacionalna antidopinška organizacija (NADO) ili drugo ovlašteno tijelo, npr. Nacionalni olimpijski odbor	Cjelokupna nacionalna sezona	Ja (igrač) i moj klupski liječnik
Igrač koji nastupa u juniorskoj (do U-21 razine) međunarodnoj prijateljskoj utakmici	Nacionalna antidopinška organizacija (NADO) ili drugo ovlašteno tijelo, npr. Nacionalni olimpijski odbor	Razdoblje tijekom kojeg sam ustupljen svojoj juniorskoj reprezentaciji	Ja (igrač) i liječnik reprezentacije
Reprezentativac kojeg je moj savez pozvao za sudjelovanje u UEFA-inom reprezentativnom natjecanju i seniorskim međunarodnim prijateljskim utakmicama	UEFA	Razdoblje tijekom kojeg sam ustupljen svojoj reprezentaciji	Ja (igrač) i moj liječnik reprezentacije
Igrač koji sudjeluje u UEFA klupskim natjecanjima (uključujući FIFA elitnu grupu za testiranje)	UEFA	Trajanje sudjelovanja moje momčadi u UEFA-inim klupskim natjecanjima Napomena: kada moj klub više ne sudjeluje u UEFA-inim natjecanjima, svaki novi zahtjev mora biti naslovljen na moj NADO	Ja (igrač) i moj klupski liječnik
Reprezentativac kojeg je pozvao moj savez za sudjelovanje u FIFA natjecanjima ili koji je dio FIFA-ine grupe za testiranje prije natjecanja	FIFA TUE koje je odobrila UEFA ili druga Konfederacija automatski se priznaju	Razdoblje tijekom kojeg sam ustupljen svojoj reprezentaciji	Ja (igrač) i moj liječnik reprezentacije
Igrač u FIFA međunarodnoj registriranoj grupi za testiranje	FIFA TUE koje je odobrila UEFA ili druga Konfederacija automatski se priznaju	Razdoblje tijekom kojeg sam uključen u registriranu grupu za testiranje	Ja (igrač) i moj klupski liječnik

TUE zahtjevi za astmu

Beta-2 agonisti salbutamol, salmeterol i formoterol, kada se uzimaju inhalacijom i u terapijskim dozama, nisu zabranjeni. Pored toga, inhalirani glukokortikoidi također nisu zabranjeni. Prema tome, za ove supstance nije potrebno podnositi TUE zahtjev.

Svi drugi beta-2 agonisti (uključujući terbutalin) zabranjeni su i za njihovo je korištenje obvezno podnijeti TUE zahtjev. Za zabranjene beta-2 agoniste primjenjuje se sljedeće:

- 1) TUE zahtjev koji se podnosi UEFA TUE Komisiji mora uključivati medicinsku dokumentaciju koja sadrži sljedeće:
 - Kompletnu povijest bolesti, uključujući prisutnost simptoma koji su tipično povezani uz astmu (pritisak u prsima, kratkoća daha, kašljanje, teško disanje) za vrijeme i nakon vježbe, uključujući umor, dugotrajan oporavak i slab nastup, kao i napadaj i ozbiljnost simptoma pri vježbanju, uključujući prestanak simptoma nakon prekida vježbanja te sve čimbenike koji utječu na takvo stanje (npr. uvjeti u okruženju, infekcije respiratornog trakta).
 - Sveobuhvatno izvješće o nedavnim kliničkim pretragama s posebnim naglaskom na respiratorni sustav.
 - Nalaz spirometrije s rezultatom forsiranog ekspiracijskog volumena u jednoj sekundi (FEV1) u mirovanju (rezultati vršnog ekspiratornog protoka zraka se ne prihvaćaju).
 - Ako je opstrukcija dišnih putova prisutna u mirovanju, spirometrija se mora ponoviti nakon inhaliranja beta-2 agonista kratkog djelovanja kako bi se demonstrirala reverzibilnost bronhokonstrikcije (međutim, odsustvo odgovora na bronhodilatatore ne isključuje dijagnozu astme).
 - U odsustvu reverzibilne opstrukcije dišnih putova u mirovanju, potreban je bronhoprovokativni test kako bi se utvrdila prisutnost hiperreaktivnosti dišnih putova. Provokativni test može se provesti inhaliranjem hladnog, suhog zraka, inhaliranjem aerosola ili vježbom. Uobičajeni provokativni testovi uključuju, ali nisu ograničeni na, „*Methacholine Aerosol Challenge*“, „*Mannitol Inhalation*“, „*Eucapnic Voluntary Hyperpnea test*“, „*Hypertonic Saline Aerosol Challenge*“, „*Exercise Challenge Tests*“ (teren ili laboratorij) i „*Histamine Challenge*“.
 - Točan naziv, specijalizacija, adresa (uključujući telefon, e-mail i telefaks) liječnika koji je obavio pregled.

- Ako je primjenjivo, kao podrška zahtjevu preporuča se, iako nije obvezno, dnevnik vršnog protoka, na primjer vrijednosti vršnog protoka, vremena mjerenja, simptomi, moguće izlaganje alergenima, itd.
- 2) U TUE zahtjevu mora biti naznačeno ako igrač također uzima dozvoljeni lijek za astmu – npr. inhalirane glukokortikoide ili inhalirani salbutamol, salmeterol ili formoterol.
 - 3) TUE zahtjevi za astmu odobrit će se na razdoblje od četiri godine u slučaju kronične astme i astme izazvane vježbom. Za obnavljanje TUE-a, UEFA-inom Antidopinškom odjelu potrebno je dostaviti rezultate naknadnih testiranja obavljenih barem jednom godišnje tijekom razdoblja izuzeća od strane respiratornog liječnika ili liječnika koji ima iskustva u tretiranju astme kod sportaša, kao i rezultate ponovljenih testova funkcije pluća te, idealno, dnevnik vršnog protoka.



JANUARY 2018

Guide to the WADA Prohibited List and Therapeutic Use Exemptions

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The WADA Prohibited List

What is the WADA Prohibited List?

The WADA Prohibited List is a list of the substances and methods which are prohibited in sport. Some substances on the list are prohibited at all times (both in- and out-of-competition), while others are prohibited in-competition only. Methods on the list are prohibited at all times. The list is published by the World Anti-Doping Agency (WADA) and is updated every year.

What is my responsibility towards the Prohibited List?

Paragraph 2.01b of the UEFA Anti-Doping regulations states: *"It is each player's personal duty to ensure that no prohibited substance enters his body and that no prohibited method is used. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the player's part be demonstrated in order to establish an anti-doping rule violation for use of a prohibited substance or prohibited method."*

Prohibited substances can be found in common medicines, and studies have shown that many nutritional supplements are contaminated with them. You must therefore be particularly careful if you are ill or if you decide to use nutritional supplements.

What is the difference between substances prohibited in-competition and those prohibited at all times?

Some substances (e.g. anabolic steroids) are prohibited at all times because they can have long-term performance enhancing effects when used as part of a training or recovery programme. Other substances, such as masking agents, are prohibited at all times because they can be used to hide evidence of doping.

Out-of-competition use of a substance which is only prohibited in-competition is not an anti-doping rule violation. However, many substances can stay in the body for a long time, and if you test positive for such a substance after an in-competition doping control, this would be an anti-doping rule violation.

All substances and methods on the Prohibited List are prohibited in-competition.

What is a specified substance?

Some substances on the Prohibited List are classified as specified substances. If you test positive for a specified substance, you would receive an initial ban of up to two years rather than the four years which is standard for substances which are not specified. This is because WADA recognises that substances can enter a player's body inadvertently, without necessarily having been used with the intention of doping.

