**NATIONAL ANTI-DOPING AGENCY OF UZBEKISTAN**

***Oʻzbekiston Milliy Antidoping Agentligi***

Therapeutic Use Exemption (TUE) Application Form

***Terapevtik Istisnolar (TI) Ariza Shakli***

Please complete all sections in capital letters or typing. Athlete to complete sections 1, 2, 3 and 7; Physician to complete sections4, 5 and 6. Illegible or incomplete applications will be returned and will need to be re-submitted in legible and complete form.

*Barcha bo‘limlarni bosh harflar yoki bosma tarzda to‘ldiring. Sportchi 1-, 2-, 3- va 7-bo‘limlarni; shifokor 4-, 5- va 6-bo‘limlarni to‘ldiradi. Tushunarsiz yoki to’liq to‘ldirilmagan arizalar qaytariladi va o‘qiladigan va to‘ldirilgan holda qayta taqdim etilishi so’raladi.*

1. **Athlete Information.**

***Sportchi Ma'lumotlari.***

Last Name: *Click or tap here to enter text.* First Name(s): *Click or tap here to enter text.*

***Familiya:*** *Bu yerga matn kiriting.* ***Ism:*** *Bu yerga matn kiriting.*

Female:  Male:  Date of Birth: *Click or tap here to enter text.*

***Ayol:******Erkak:*** *Tug'ilgan sana*: *(dd/mm/yyyy) (kk/oo/yy))*

Address: *Click or tap here to enter text.* Country: *Click or tap here to enter text.*

*Manzil: Mamlakat:*

City: *Click or tap here to enter text.* Telephone: *Click or tap here to enter text.*

*Shahar: Telefon*: *(with International code)* (Xalqaro kodi bilan)

Postcode: *Click or tap here to enter text.*

*Pochta indeksi:*

E-mail: *Click or tap here to enter text.*

*Elektron pochta manzili:*

Sport: *Click or tap here to enter text.* Discipline: *Click or tap here to enter text.*

*Sport: Yo’nalish:*

1. **Previous Applications**

***Oldingi Arizalar***

**Have you submitted any previous TUE application(s) to any Anti-Doping Organization for the same condition?**

***Siz biron bir Antidoping Tashkilotiga shu holat uchun oldin TI arizasi yuborganmisiz?***

Yes  No

*Ha Yo’q*

For which substance(s) or method(s)? *Click or tap here to enter text.*

*Qaysi moddalar yoki usullar uchun?*

To whom? *Click or tap here to enter text.* When? *Click or tap here to enter text.*

*Kimga? Qachon?*

Decision: Approved  Not approved

*Qaror Tasdiqlangan Tasdiqlanmagan*

1. **Retroactive Applications / *Retroaktiv Arizalar***

**Is this a retroactive application?** / ***Bu retroaktiv arizami?***

**Yes  No**

***Ha Yo’q***

If yes, on what date was the treatment started? *Click or tap here to enter text.*

*Agar ha bo'lsa, davolanish qachon boshlangan?*

**Do any of the following exceptions apply? (Article 4.1 of the ISTUE):**

***Quyidagi istisnolardan biri qo'llaniladimi? (TIXSning 4.1-moddasi):***

**4.1 (a)** - You required emergency or urgent treatment of a medical condition.

***4.1******(a)*** *- Sizga tibbiy holat bo'yicha shoshilinch yoki zarur davolanish kerak bo'ldi.*

**4.1 (b)** - There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.

***4.1******(b)*** *– Sizdan sinama olishlaridan oldin TI arizasini yuborish yoki baholashingiz uchun yetarlicha vaqt, imkoniyat yoki boshqa istisno holatlari yetishmadi.*

**4.1 (c)** - You were not permitted or required to apply in advance for a TUE as per **UzNADA** anti-doping rules.

***4.1*** *(c) – Sizga, UzNADA antidoping qoidalariga muvofiq, TI uchun oldindan ariza berish uchun ruxsat berilmagan yoki talab qilinmagan.*

**4.1 (d)** - You are a lower-level athlete who is not under the jurisdiction of an International Federation or National Anti-Doping Organization and were tested.