Can prohibited substances be present in common medicines?

Yes. Many common medications, including painkillers and treatments for colds and flu, contain substances that appear on the Prohibited List.

You should be particularly careful with medications in your family medicine cabinet. Also, if you travel abroad, you should remember that medications which have the same brand name may differ in composition depending on the country of purchase. In one country, a product may be free from prohibited substances, while in another country a product with the same name and packaging may contain a

prohibited substance. You should never take any medication without first checking with your team doctor, and if you regularly need to take a particular medication, take it with you when you travel.

Can prohibited substances be present in nutritional supplements?

Yes. The results of studies recently carried out on nutritional supplements used by athletes have shown that many of these products are contaminated with prohibited substances, including anabolic steroids and stimulants. The ingredient lists on most supplements rarely indicate that they contain prohibited substances.

You should also be aware that some prohibited substances have several different names. For example, there have been many cases in recent years of athletes from several sports, including football, testing positive for the banned stimulant methylhexanamine, which is commonly found in supplements. Methylhexanamine is also known as dimethylamylamine, geranamine, Forthane, 2-amino-4-methylhexane, geranium root extract and geranium oil. Although one of these names may be listed in the ingredients of a supplement, the official name of methylhexanamine will almost certainly not be.

You must be extremely careful with the use of nutritional supplements as you would face disciplinary sanctions in the event of a positive doping test, even if you had accidentally consumed a prohibited substance via the supplement.

What should I do if I have to take any medication or a food supplement?

Given the disciplinary consequences that you may face in the event of an anti-doping rule violation, you should be aware of the contents of the Prohibited List, and before taking any medication or food supplements you should consult your team doctor or your national anti-doping organisation (NADO). You can also ask for advice at anti-doping@uefa.ch.

What should I do if I am injured or ill and have to take a medication on the Prohibited List?

You have to apply for a Therapeutic Use Exemption (TUE). The section below gives more information about TUEs.

Where can I find out more about the WADA Prohibited List?

You can print out the 2018 WADA Prohibited List, and the summary of changes compared to the 2017 List, from UEFA.com: <http://www.uefa.com/insideuefa/protecting-the-game/anti-doping/index.html>

More information is also available on WADA's website (www.wada-ama.org), or you can contact your NADO.

Therapeutic Use Exemptions

What is a Therapeutic Use Exemption (TUE)?

A Therapeutic Use Exemption is the permission to use, for therapeutic purposes, substances or methods on the WADA Prohibited List, i.e. substances or methods whose use would otherwise be prohibited.

Like everyone else, footballers have illnesses and conditions that require them to take medication, but if the only suitable medication is on the Prohibited List, you must apply for a TUE before you use it.

TUEs are only approved if you cannot take a permitted treatment instead, so you should consult your team doctor to consider possible alternative treatments before applying.

How do I get a TUE?

If you are registered to participate in a UEFA competition, or if you are playing in a senior-level international friendly match, you must apply for a TUE from UEFA. You must not apply to your NADO, to FIFA or to WADA.

- Download the TUE application form from the anti-doping section of UEFA.com: <http://www.uefa.com/insideuefa/protecting-the-game/anti-doping/index.html>
- Ask your doctor to complete the form in block capitals or in type. If the writing on the form is not clear, the form will be returned to you.
- The form must be accompanied by a statement from an appropriately qualified doctor confirming why you need the prohibited substance or method. This must also be supported by medical evidence and a detailed medical history, including the results of all examinations, laboratory investigations and scans which are relevant to the application.
- Both you and your doctor must sign the form.
- Fax the form and the supporting medical evidence to UEFA's confidential anti-doping fax: **+41 22 990 31 31**.
- If you have asthma and need to use a prohibited beta-2 agonist (e.g. terbutaline), you will need to undergo certain lung function tests and include the results of these tests with your application. See the requirements for asthma TUEs on page 9 for full details.
- You may not use the prohibited substance or method until your TUE application has been approved.

I will be playing in an international youth friendly match and I need a TUE. To whom should I apply for the TUE?

Players participating in international friendly matches at youth level (i.e. up to and including U21) should apply to their NADO. If you are subsequently called up to play in an official UEFA youth competition, you must send this NADO TUE to UEFA for recognition before the start of the competition.

Will the information in my TUE application remain confidential?

All the information contained in your TUE application will be treated as confidential medical data. The staff of UEFA's Anti-Doping Unit and all members of the UEFA TUE Committee are bound by confidentiality agreements.

What are the criteria for granting a TUE?

The rules governing TUE applications and the criteria for granting a TUE are laid out in the WADA International Standard for TUEs. According to article 4.1 of this document, the main criteria for granting a TUE are the following:

- The player would experience significant health problems if the prohibited substance or method were not used.
- Therapeutic use of the prohibited substance or method is highly unlikely to produce any enhancement in performance beyond a return to the player's normal state of health.
- There is no reasonable therapeutic alternative to the use of the prohibited substance or method.
- The need to use a prohibited substance or method cannot be the result of the prior use, without a TUE, of a prohibited substance or method.

Who decides whether to grant me a TUE?

WADA requires all anti-doping organisations to have an independent TUE Committee to deal with TUE applications. Your TUE application will be assessed by UEFA's TUE Committee, which is made up of independent medical experts. Based on the medical evidence you send with your application, they will decide whether to grant you a TUE or whether to refuse the application. They may ask you to provide additional evidence or ask you to undergo further tests.

WADA issues guidance documents on many medical conditions to support the decisions of TUE Committees.

How long does the TUE application process take?

According to the WADA International Standard for TUEs, the UEFA TUE Committee should take a decision on your application as soon as possible, and within no more than 21 days of receiving your TUE application. If you have a chronic condition which requires treatment, you should therefore submit your TUE application well in advance of the beginning of the UEFA competition in which you are participating.

What happens if I have a medical emergency? Do I have to wait up to 30 days to use the medication I need?

If you have a medical emergency which requires the immediate administration of a prohibited substance or prohibited method, you can apply for a TUE retroactively.

A retroactive TUE application will only be considered by the UEFA TUE Committee if there is a clear **medical** justification for the emergency use of a prohibited substance. Taking a prohibited substance to recover from an injury to be able to participate in a forthcoming important match is not a medical emergency.

How do I know if my TUE application has been successful?

If the TUE is granted by the UEFA TUE Committee, UEFA will fax the TUE certificate to you, along with copies to your club, national association, NADO, FIFA and WADA.

Does WADA review TUEs granted by UEFA?

WADA receives a copy of every TUE granted by UEFA, and can review the decision made by the UEFA TUE Committee. If WADA decides that the decision does not conform to the International Standard for TUEs,

WADA may decide to revoke your TUE. If this is the case, you and UEFA may appeal to the Court of Arbitration for Sport (CAS) for a final decision.

What happens if UEFA refuses my TUE application?

If UEFA refuses your TUE application, you can request a review of UEFA's decision by WADA, at your own expense. You must provide all of the information that was sent to UEFA, as well as UEFA's decision. You may also have to provide additional medical information, if so requested by WADA. WADA assesses whether or not the decision of the UEFA TUE Committee met the criteria set out in the International Standard for TUEs. If WADA upholds UEFA's decision to refuse your TUE application, you can then appeal to the Court of Arbitration for Sport (CAS). If WADA overturns UEFA's original position and grants the TUE, then UEFA also has the possibility of appealing to CAS.

Is a UEFA TUE only valid in UEFA competitions?

A UEFA TUE is valid for all UEFA competitions, all FIFA competitions, and also at national level.

I already have a TUE which was granted by FIFA. Is it valid for UEFA competitions?

Yes. FIFA TUEs are valid for UEFA competitions, and UEFA TUEs are valid for FIFA competitions.

I already have a TUE which was granted by my NADO. Is it valid for UEFA competitions?

No. However, you do not have to apply to UEFA for a new TUE. You should send your NADO TUE to UEFA along with the original application form and any accompanying medical information. Provided that the NADO TUE was granted in accordance with UEFA TUE rules and the WADA International Standard for TUEs, the UEFA TUE Committee will recognise the NADO TUE for UEFA competitions.

Are there conditions attached to a TUE when it is granted?

TUEs are granted for a specific medication and a defined dosage. They are also granted for a specific period of time and have an expiry date. Therefore, you need to comply with all the conditions set out on the TUE certificate. You should be particularly careful not to exceed the prescribed dose.

If your TUE is going to expire and you still need to use the prohibited substance or method for a long-term condition, you must make sure you re-apply for another TUE in good time.

What should I do if I have to undergo a doping control while using a prohibited substance or method under a granted TUE?

When undergoing a doping control you should declare the medication you are taking in the 'Declaration of medication' section of the doping control form.

What will happen if the prohibited substance is detected during the analysis of my sample?

When UEFA receives the report from the laboratory, it will check that the TUE is still valid and that the results of the analysis are consistent with the TUE granted (type of substance, route of administration, dose, time frame of administration, etc.). If the check proves satisfactory, the result of your test will be recorded as negative.

Summary: to which organisation do I apply for a TUE?

<u>I am</u>	<u>TUE applications to be sent to</u>	<u>Period</u>	<u>Application to be made by</u>
A player participating in domestic competitions only	National Anti-Doping Organisation (NADO) or other authorised body, e.g. National Olympic Committee	Entire domestic season	Me (player) and my club doctor
A player participating in a junior (up to U-21 level) international friendly match	National Anti-Doping Organisation (NADO) or other authorised body, e.g. National Olympic Committee	Period I am on duty with my junior-level national team	Me (player) and national team doctor
An international player called up by my association to participate in a UEFA national team competition and senior international friendly matches	UEFA	Period I am on duty with my national team	Me (player) and my national team doctor
A player participating in UEFA club competitions (incl. FIFA elite testing pool)	UEFA	Duration of my team's involvement in UEFA club competitions NB: when my club is no longer involved in UEFA competitions, any new applications must be addressed to my NADO	Me (player) and my club doctor
An international player called up by my association to participate in FIFA competitions or who is part of the FIFA pre-competition testing pool	FIFA TUEs granted by UEFA or another Confederation are automatically recognised	Period I am on duty with my national team	Me (player) and my national team doctor
A player in the FIFA international registered testing pool	FIFA TUEs granted by UEFA or another Confederation are automatically recognised	Period during which I am included in the registered testing pool	Me (player) and my club doctor

Requirements for asthma TUEs

The beta-2 agonists salbutamol, salmeterol and formoterol, when taken by inhalation and in therapeutic doses, are not prohibited. In addition, inhaled glucocorticoids are also not prohibited. No TUE is therefore required for these substances.

All other beta-2 agonists (including terbutaline) are prohibited and their use requires a TUE. For prohibited beta-2 agonists, the following applies:

- 1) The TUE application to the UEFA TUE Committee must include a medical file containing the following:
 - A complete medical history, including presence of symptoms typically related to asthma (chest tightness, shortness of breath, coughing, wheezing) during and after exercise, including fatigue, prolonged recovery and poor performance, as well as the onset and severity of symptoms as related to exercise, including relief from symptoms after cessation of exercise, and any influencing factors (e.g. environmental conditions, infections of the respiratory tract).
 - A comprehensive report of a recent clinical examination with specific focus on the respiratory system.
 - A spirometry report with the measure of the forced expiratory volume in one second (FEV1) at rest (peak expiratory flow measurements are not accepted).
 - If airway obstruction is present at rest, the spirometry needs to be repeated after inhalation of a short-acting beta-2 agonist to demonstrate the reversibility of bronchoconstriction (however, absence of response to bronchodilators does not exclude diagnosis of asthma).
 - In the absence of reversible airway obstruction at rest, a bronchial provocation test is required to establish the presence of airway hyper-responsiveness. Provocation may be by inhalation of cold, dry air, inhalation of aerosols, or exercise. Common provocation tests include, but are not limited to, Methacholine Aerosol Challenge, Mannitol Inhalation, Eucapnic Voluntary Hyperpnea test, Hypertonic Saline Aerosol Challenge, Exercise Challenge Tests (field or laboratory) and Histamine Challenge.
 - Exact name, speciality, address (including telephone, email and fax) of examining physician.
 - If applicable, a peak flow diary listing, for example, the peak flow values, the time they were taken, symptoms, possible allergen exposure, etc. to support the application is recommended but not mandatory.
- 2) The TUE application must state if the player is also taking permitted asthma medication – e.g. inhaled glucocorticoids or inhaled salbutamol, salmeterol or formoterol.
- 3) TUEs for asthma will be granted for four years in the case of chronic asthma and exercise-induced asthma. For renewal of a TUE, the results of follow-ups performed at least annually during the exemption period by a respiratory physician or a physician experienced in treating asthma in athletes must be submitted to the UEFA Anti-Doping Unit, as well as the results of repeated lung function tests and, ideally, a peak flow diary.

Notes

Notes



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ROUTE DE GENÈVE 46
CH-1260 NYON 2
SWITZERLAND
TELEPHONE: +41 848 00 27 27
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UEFA.com



PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS OR TYPE.

INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED AND WILL NEED TO BE RESUBMITTED.

NB: Evidence confirming the diagnosis must be submitted with this application. The medical evidence 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 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.

1. Player Information

Surname: _____ First names: _____

☐ Female ☐ Male

Nationality: _____

Date of birth (dd/mm/yyyy): ____/____/____

Participating in which UEFA competition? _____

NB: UEFA can only treat TUE applications from players currently registered to participate in a UEFA competition

Name of club or national football association: _____

Reply to be sent to the above-mentioned club/national football association:

☐ **YES** ☐ Fax no. (please include country and area codes): _____

☐ By post: _____

☐ **NO** If your reply is NO, please tick one of the boxes below and fill in the requested details

☐ Fax no. (please include country and area codes): _____

☐ By post: _____



2. Medical information

Diagnosis with sufficient medical information: _____

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

3. Medication details

Generic name of prohibited substance(s)	Dose	Route of administration	Frequency of administration
1.			
2.			
3.			

Intended duration of treatment (please tick appropriate box):

☐ Once only

☐ Duration (days/weeks/months): _____

4. Retroactive applications

Is this a retroactive application? ☐ Yes ☐ No

If yes, on what date was treatment started? (dd/mm/yyyy): ____/____/____

Please indicate the reason for the retroactive application:

☐ Emergency treatment or treatment of an acute medical condition was necessary

☐ Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection

☐ Other: _____



5. Previous applications

Have you made a TUE application before? ☐ Yes ☐ No

If yes, on what date? (dd/mm/yyyy): ____/____/____

For which substance or method? _____

☐ To an anti-doping organisation? Please specify: _____

☐ To my national football association

Decision: Approved ☐ Not approved ☐ *(if approved, please attach previous TUE(s))*

6. Medical practitioner's declaration

I 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.