***4.1 (d)*** *- Siz xalqaro federatsiya yoki milliy antidoping tashkiloti yurisdiktsiyasida bo'lmagan quyi darajali sportchisiz va sizdan sinama olingan.*

**4.1 (e)** - You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition, e.g., S9 glucocorticoids (See [Prohibited List](https://www.wada-ama.org/en/prohibited-list))

***4.1 (e)*** *- Siz musobaqa vaqtida taqiqlangan moddadan musobaqadan tashqari vaqtda foydalanganingiz uchun sinamangiz ijobiy bo’ldi (m-n, S9 glukokortikoidlar) (*[Taqiqlangan ro'yxatga qarang](https://www.wada-ama.org/en/prohibited-list)*).*

|  |
| --- |
| *Click or tap here to enter text.* |

Please explain (if necessary, attach further documents)

*Iltimos, tushuntiring (zarur bo'lsa, qo'shimcha hujjatlarni ilova qiling).*

**Other Retroactive Applications (ISTUE Article 4.3)**

***Boshqa Retroaktiv Arizalar (TIXS 4.3-moddasi)***

In rare and exceptional circumstances notwithstanding any other provision in the ISTUE, an Athlete may apply for and be granted retroactive approval for their TUE if, considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.

*Kamdan-kam va istisno holatlarda, TIXSning boshqa qoidalariga qaramay, sportchi retroaktiv TI arizasi topshirishi va unga ruxsat berilishi mumkin agar bu Kodeksning maqsadini hisobga olgan holda, sportchiga retroaktiv TI berilmasligi ochiqdan-ochiq adolatsizlik bo'lsa.*

In order to apply under Article 4.3, please include a full reasoning and attach all necessary supporting documentation.

*4.3-moddaga muvofiq ariza berish uchun, iltimos, to'liq sabablarni kiritib, barcha zarur qo'llab-quvvatlovchi hujjatlarni ilova qiling.*

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| *Click or tap here to enter text.* |

**Physician to complete sections 4, 5 and 6.**

***4-, 5- va 6-bo‘limlarni shifokor to‘ldiradi***

1. **Medical Information (please attach relevant medical documentation**)

*Tibbiy Ma'lumotlar (iltimos, tegishli tibbiy hujjatlarni ilova qiling)*

Diagnosis (Please use the WHO ICD 11 classification if possible):

*Tashxis (iloji bo'lsa, Butunjahon sog’liqni saqlash tashkilotining xalqaro kasalliklar tasnifi (BSST XKT 11)dan foydalaning)*

|  |
| --- |
| *Click or tap here to enter text.* |

1. **Medication Details / *Dori(lar) tafsilotlari***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prohibited Substance(s)/Method(s)  Generic name(s)  *Taqiqlangan Modda(lar)/Usul(lar)*  *Umumiy nom(lar)* | Dosage *Dozasi* | Route of Administration  *Qo‘llash usuli* | Frequency  *Takrorlanish davomiyligi* | Duration of Treatment  *Davolash davomiyligi* |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

Evidence confirming the diagnosis must be attached and forwarded with this application. The medical information must include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. In addition, a short summary that includes the diagnosis, key elements of the clinical exams, medical tests and the treatment plan would be helpful.

*Tashxisni tasdiqlovchi dalillar ushbu arizaga ilova qilinishi va yuborilishi kerak. Tibbiy ma'lumotlar to'liq tibbiy tarixni va barcha tegishli tekshiruvlar, laboratoriya tadqiqotlari va tasviriy tadqiqotlar natijalarini o'z ichiga olishi zarur. Mavjud bo'lganda, asl hisobotlar yoki xatlar nusxalari kiritilishi kerak. Bundan tashqari, tashxis, klinik tekshiruvlarning asosiy elementlari, tibbiy testlar va davolash rejasini o'z ichiga olgan qisqa xulosa foydali bo'ladi.*

If a permitted medication can be used to treat the medical condition, please provide justification for the therapeutic use exemption for the prohibited medication.

*Agar ruxsat etilgan dori vositasi tibbiy holatni davolash uchun ishlatilishi mumkin bo'lsa, iltimos, taqiqlangan dori vositasidan terapevtik istisno tarzida foydalanishni asoslab bering.*

WADA maintains a series of TUE Checklists to assist athletes and physicians in the preparation of complete and thorough TUE applications. These can be accessed by entering the search term “Checklist” on the WADA website: <https://www.wada-ama.org>.