Name: _____

Qualifications: _____

Medical speciality: _____

Address: _____

Email: _____

Tel. (work): _____

(Please include country and area codes)

Mobile: _____ Fax: _____

Signature of medical practitioner: _____ **Date:** _____



7. Player's declaration

I, _____, certify that the information given above is accurate. I authorise the release of my personal medical information to the UEFA Medical and Anti-Doping Unit and relevant UEFA bodies, as well as to authorised WADA staff, the WADA Therapeutic Use Exemption Committee (TUEC) and other anti-doping organisations' TUECs and authorised staff that may have a right to this information under the World Anti-Doping Code and/or International Standard for Therapeutic Use Exemptions.

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

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction; or (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and UEFA in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I consent to the decision on this application being made available to all anti-doping organisations 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 countries whose data protection and privacy laws may not be the same as those in my country of residence.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information, I can file a complaint to WADA or CAS.

Player's signature: _____ **Date:** _____

Parent/guardian's signature: _____ **Date:** _____

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

Please fax the completed form to UEFA at +41 22 990 31 31 and keep a copy for your records

Treatment may be administered only upon receipt of TUE approval

SUMMARY OF MAJOR MODIFICATIONS AND EXPLANATORY NOTES

2018 PROHIBITED LIST

Substances and methods prohibited at all times (In- and Out-of-Competition)

Prohibited Substances

S1 ANABOLIC AGENTS

- Dihydrotestosterone was renamed to its International Non-proprietary Name (INN) [androstanolone]. 1-androsterone (3 α -hydroxy-5 α -androst-1-ene-17-one) was added in S1.a as an example of exogenous anabolic steroid.
- LGD-4033 and RAD140 were added as further examples of SARMs.

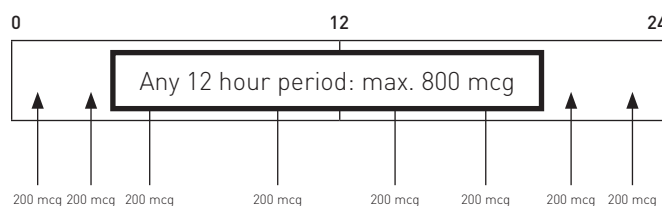
S2 PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

- For clarity and accuracy Section S2 was reorganized.
- ARA290 was removed as an example in this section because current literature suggests it does not meet inclusion criteria.
- Deslorelin, goserelin, nafarelin and triptorelin were added as examples of 2.1.
- Growth Hormone fragments were included in 2.3 with AOD-9604 and hGH 176-191 added as examples; CJC-1293 was added as example of GHRH and tabimorelin as a further example of GH secretagogue. GHRP-1, -3, -4, and -5 were added as examples of GHRP.
- Thymosin- β 4 and its derivatives, e. g. TB-500, were added as example of prohibited growth factors.
- Cobalt: It is re-iterated that vitamin B12, which contains cobalt, is not prohibited.

S3 BETA-2-AGONISTS

- Dosing parameters of salbutamol were revised to make it clear that divided doses of salbutamol may not exceed 800 micrograms over any 12 hours (see figure).

**Inhaled salbutamol – max. 1600 mcg over 24 hours
But not to exceed 800 mcg over any 12 hours**



- Tulobuterol was added as an example.
- The statement on the urinary thresholds was improved.

S4 HORMONE AND METABOLIC MODULATORS

- Clomifene is now stated by its INN.
- In the absence of an INN, the IUPAC name of GW1516, 2-[2-methyl-4-[(4-methyl-2-[4-(trifluoromethyl)phenyl]thiazol-5-yl)methylthio]phenoxy] acetic acid as well as an alternative name [GW501516] were included.
- SR9009, a Rev-Erb- α agonist, was added as an example of Activators of the AMP-activated protein kinase (AMPK).

S5 DIURETICS AND MASKING AGENTS

- In consideration of the information published in scientific articles since 2012 that particularly addresses the ability of glycerol to influence the athlete's plasma volume and parameters of the Athlete Biological Passport (ABP), the magnitude of glycerol-derived effects is regarded as minimal. Therefore, glycerol has been removed from the Prohibited List.

Prohibited Methods

M2 CHEMICAL AND PHYSICAL MANIPULATION

- M2.2: the permitted volume and timing of intravenous infusions were changed from infusions of no more than 50 mL per 6-hour period to no more than a total of 100 mL per 12-hour period in order to allow greater flexibility for the safe administration of non-prohibited therapeutic substances, for example, iron.
- To reflect medical practice, "hospital admissions" has been changed to "hospital treatments" and "clinical investigations" has been clarified as "clinical diagnostic investigations".

M3 GENE DOPING

- The definition has been revised to include current and emerging gene manipulating technologies.

Substances and Methods Prohibited In-Competition

S6 STIMULANTS

- 1,3-Dimethylbutylamine was added as an example. This substance can be found in some dietary supplements.

S8 CANNABINOIDS

- The category Cannabimimetics, e.g. "Spice, JWH-018, JWH-073, HU210" was changed to "synthetic cannabinoids, e.g. Δ^9 -tetrahydrocannabinol (THC) and other cannabimimetics". The synthetic cannabinoids are one of the main classes of novel psychoactive substances that have constantly emerging new drugs and changing availability. The previous list of examples continues to be prohibited, but are currently used less commonly. "Other cannabimimetics" replaced these examples.
- Cannabidiol is no longer prohibited. Synthetic cannabidiol is not a cannabimimetic; however, cannabidiol extracted from cannabis plants may also contain varying concentrations of THC, which remains a prohibited substance.

S9 GLUCOCORTICOIDS

- Examples of commonly used glucocorticoids were added for greater clarity.

Substances Prohibited in Particular Sports

P1 ALCOHOL

- After careful consideration and extensive consultation, Alcohol was excluded from the Prohibited List. The intent of this change is not to compromise the integrity or safety of any sport where alcohol use is a concern, but rather to endorse a different means of enforcing bans on alcohol use in these sports. The four International Federations (IF) affected by this change have been alerted sufficiently in advance in order to amend their rules and to put in place protocols to test for alcohol use and appropriately sanction athletes who do not abide by the rules of their sport. Control of the process will allow IF more flexibility in applying rules or thresholds as they see fit. The National Anti-Doping Organizations are no longer obliged to conduct tests but may assist IF and National Federations where appropriate.

P2 BETA BLOCKERS

- For logical consistency, the category known as P2. Beta Blockers was renamed P1. Beta Blockers.

MONITORING PROGRAM

The following were added to evaluate misuse in sport:

- 2-ethylsulfanyl-1H-benzimidazole (bemitil) *in- and out-of-competition*
- Hydrocodone *in-competition*.

Mitragynine and telmisartan were removed from the Monitoring Program because the required information on prevalence was obtained.

THE WORLD ANTI-DOPING CODE
**INTERNATIONAL
STANDARD**



PROHIBITED LIST

JANUARY 2018



**WORLD
ANTI-DOPING
AGENCY**
play true

The official text of the *Prohibited List* shall be maintained by WADA and shall be published in English and French.
In the event of any conflict between the English and French versions, the English version shall prevail.

This List shall come into effect on 1 January 2018

SUBSTANCES & METHODS PROHIBITED AT ALL TIMES

(IN- AND OUT-OF-COMPETITION)

IN ACCORDANCE WITH ARTICLE 4.2.2 OF THE WORLD ANTI-DOPING CODE, ALL *PROHIBITED SUBSTANCES* SHALL BE CONSIDERED AS "*SPECIFIED SUBSTANCES*" EXCEPT SUBSTANCES IN CLASSES S1, S2, S4.4, S4.5, S6.A, AND *PROHIBITED METHODS* M1, M2 AND M3.

PROHIBITED SUBSTANCES

S0 NON-APPROVED SUBSTANCES

Any pharmacological substance which is not addressed by any of the subsequent sections of the *List* and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g. drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.

S1 ANABOLIC AGENTS

Anabolic agents are prohibited.

1. ANABOLIC ANDROGENIC STEROIDS (AAS)

a. Exogenous* AAS, including:

1-Androstenediol (5 α -androst-1-ene-3 β ,17 β -diol);
1-Androstenedione (5 α -androst-1-ene-3,17-dione);
1-Androsterone (3 α -hydroxy-5 α -androst-1-ene-17-one);
1-Testosterone (17 β -hydroxy-5 α -androst-1-en-3-one);
4-Hydroxytestosterone (4,17 β -dihydroxyandrost-4-en-3-one);
Bolandioli (estr-4-ene-3 β ,17 β -diol);
Bolasterone;
Calusterone;
Clostebol;
Danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17 α -ol);
Dehydrochlormethyltestosterone (4-chloro-17 β -hydroxy-17 α -methylandrosta-1,4-dien-3-one);
Desoxymethyltestosterone (17 α -methyl-5 α -androst-2-en-17 β -ol);
Drostanolone;
Ethylestrenol (19-norpregna-4-en-17 α -ol);
Fluoxymesterone;
Formebolone;
Furazabol (17 α -methyl [1,2,5]oxadiazolo[3',4':2,3]-5 α -androst-17 β -ol);
Gestrinone;

Mestanolone;
Mesterolone;
Metandienone (17 β -hydroxy-17 α -methylandrosta-1,4-dien-3-one);
Metenolone;
Methandriol;
Methasterone (17 β -hydroxy-2 α ,17 α -dimethyl-5 α -androst-3-one);
Methyldienolone (17 β -hydroxy-17 α -methylestra-4,9-dien-3-one);
Methyl-1-testosterone (17 β -hydroxy-17 α -methyl-5 α -androst-1-en-3-one);
Methylnortestosterone (17 β -hydroxy-17 α -methylestr-4-en-3-one);
Methyltestosterone;
Metribolone (methyltrienolone, 17 β -hydroxy-17 α -methylestra-4,9,11-trien-3-one);
Mibolerone;
Norboletone;
Norclostebol;
Norethandrolone;
Oxabolone;
Oxandrolone;
Oxymesterone;
Oxymetholone;
Prostanazol (17 β -[(tetrahydropyran-2-yl)oxy]-1'H-pyrazolo[3,4:2,3]-5 α -androstane);
Quinbolone;
Stanazolol;
Stenbolone;
Tetrahydrogestrinone (17-hydroxy-18 α -homo-19-nor-17 α -pregna-4,9,11-trien-3-one);
Trenbolone (17 β -hydroxyestr-4,9,11-trien-3-one);

and other substances with a similar chemical structure or similar biological effect(s).

b. Endogenous** AAS when administered exogenously:

19-Norandrostenediol (estr-4-ene-3,17-diol);
19-Norandrostenedione (estr-4-ene-3,17-dione);
Androstanolone (5 α -dihydrotestosterone, 17 β -hydroxy-5 α -androstan-3-one);
Androstenediol (androst-5-ene-3 β ,17 β -diol);
Androstenedione (androst-4-ene-3,17-dione);
Boldenone;
Boldione (androsta-1,4-diene-3,17-dione);
Nandrolone (19-nortestosterone);
Prasterone (dehydroepiandrosterone, DHEA, 3 β -hydroxyandrost-5-en-17-one);
Testosterone;

and their metabolites and isomers, including but not limited to:

3 β -Hydroxy-5 α -androstan-17-one;
5 α -Androst-2-ene-17-one;
5 α -Androstane-3 α ,17 α -diol;
5 α -Androstane-3 α ,17 β -diol;
5 α -Androstane-3 β ,17 α -diol;
5 α -Androstane-3 β ,17 β -diol;
5 β -Androstane-3 α ,17 β -diol;
7 α -Hydroxy-DHEA;
7 β -Hydroxy-DHEA;
4-Androstenediol (androst-4-ene-3 β , 17 β -diol);
5-Androstenedione (androst-5-ene-3,17-dione);
7-Keto-DHEA;
19-Norandrosterone;
19-Noretiocholanolone;
Androst-4-ene-3 α ,17 α -diol;
Androst-4-ene-3 α ,17 β -diol;
Androst-4-ene-3 β ,17 α -diol;
Androst-5-ene-3 α ,17 α -diol;
Androst-5-ene-3 α ,17 β -diol;
Androst-5-ene-3 β ,17 α -diol;
Androsterone;
Epi-dihydrotestosterone;
Epitestosterone;
Etiocholanolone.

2. OTHER ANABOLIC AGENTS

Including, but not limited to:

Clenbuterol, selective androgen receptor modulators (SARMs, e.g. andarine, LGD-4033, ostarine and RAD140), tibolone, zeranol and zilpaterol.

For purposes of this section:

* "exogenous" refers to a substance which is not ordinarily produced by the body naturally.

** "endogenous" refers to a substance which is ordinarily produced by the body naturally.

S2 PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES, AND MIMETICS

The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited:

1. Erythropoietins (EPO) and agents affecting erythropoiesis, including, but not limited to:

1.1 Erythropoietin-Receptor Agonists, e.g.

Darbepoietins (dEPO);
Erythropoietins (EPO);
EPO based constructs [EPO-Fc, methoxy polyethylene glycol-epoetin beta (CERA)];
EPO-mimetic agents and their constructs (e.g. CNTO-530, peginesatide).

1.2 Hypoxia-inducible factor (HIF) activating agents, e.g.

Argon;
Cobalt;
Molidustat;
Roxadustat (FG-4592);
Xenon.

1.3 GATA inhibitors, e.g.

K-11706.

1.4 TGF-beta (TGF- β) inhibitors, e.g.

Luspatercept;
Sotatercept.

1.5 Innate repair receptor agonists, e.g.

Asialo EPO;
Carbamylated EPO (CEPO).

2. Peptide Hormones and Hormone Modulators,

2.1 Chorionic Gonadotrophin (CG) and Luteinizing Hormone (LH) and their releasing factors, e.g.

Buserelin, deslorelin, gonadorelin, goserelin, leuprorelin, nafarelin and triptorelin, in males;

2.2 Corticotrophins and their releasing factors, e.g. Corticotorelin;

2.3 Growth Hormone (GH), its fragments and releasing factors, including, but not limited to:

Growth Hormone fragments, e.g.
AOD-9604 and hGH 176-191;
Growth Hormone Releasing Hormone (GHRH) and its analogues, e.g.
CJC-1293, CJC-1295, sermorelin and tesamorelin;
Growth Hormone Secretagogues (GHS), e.g.
ghrelin and ghrelin mimetics, e.g.
anamorelin, ipamorelin and tabimorelin;
GH-Releasing Peptides (GHRPs), e.g.
alexamorelin, GHRP-1, GHRP-2 (pralmorelin),
GHRP-3, GHRP-4, GHRP-5, GHRP-6, and hexarelin.

3. Growth Factors and Growth Factor Modulators, including, but not limited to:

Fibroblast Growth Factors (FGFs);
Hepatocyte Growth Factor (HGF);
Insulin-like Growth Factor-1 (IGF-1) and its analogues;
Mechano Growth Factors (MGFs);
Platelet-Derived Growth Factor (PDGF);
Thymosin- β 4 and its derivatives e.g. TB-500;
Vascular-Endothelial Growth Factor (VEGF).

Additional growth factors or growth factor modulators affecting muscle, tendon or ligament protein synthesis/ degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.