*WADA sportchilar va shifokorlarga TI ruxsatnomasi uchun to'liq va keng qamrovli arizalarni tayyorlashda yordam beruvchi bir qator nazorat ro'yxatlarini yuritadi. Ularni WADA veb-saytida quyidagi havolada "tekshirish ro'yxati" qidiruv so'rovini kiritish orqali topish mumkin:* [*https://www.wada-ama.org*](https://www.wada-ama.org)*.*

1. **Medical Practitioner’s Declaration**

***Tibbiy Amaliyot Mutaxassisi Bayonoti***

I certify that the information in sections 4, 5 and 6 is accurate. I acknowledge and agree that my personal information may be used by Anti-Doping Organization(s) (ADO) to contact me regarding this TUE application, to verify the professional assessment in connection with the TUE process, or in connection with Anti-Doping Rule Violation investigations or proceedings. I further acknowledge and agree that my personal information will be uploaded to the Anti-Doping Administration and Management System (ADAMS) for these purposes (see the [ADAMS Privacy Policy](https://adams-help.wada-ama.org/hc/en-us/categories/360001964873-ADAMS-Privacy-and-Security) for more details).

*Men 4, 5 va 6-bo‘limlarda keltirilgan ma'lumotlarning to‘g‘ri ekanligini tasdiqlayman. Men shuni tan olaman va rozilik bildiramanki, shaxsiy ma'lumotlarim Antidoping Tashkilotlari (ADO) tomonidan ushbu TI arizasi bo‘yicha menga murojaat qilish, TI jarayoni bilan bog‘liq professional baholashni tasdiqlash yoki Antidoping Qoidalarini buzish bo‘yicha surishtiruvlar yoki jarayonlar bilan bog‘liq ravishda foydalanilishi mumkin. Shuningdek, shaxsiy ma'lumotlarim ushbu maqsadlar uchun Antidoping Boshqaruvi va Ma'muriyati Tizimiga (ADAMS) yuklanishini tan olaman va rozilik bildiraman (batafsil ma'lumot uchun* [*ADAMS Maxfiylik Siyosatiga qarang*](https://adams-help.wada-ama.org/hc/en-us/categories/360001964873-ADAMS-Privacy-and-Security)*).*

Name: *Click or tap here to enter text.*

*Ism:*

Medical specialty: *Click or tap here to enter text.*

*Tibbiyot ixtisosligi:*

License number: *Click or tap here to enter text.* License body: *Click or tap here to enter text.*

*Litsenziya raqami: Litsenziya beruvchi tashkilot:*

Address: *Click or tap here to enter text.*

*Manzil:*

City: *Click or tap here to enter text.* Country: *Click or tap here to enter text.*

*Shahar: Mamlakat:*

Postcode: *Click or tap here to enter text.*

*Pochta indeksi:*

Telephone: *Click or tap here to enter text.* Fax: *Click or tap here to enter text.*

*Telefon*: *(with International code) Faks:*

*Xalqaro kod bilan*

E-mail: *Click or tap here to enter text.*

*Elektron pochta manzili:*

Signature of Medical Practitioner: *Click or tap here to enter text.* Date: *Click or tap to enter a date.*

*Tibbiyot mutaxassisining imzosi: Sana:*

1. **Athlete’s Declaration**

*Sportchining Bayonoti*

I, *Click or tap here to enter text.*, certify that the information set out at sections 1, 2, 3 and 7 is accurate and complete.

*Men, 1-, 2-, 3- va 7-bo‘limlarda keltirilgan ma'lumotlarning to‘g‘ri va to‘liq ekanligini tasdiqlayman.*

I authorize my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the Anti-Doping Organization(s) (ADO) responsible for making a decision to grant, reject, or recognize my TUE; the World Anti-Doping Agency (WADA), who is responsible for ensuring determinations made by ADOs respect the ISTUE; the physicians who are members of relevant ADO(s) and WADA TUE Committees (TUECs) who may need to review my application in accordance with the World Anti-Doping Code and International Standards; and, if needed to assess my application, other independent medical, scientific or legal experts.