S3 BETA-2 AGONISTS

All selective and non-selective beta-2 agonists, including all optical isomers, are prohibited.

Including, but not limited to:

Fenoterol;
Formoterol;
Higenamine;
Indacaterol;
Olodaterol;
Procaterol;
Reproterol;
Salbutamol;
Salmeterol;
Terbutaline;
Tulobuterol;
Vilanterol.

Except:

- Inhaled salbutamol: maximum 1600 micrograms over 24 hours in divided doses not to exceed 800 micrograms over 12 hours starting from any dose;
- Inhaled formoterol: maximum delivered dose of 54 micrograms over 24 hours;
- Inhaled salmeterol: maximum 200 micrograms over 24 hours.

The 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 (AAF)* unless the *Athlete* proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of a therapeutic dose (by inhalation) up to the maximum dose indicated above.

S4 HORMONE AND METABOLIC MODULATORS

The following hormone and metabolic modulators are prohibited:

1. Aromatase inhibitors including, but not limited to:

4-Androstene-3,6,17 trione (6-oxo);
Aminoglutethimide;
Anastrozole;
Androsta-1,4,6-triene-3,17-dione (androstatrienedione);

Androsta-3,5-diene-7,17-dione (arimistane);

Exemestane;

Formestane;

Letrozole;

Testolactone.

2. Selective estrogen receptor modulators (SERMs)

including, but not limited to:

Raloxifene;

Tamoxifen;

Toremifene.

3. Other anti-estrogenic substances including, but not limited to:

Clomifene;

Cyclofenil;

Fulvestrant.

4. Agents modifying myostatin function(s) including, but not limited, to: myostatin inhibitors.

5. Metabolic modulators:

5.1 Activators of the AMP-activated protein kinase (AMPK), e.g. AICAR, SR9009; and Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists, e.g. 2-[2-methyl-4-[(4-methyl-2-[4-(trifluoromethyl)phenyl]thiazol-5-yl)methylthio]phenoxy]acetic acid (GW1516, GW501516);

5.2 Insulins and insulin-mimetics;

5.3 Meldonium;

5.4 Trimetazidine.

Except:

- Drospirenone; pamabrom; and ophthalmic use of carbonic anhydrase inhibitors (e.g. dorzolamide, brinzolamide);
- Local administration of felypressin in dental anaesthesia.

The detection in an *Athlete's Sample* at all times or *In-Competition*, as applicable, of any quantity of the following substances subject to threshold limits: formoterol, salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine, in conjunction with a diuretic or masking agent, will be considered as an *Adverse Analytical Finding (AAF)* unless the *Athlete* has an approved *Therapeutic Use Exemption (TUE)* for that substance in addition to the one granted for the diuretic or masking agent.

S5 DIURETICS AND MASKING AGENTS

The following diuretics and masking agents are prohibited, as are other substances with a similar chemical structure or similar biological effect(s).

Including, but not limited to:

- Desmopressin; probenecid; plasma expanders, e.g. intravenous administration of albumin, dextran, hydroxyethyl starch and mannitol.
- Acetazolamide; amiloride; bumetanide; canrenone; chlortalidone; etacrynic acid; furosemide; indapamide; metolazone; spironolactone; thiazides, e.g. bendroflumethiazide, chlorothiazide and hydrochlorothiazide; triamterene and vaptans, e.g. tolvaptan.

PROHIBITED METHODS

M1 MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:

1. The *Administration* or reintroduction of any quantity of autologous, allogenic (homologous) or heterologous blood, or red blood cell products of any origin into the circulatory system.
2. Artificially enhancing the uptake, transport or delivery of oxygen.
Including, but not limited to:
Perfluorochemicals; efaproxiral (RSR13) and modified haemoglobin products, e.g. haemoglobin-based blood substitutes and microencapsulated haemoglobin products, excluding supplemental oxygen by inhalation.
3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

M2 CHEMICAL AND PHYSICAL MANIPULATION

The following are prohibited:

1. *Tampering*, or *Attempting to Tamper*, to alter the integrity and validity of *Samples* collected during *Doping Control*.
Including, but not limited to:
Urine substitution and/or adulteration, e.g. proteases.
2. Intravenous infusions and/or injections of 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.

M3 GENE DOPING

The following, with the potential to enhance sport performance, are prohibited:

1. The use of polymers of nucleic acids or nucleic acid analogues.
2. The use of gene editing agents designed to alter genome sequences and/or the transcriptional or epigenetic regulation of gene expression.
3. The use of normal or genetically modified cells.

SUBSTANCES & METHODS PROHIBITED *IN-COMPETITION*

IN ADDITION TO THE CATEGORIES S0 TO S5 AND M1 TO M3 DEFINED ABOVE, THE FOLLOWING CATEGORIES ARE PROHIBITED *IN-COMPETITION*:

PROHIBITED SUBSTANCES

S6 STIMULANTS

All stimulants, including all optical isomers, e.g. *d*- and *l*- where relevant, are prohibited.

Stimulants include:

a: Non-Specified Stimulants:

Adrafinil;
Amfepramone;
Amfetamine;
Amfetaminil;
Amiphenazole;
Benfluorex;
Benzylpiperazine;
Bromantan;
Clobenzorex;
Cocaine;
Cropropamide;
Crotetamide;
Fencamine;
Fenetylline;
Fenfluramine;
Fenproporex;
Fonturacetam [4-phenylpiracetam (carphedon)];
Furfenorex;
Lisdexamfetamine;
Mefenorex;
Mephentermine;
Mesocarb;
Metamfetamine(*d*-);
p-methylanphetamine;
Modafinil;
Norfenfluramine;
Phendimetrazine;
Phentermine;
Prenylamine;
Prolintane.

A stimulant not expressly listed in this section is a *Specified Substance*.

b: Specified Stimulants.

Including, but not limited to:

1,3-Dimethylbutylamine;
4-Methylhexan-2-amine (methylhexaneamine);
Benzfetamine;
Cathine**;
Cathinone and its analogues, e.g. mephedrone, methedrone, and α - pyrrolidinovalerophenone;
Dimethylamphetamine;
Ephedrine***;
Epinephrine**** (adrenaline);
Etamivan;
Etilamfetamine;
Etilefrine;
Famprofazone;
Fenbutrazate;
Fencamfamin;
Heptaminol;
Hydroxyamfetamine (parahydroxyamphetamine);
Isometheptene;
Levmetamfetamine;
Meclofenoxate;
Methylenedioxymethamphetamine;
Methylephedrine***;
Methylphenidate;
Nikethamide;
Norfenefrine;
Octopamine;
Oxilofrine (methysynephrine);
Pemoline;
Pentetrazol;
Phenethylamine and its derivatives;
Phenmetrazine;
Phenpromethamine;
Propylhexedrine;
Pseudoephedrine****;

Selegiline;
Sibutramine;
Strychnine;
Tenamfetamine (methylenedioxyamphetamine);
Tuaminoheptane;

and other substances with a similar chemical structure or similar biological effect(s).

Except:

- Clonidine;
- Imidazole derivatives for topical/ophthalmic use and those stimulants included in the 2018 Monitoring Program*.

* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2018 Monitoring Program, and are not considered *Prohibited Substances*.

** Cathine: Prohibited when its concentration in urine is greater than 5 micrograms per milliliter.

*** Ephedrine and methylephedrine: Prohibited when the concentration of either in urine is greater than 10 micrograms per milliliter.

**** Epinephrine (adrenaline): Not prohibited in local administration, e.g. nasal, ophthalmologic, or co-administration with local anaesthetic agents.

***** Pseudoephedrine: Prohibited when its concentration in urine is greater than 150 micrograms per milliliter.

S7 NARCOTICS

The following narcotics are prohibited:

Buprenorphine;
Dextromoramide;
Diamorphine (heroin);
Fentanyl and its derivatives;
Hydromorphone;
Methadone;
Morphine;
Nicomorphine;
Oxycodone;
Oxymorphone;
Pentazocine;
Pethidine.

S8 CANNABINOIDS

The following cannabinoids are prohibited:

- Natural cannabinoids, e.g. cannabis, hashish and marijuana,
- Synthetic cannabinoids e.g. Δ^9 -tetrahydrocannabinol (THC) and other cannabimimetics.

Except:

- Cannabidiol.

S9 GLUCOCORTICOIDS

All glucocorticoids are prohibited when administered by oral, intravenous, intramuscular or rectal routes.

Including but not limited to:

Betamethasone;
Budesonide;
Cortisone;
Deflazacort;
Dexamethasone;
Fluticasone;
Hydrocortisone;
Methylprednisolone;
Prednisolone;
Prednisone;
Triamcinolone.

SUBSTANCES PROHIBITED IN PARTICULAR SPORTS

P1 BETA-BLOCKERS

Beta-blockers are prohibited *In-Competition* only, in the following sports, and also prohibited *Out-of-Competition* where indicated.

- Archery (WA)*
- Automobile (FIA)
- Billiards (all disciplines) (WCBS)
- Darts (WDF)
- Golf (IGF)
- Shooting (ISSF, IPC)*
- Skiing/Snowboarding (FIS) in ski jumping, freestyle aerials/halfpipe and snowboard halfpipe/big air
- Underwater sports (CMAS) in constant-weight apnoea with or without fins, dynamic apnoea with and without fins, free immersion apnoea, Jump Blue apnoea, spearfishing, static apnoea, target shooting, and variable weight apnoea.

*Also prohibited *Out-of-Competition*

Including, but not limited to:

A cebutolol;	L abetalol;
Alprenolol;	Levobunolol;
Atenolol;	M etipranolol;
B etaxolol;	Metoprolol;
Bisoprolol;	N adolol;
Bunolol;	O xprenolol;
C arteolol;	P indolol;
Carvedilol;	Propranolol;
Celiprolol;	S otalol;
E smolol;	T imolol.

www.wada-ama.org



Prijevod (IS), 27.12.2017.

SAVEZIMA ČLANOVIMA FIFA-e

Cirkularno pismo br. 1613

Zurich, 22. prosinca 2017.

SG/cfe

Prekid komunikacije putem telefaksa

Poštovani,

Švicarski federalni ured za komunikacije (BAKOM) prestat će davati podršku za analogni prijenos počevši od siječnja 2018. Prema tome, FIFA neće više biti u mogućnosti podržavati komunikacije putem telefaksa.

U tom kontekstu, FIFA je razvila komunikacijski sustav putem e-pošte, koji će olakšati i ubrzati razmjenu informacija s njenim savezima članovima. U stvari, željeli bismo vas zamoliti, da uvijek kad imate upit ili pismo koje treba poslati FIFA-i da isto pošaljete putem e-poruke vašem uobičajenom kontaktu. Alternativno, možete kontaktirati različite Fifine sektore i odjele putem sljedećih e-adresa:

Ured Predsjednika	president@fifa.org
Izvršni ured Glavne tajnice	secretarygeneraloffice@fifa.org
Komunikacije	contact@fifa.org
Sukladnost	compliance@fifa.org
Turniri & događaji	T&E@fifa.org
Savezi članovi	associations@fifa.org
Stručni razvoj	Technical.Development@fifa.org
Ženski nogomet	womensfootball@fifa.org
Komercijala	marketing@fifa.org
TV Usluge	TV@fifa.org
Marketing i prodaja	sales@fifa.org
Financije	finance@fifa.org
Medicina & Anti-Doping	antidoping@fifa.org
Pravni odjel & Integritet	legal@fifa.org
Status igrača	psdfifa@fifa.org

Sustav telefaksa bit će stavljen izvan pogona od 1. siječnja 2018. g. sa službenim „gašenjem“ 15. srpnja 2019. Od tog datuma nadalje, FIFA neće više biti u mogućnosti odašiljati, niti primiti telefaks poruke.

Možete biti sigurni da ova promjena neće negativno utjecati na učinkovito komuniciranje od strane FIFA-e; upravo suprotno, uvjereni se da će se poboljšati vrijeme za odgovor i doprinijeti bržoj i učinkovitijoj komunikaciji.

S poštovanjem,

FEDERATION INTERNATIONALE
DE FOOTBALL ASSOCIATION

Zvonimir Boban

Zamjenik Glavne tajnice (Nogomet)

cc: - FIFA Vijeće
- konfederacije

cc. Interno Ured HNS (e-poštom), HNS Glasnik, www.hns-cff.hr



**HRVATSKI
NOGOMETNI
SAVEZ**

CROATIAN FOOTBALL FEDERATION



CH 07/0937

LICENCIRANJE KLUBOVA

Klubovima
PRVE, DRUGE I TREĆE HNL

Zagreb, 21.12.2017.
Broj: LIC-14867/17

- preporučenom poštom
- HNS Glasnik
- www.hns-cff.hr

Cirkularno pismo broj 63

LICENCIRANJE KLUBOVA ZA NATJECATELJSKU 2018/19. GODINU ROK ZA PODNOŠENJE MOLBE ZA LICENCU

Poštovani,

U skladu s Pravilnikom o licenciranju klubova HNS (HNS Glasnik 57/2015 od 16.12.2015.) želimo vas podsjetiti na **roke** za podnošenje **Molbe** za dobivanje licence za natjecateljsku 2018/19. godinu:

31. siječnja 2018. - molba za UEFA licencu / Licencu za I. HNL / Licencu za II. HNL;

01. travnja 2018. - dostava financijske dokumentacije (kriteriji F.01, F.02, F.03 i F.05);

11. travnja 2018. - dostava pisanih očitovanja uprave tražitelja licence (kriterij F.04)

Posebno vam skrećemo pozornost na odredbu čl. 15 st. 3 Pravilnika:

...“Podnošenjem molbe za licencu za pojedino natjecanje, tražitelj licence se obvezuje sudjelovati u natjecanju za koje mu bude izdana licenca.“

Pored Molbe za dobivanje licence obvezno je dostaviti sve dokumente i ispunjene obrasce koji su navedeni u Listama provjere po pojedinom kriteriju (vidi: Dokumentacija za klubove, poglavlja 4, 5, 6, 7 i 8).

Svu dokumentaciju obvezno je dostaviti preporučenom poštom s povratnicom na:

HRVATSKI NOGOMETNI SAVEZ
„Licenciranje klubova“
Ulica grada Vukovara 269A, 10000 Zagreb

Na omotnici obvezno naznačiti: **«NE OTVARATI!»**.

www.hns-cff.hr

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Hrvatski nogometni savez | Ulica grada Vukovara 269 A | 10000 Zagreb | Hrvatska
tel: +385 1 2361 568 | fax: +385 1 2441 501 | e-mail: licenciranje@hns-cff.hr | www.hns-cff.hr





**HRVATSKI
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CROATIAN FOOTBALL FEDERATION



CH 07/0937

LICENCIRANJE KLUBOVA

1. ROKOVI

Podsjećamo vas da prije navedene rokove treba strogo poštivati. U svezi rokova, upućujemo na odredbu čl. 25 Pravilnika koji glasi:

„Svi rokovi u Središnjem postupku računaju se na sljedeći način:

- Kad je rok određen po danima, dan u koji je dostava ili priopćenje izvršeno ne uračunava se u rok, već se za početak roka uzima prvi idući dan.*
- Početak i tijek rokova ne sprečavaju nedjelje i dani državnih blagdana. Ako posljednji dan roka pada u nedjelju ili na dan državnog blagdana, rok ističe prvog idućeg radnog dana.*
- Podnesak je podnesen u roku, ako je prije nego što je rok istekao stigao u sjedište Davatelja licence. Kada je podnesak upućen poštom preporučeno, dan predaje pošti smatra se kao dan predaje Davatelju licence.“*

Napominjemo da važeći Pravilnik o licenciranju klubova HNS ne predviđa izvanredni rok za podnošenje molbe za Licencu za I. HNL i/ili II. HNL. Stoga se na sve klubove (potencijalne tražitelje licence) primjenjuje **jedinstveni rok 31. siječnja 2018.** za dostavu molbe za UEFA licencu, te Licencu za I. i Licencu za II. HNL za natjecateljsku 2018/19. godinu.