*Men shifokorimga TI arizamning to'g'riligini baholash uchun zarur deb hisoblagan tibbiy ma'lumotlar va yozuvlarni quyidagi oluvchilarga taqdim etishga ruxsat beraman: mening TI ruxsatnomamni berish, rad etish yoki tan olish to'g'risida qaror qabul qilish uchun mas'ul bo'lgan antidoping tashkilot(lar)i (ADT); ADT tomonidan qabul qilingan qarorlarning TIXS talablariga mosligiga javobgar bo’lgan Jahon antidoping agentligi (WADA); mening arizamni Butunjahon antidoping kodeksi va xalqaro standartlarga muvofiq ko'rib chiqishlari kerak bo'lgan tegishli ADT va WADA TI komissiyalarining a'zolari bo'lgan shifokorlar; va agar kerak bo'lsa, mening arizamni baholash uchun, boshqa mustaqil tibbiy, ilmiy yoki yuridik mutaxassislarga.*

I further authorize the UzNADA to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

*Men shuningdek, UzNADAga to‘liq TI arizamni, shu jumladan qo‘llab-quvvatlovchi tibbiy ma'lumotlar va hujjatlarni boshqa ADT va WADAga yuqorida keltirilgan sabablar bilan oshkor etish uchun ruxsat beraman va ushbu qabul qiluvchilar ham arizamni baholash uchun o‘z TIK a'zolariga va tegishli ekspertlarga to‘liq arizamni taqdim etishlari kerak bo‘lishi mumkinligini tushunaman.*

I have read and understood the TUE Privacy Notice (below) explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

*Men TI maxfiylik bildirishnomasini (quyida) o'qib chiqdim va tushundim, bu mening shaxsiy ma'lumotlarim TI arizam bilan bog'liq holda qanday ishlashini tushuntiradi va men uning shartlarini qabul qilaman.*

Athlete’s signature: *Click or tap here to enter text.* Date: *Click or tap to enter a date.*

*Sportchi imzosi: Sana:*

Parent’s/Guardian’s signature: *Click or tap here to enter text.* Date: *Click or tap to enter a date.*

*Ota-onaning/vasiyning imzosi: Sana:*

(If the Athlete is a Minor or has an impairment preventing them from signing this form, a parent or guardian shall sign on behalf of the Athlet*e*)

*(Agar sportchi voyaga etmagan bo'lsa yoki ushbu shaklni imzolashiga to'sqinlik qiladigan sog'lig'i bilan muammosi bo'lsa, uning ota-onasi yoki vasiyi sportchi nomidan imzolashi kerak)*

**TUE Privacy Notice / *TI Maxfiylik Xabarnomasi***

This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.

*Ushbu xabarnomada siz TI ruxsati olish uchun ariza berganingiz munosabati bilan amalga oshiriladigan shaxsiy ma'lumotlarni qayta ishlash tasvirlangan.*

**TYPES OF PERSONAL INFORMATION (PI) / *SHAXSIY MA'LUMOT (ShM) TURLARI***

* The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);

*Siz yoki shifokor(lar)ingiz tomonidan TIga ariza shaklida taqdim etilgan ma'lumotlar (jumladan, ismingiz, tug'ilgan kuningiz, aloqa ma'lumotlari, sport va yo’nalish, tashxis, dori vositalari va arizangizga tegishli muolajalar).*

* Supporting medical information and records provided by you or your physician(s); and

*Siz yoki shifokor(lar)ingiz tomonidan taqdim etilgan qo‘llab-quvvatlovchi tibbiy ma'lumotlar va yozuvlar; va*

* Assessments and decisions on your TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

*ADTlar (shu jumladan WADA) va ularning TI komissiyalari va boshqa TI mutaxassislari tomonidan sizning TI arizangizni baholash va qaror qabul qilish, shu jumladan siz va sizning shifokor(lar)ingiz, bilan ADTga oid yoki sizning arizangiz bo'yicha yordamchi xodimlar bilan yozishmalar.*

**PURPOSES & USE / *MAQSADLARI VA FOYDALANISH***

Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code (Code), the International Standards, and the anti-doping rules of ADOs with authority to test you. This includes:

*Sizning shaxsiy ma'lumotlaringiz TI arizangizni ko’rib chiqish va baholash uchun, Terapevtik Istisnolar bo‘yicha Xalqaro Standartga muvofiq foydalaniladi. Ba'zi hollarda, Jahon Antidoping Kodeksi (Kodeks), Xalqaro Standartlar va sizdan olishga vakolati bo’lgan ADTlarning antidoping qoidalariga muvofiq u boshqa maqsadlar uchun ham ishlatilishi mumkin. Bunga quyidagilar kiradi:*

* Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and

*Sizning namunalaringiz yoki sportchining biologik pasporti asosida olingan salbiy yoki atipik topilma asosida natijalarni boshqarish; va*

* In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV)

*Kamdan kam hollarda tekshiruvlar yoki tegishli jarayonlar antidoping qoida buzarligi (ADRV) kontekstida amalga oshiriladi.*

**TYPES OF RECIPIENTS / *QABUL QILUVCHILARNING TURLARI***

Your PI, including your medical or health information and records, may be shared with the following:

*Sizning shaxsiy ishingiz, shu jumladan tibbiy ma'lumotlaringiz va sog'lig'ingiz to'g'risidagi yozuvlar quyidagi shaxslarga topshirilishi mumkin:*

* ADO(s) responsible for making a decision to grant, reject, or recognize your TUE, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available to ADOs with testing authority and/or results management authority over you;

*TIga ruxsat berish, rad etish yoki tan olish to'g'risida qaror qabul qilish uchun mas'ul bo'lgan ADT(lar) va ular vakolat bergan uchinchi shaxslar (agar mavjud bo'lsa). Shuningdek, TIga ruxsat berish yoki uni rad etish to'g'risidagi qaror, sizdan sinama olish va/yoki natijalarni boshqarish vakolatiga ega ADTlar ixtiyorida bo'ladi;*

* WADA authorized staff;

*WADA vakolatiga ega xodimlar;*

* Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and

*Har bir tegishli ADT va WADA TI komissiyalari (TIKlar) a'zolari; va*

* Other independent medical, scientific or legal experts, if needed.

*Zarurat bo’lganda, boshqa mustaqil tibbiy, ilmiy yoki yuridik mutaxassislar.*

Note that due to the sensitivity of TUE information, only a limited number of ADO and WADA staff will receive access to your application. ADOs (including WADA) must handle your PI in accordance with the International Standard for the Protection of Privacy and Personal Information (ISPPPI). You may also consult the ADO to which you submit your TUE application to obtain more details about the processing of your PI.

*E'tibor bering, TI ma'lumotlarining maxfiyligi tufayli ADT va WADA xodimlarining cheklangan soni sizning arizangizni ko’rish huquqiga ega bo'ladi. ADT (shu jumladan WADA) shaxsiy ma'lumotlaringizni xalqaro maxfiylik va shaxsiy ma'lumotlarni himoya qilish standartiga (ISPPPI) muvofiq qayta ishlashi kerak. Shuningdek, siz ShMni qayta ishlash haqida batafsil ma'lumot olish uchun TI arizangizni yuborgan ADTga murojaat qilishingiz mumkin*.

Your PI will also be uploaded to ADAMS by the ADO who receives your application so that it may be accessed by other ADOs and WADA as necessary for the purposes described above. ADAMS is hosted in Canada and is operated and managed by WADA. For details about ADAMS, and how WADA will process your PI, consult the ADAMS Privacy Policy ([ADAMS Privacy Policy](https://adams-help.wada-ama.org/hc/en-us/categories/360001964873-ADAMS-Privacy-and-Security)).