2. DOKUMENTACIJA

U privitku ovog cirkularnog pisma dostavljamo vam USB memoriju „2018/19. Licenciranje klubova – Dokumentacija“, koja sadrži svu potrebnu dokumentaciju i upute, kao i obrasce koji se podnose zajedno s Molbom za licencu, u elektronskom obliku. Sadržaj spomenute USB memorije možete preuzeti i sa Internet stranice HNS-a:

<http://hns-cff.hr/hns/licenciranje/>

3. PREGLED INFRASTRUKTURE

Kao i ranijih godina, u razdoblju veljača – ožujak 2018. planiramo pregled infrastrukture (stadioni za odigravanje utakmica i tereni za treniranje) kod određenog broja tražitelja licenci. Pojediniosti o ovim pregledima dostaviti ćemo vam zasebno i izravno.

4. DOSTAVA DOKUMENTACIJE ZA FINACIJSKE KRITERIJE

Radi lakšeg snalaženja u dokumentaciji za financijske kriterije, napominjemo da **izvještaj revizora/tražitelja licence po svakom od Financijskih kriterija (F.01, F.02, F.03 i F.05) mora biti zasebno uvezan, te treba dostaviti četiri odvojena pojedinačna izvještaja.**

www.hns-cff.hr

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Hrvatski nogometni savez | Ulica grada Vukovara 269 A | 10000 Zagreb | Hrvatska

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CROATIAN FOOTBALL FEDERATION



CH 07/0937

LICENCIRANJE KLUBOVA

5. BILATERALNI SASTANCI S TRAŽITELJIMA LICENCI

Najavljujemo vam da će se tijekom siječnja i veljače 2018. godine u sjedištu Hrvatskog nogometnog saveza u Zagrebu, održavati bilateralni sastanci s predstavnicima klubova tražitelja licenci te Odjela za licenciranje i stručnjaka pojedinih skupina kriterija. O terminima sastanaka biti ćete pravovremeno obaviješteni, te vas pozivamo da u međuvremenu pripremite sva pitanja i teme o kojima želite razgovarati.

6. KOMUNIKACIJA

Sva vaša pitanja ili nejasnoće, zahtjeve za pojašnjenja i sl. molimo da dostavljate isključivo putem e-pošte na adresu:

licenciranje@hns-cff.hr

Radujemo se budućoj suradnji, te se koristimo prigodom da vam zaželimo Sretan Božić, te uspješnu Novu 2018. godinu.



Uz sportski pozdrav,

Voditelj Odjela za međunarodne
poslove i licenciranje

Ivanica Sudac
Ivanica Sudac

Izvršni direktor

Damir Vrbanić
Damir Vrbanić

Privitak:

USB memorija "2018/19. – Licenciranje klubova – Dokumentacija"
(samo klubovima Prve, Druge i Treće HNL – preporučenom poštom)

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REGISTRACIJE

ZAGREBAČKO PODRUČJE

NS SAMOBOR

(Sjednica 28.12.2017)

Brisanje iz registra

Brisu se igrači iz registra Graciš Borna "Inter-Zaprešić" Zaprešić jer odlaze na područje drugog saveza.

NS VRBOVEC

(Sjednica 29.12.2017)

Brisanje iz registra

Brisu se igrači iz registra Batarilo Ilija "Croatia" Hrastje jer odlaze u inozemstvo.

DALMATINSKO PODRUČJE

NOGOMETNI SAVEZ ŽUPANIJE SPLITSKO-DALMATINSKE

(Sjednica 28.12.2017)

Brisanje iz registra

Brisu se igrači iz registra Perković Ivan "Solin" Solin jer odlaze u inozemstvo.

(Sjednica 29.12.2017)

Brisanje iz registra

Brisu se igrači iz registra Tuta Mateo "Primorac" Stobreč jer odlaze u inozemstvo.

SLAVONSKO PODRUČJE

NS OSIJEK

(Sjednica 02.01.2018)

MNK "OSIJEK KELME" OSIJEK: Švitek Bruno, Kurtić Tomislav, Stanić Borna, Čurila Josip, Patača Marko, Puškadija Patrik, Vurbić Ilija, Ištvanfi Luka, Stupar Marin, Čolik Sandro, Kovačević Marko, Čl. 37/1

Brisanje iz registra

Brisu se igrači iz registra Mlinarević Ivan "Gibarac 95" Čokadinci jer odlaze u inozemstvo.

NS BELI MANASTIR

(Sjednica 29.12.2017)

Brisanje iz registra

Brisu se igrači iz registra Alija Samir "NK" Baranja-Belje"" Beli Manastir jer odlaze u inozemstvo.

NS ĐAKOVO

(Sjednica 27.12.2017)

Brisanje iz registra

Brisu se igrači iz registra Cvitković Nikola "HOŠK" Gašinci jer odlaze u inozemstvo.

NS VUKOVAR

(Sjednica 28.12.2017)

Brisanje iz registra

Brisu se igrači iz registra Pavić Aleksandar "Negoslavci" Negoslavci jer odlaze u inozemstvo.

RIJEČKO ISTARSKO PODRUČJE

NOGOMETNI SAVEZ ŽUPANIJE ISTARSKE

(Sjednica 29.12.2017)

Raskidi ugovora

NK "ISTRA 1961 Š.D.D." PULA i igrač Giljanović Ivan jednostrano su raskinuli stipendijski ugovor broj 1066/2016 od 19.12.2016. prema čl. 47. Pravilnika o statusu igrača i registracijama HNS-a NK "ISTRA 1961 Š.D.D." PULA i igrač Pavić Antonio jednostrano su raskinuli ugovor o profesionalnom igranju broj 68/2017 od 10.02.2017. prema čl. 47. Pravilnika o statusu igrača i registracijama HNS-a NK "ISTRA 1961 Š.D.D." PULA i igrač Gotal Sandro sporazumno su raskinuli ugovor o profesionalnom igranju broj 505/2017 od 18.08.2017.

**NOGOMETNI SAVEZ KOPRIVNIČKO
KRIŽEVAČKE ŽUPANIJE**

(Sjednica 27.12.2017)

Brisanje iz registra

Brisu se igrači iz registra Hrvoić Dennis
"Graničar Đ" Đurđevac jer odlaze u
inozemstvo.

**NOGOMETNI SAVEZ BJELOVARSKO-
BILOGORSKE ŽUPANIJE**

(Sjednica 27.12.2017)

Brisanje iz registra

Brisu se igrači iz registra Starčević Ante
"Tomislav B." Berek jer odlaze u
inozemstvo.

Komisija za ovjeru registracija
klubova i igrača

Robert Uroić s.r.