*Sizning shaxsiy ma'lumotlaringiz, zarurat tug‘ilganda yuqorida keltirilgan maqsadlar uchun ularga boshqa ADTlar va WADA kirish huquqiga ega bo‘lishlari uchun arizangizni qabul qilgan ADT tomonidan ADAMSga yuklanadi. ADAMS Kanada hududida joylashgan bo‘lib, WADA tomonidan boshqariladi va ishlatiladi. ADAMS haqida va WADAning shaxsiy ma'lumotlaringizni qanday qayta ishlashi haqida batafsil ma'lumot olish uchun* [*ADAMS Maxfiylik Siyosatiga*](https://adams-help.wada-ama.org/hc/en-us/categories/360001964873-ADAMS-Privacy-and-Security) *murojaat qiling.*

**FAIR & LAWFUL PROCESSING / *ADOLATLI VA QONUNIY JARAYON***

When you sign the Athlete Declaration, you are confirming that you have read and understood this TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing described in this Notice. Alternatively, ADOs and these other parties may rely upon other grounds recognized in law to process your PI for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfill contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfill legitimate interests associated with their activities.

*Sportchining bayonotiga imzo qo'yish orqali, siz ushbu TI maxfiylik bildirishnomasini o'qiganingizni va tushunganingizni tasdiqlaysiz. Agar tegishli va amaldagi qonunchilik ruxsat bersa, ADTlar va yuqorida aytib o'tilgan boshqa tomonlar bu imzo ushbu bildirishnomada tasvirlangan shaxsiy ma'lumotlarni qayta ishlashga aniq roziligingizni tasdiqlaydi deb qabul qilishlari mumkin. Shu bilan bir qatorda, ADTlar va boshqa tomonlar ushbu xabarnomada ko’rsatilgan maqsadlar uchun shaxsiy ma'lumotlaringizni qayta ishlash uchun qonun tomonidan tan olingan boshqa asoslarga ko’ra, masalan, antidoping faoliyati uchun xizmat qiladigan muhim jamoat manfaatlari, sizga nisbatan shartnoma majburiyatlarini bajarish zarurati, qonuniy majburiyatlar yoki majburiy sud jarayoniga nisbatan muvofiqlikni ta'minlash uchun yoki ularning faoliyati bilan bog'liq qonuniy manfaatlarni amalga oshirish uchun murojaat qilishlari mumkin.*

**RIGHTS / *HUQUQLAR***

You have rights with respect to your PI under the ISPPPI, including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with a data privacy regulator in your country.

*Sizda ISPPPI ga ko’ra ShM bilan bog‘liq, xususan ShMning nusxasini olish va muayyan sharoitlarda ShMni tuzatish, bloklash yoki o'chirish kabi huquqlaringiz bor. Amaldagi qonunchilikka binoan siz o'zingizning mamlakatingizdagi shaxsiy ma'lumotlarni himoya qilish bo'yicha tartibga solish organiga shikoyat qilish huquqi kabi qo'shimcha huquqlarga ega bo'lishingiz mumkin.*

Where the processing of your PI is based on your consent, you can revoke your consent at any time, including the authorization to your physician to release medical information as described in the Athlete Declaration. To do so, you must notify your ADO and your physician(s) of your decision. If you withdraw your consent or object to the PI processing described in this Notice, your TUE will likely be rejected as ADOs will be unable to properly assess it in accordance with the Code and International Standards.

*Agar sizning shaxsiy ma'lumotlaringizni qayta ishlash sizning roziligingizga asoslangan bo'lsa, siz istalgan vaqtda roziligingizni bekor qilishingiz mumkin, shu jumladan sportchining bayonotida tasvirlangan tibbiy ma'lumotlarni oshkor qilishi mumkin bo’lgan shifokorga bergan huquqni ham. Buning uchun ADT va shifokor(lar)ingizga qaroringiz haqida xabar berishingiz kerak. Agar siz roziligingizni qaytarib olsangiz yoki ushbu bildirishnomada ko'rsatilgan shaxsiy ma'lumotlarni qayta ishlashga qarshi bo’lsangiz, sizning TI arizangiz rad etilishi mumkin, chunki ADTlar uni Kodeks va xalqaro standartlarga muvofiq to'g'ri baholay olmaydi.*

In rare cases, it may also be necessary for ADOs to continue to process your PI to fulfill obligations under the Code and the International Standards, despite your objection to such processing or withdrawal of consent (where applicable). This includes processing for investigations or proceedings related to ADRV, as well as processing to establish, exercise or defend against legal claims involving you, WADA and/or an ADO.

*Kamdan kam hollarda, ADTlar, shuningdek, bunday ishlov berishga e'tirozlaringiz yoki rozilikni qaytarib olishingizga qaramay (agar kerak bo'lsa), Kodeks va xalqaro standartlarga muvofiq majburiyatlarni bajarish uchun shaxsiy ma'lumotlaringizni qayta ishlashni davom ettirishi kerak bo'lishi mumkin. Bunga ADRV bilan bog'liq tekshiruvlar yoki sud jarayonlarini o'tkazish uchun ma'lumotlarni qayta ishlash, shuningdek siz, WADA va/yoki ADT bilan bog'liq da'volarni aniqlash, amalga oshirish yoki himoya qilish uchun ma'lumotlarni qayta ishlash kabilar kiradi.*

**SAFEGUARDS / *KAFOLATLAR***

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality. Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

*TI arizasida keltirilgan barcha ma'lumotlar, shu jumladan qo‘llab-quvvatlovchi tibbiy ma'lumotlar va yozuvlar, hamda TI talabini baholash bilan bog‘liq boshqa har qanday ma'lumotlar qat'iy tibbiy maxfiylik tamoyillariga muvofiq boshqarilishi kerak. TI komissiyasi a'zolari bo‘lgan shifokorlar va maslahat uchun jalb qilingan boshqa mutaxassislar maxfiylik kelishuvlariga amal qilishlari shart.*

Under the ISPPPI, ADO staff must also sign confidentiality agreements, and ADOs must implement strong privacy and security measures to protect your PI. The ISPPPI requires ADOs to apply higher levels of security to TUE information, because of the sensitivity of this information. You can find information about security in ADAMS by consulting the response to [How is your information protected in ADAMS?](https://adams-help.wada-ama.org/hc/en-us/articles/360010175840-How-is-your-information-protected-in-ADAMS-) in our [ADAMS Privacy and Security FAQs](https://adams-help.wada-ama.org/hc/en-us/categories/360001964873-ADAMS-Privacy-and-Security).

*ISPPPI doirasida, ADO xodimlari ham maxfiylik kelishuvlarini imzolashi kerak, va ADOlar sizning shaxsiy ma'lumotlaringizni himoya qilish uchun kuchli maxfiylik va xavfsizlik choralarini amalga oshirishi lozim. ISPPPI, ushbu ma'lumotlarning nozikligi sababli, TUE ma'lumotlariga nisbatan yuqori xavfsizlik darajalarini qo‘llashni talab qiladi. ADAMSda xavfsizlik haqida ma'lumotni "[Sizning ma'lumotlaringiz ADAMSda qanday himoya qilinadi?](https://adams-help.wada-ama.org/hc/en-us/articles/360010175840-How-is-your-information-protected-in-ADAMS)" savoliga javobda topishingiz mumkin, bu esa bizning* [*ADAMS Maxfiylik va Xavfsizlik FAQlar*](https://adams-help.wada-ama.org/hc/en-us/categories/360001964873-ADAMS-Privacy-and-Security)*imizda mavjud.*

**RETENTION / *SAQLASH***

Your PI will be retained by ADOs (including WADA) for the retention periods described in Annex A of the ISPPPI. TUE certificates or rejection decisions will be retained for 10 years. TUE application forms and supplementary medical information will be retained for 12 months from the expiry of the TUE. Incomplete TUE applications will be retained for 12 months.

*Sizning ShM ADTlar (shu jumladan, WADA) tomonidan ISPPPI ning A ilovasida ta'riflangan saqlash muddatlari davomida saqlanadi. TI sertifikatlari yoki rad etish qarorlari 10 yil davomida saqlanadi. TI ariza shakllari va qo‘shimcha tibbiy ma'lumotlar TI muddati tugagandan keyin 12 oy davomida saqlanadi. To‘liq bo‘lmagan TI arizalari 12 oy davomida saqlanadi.*

**CONTACT / *ALOQA***

Consult National Anti-Doping Agency of Uzbekistan at tue@uznada.uz for questions or concerns about the processing of your PI. To contact WADA, use [privacy@wada-ama.org](mailto:privacy@wada-ama.org).

*Shaxsiy ma'lumotlaringizni qayta ishlash bo‘yicha savol yoki xavotirlar uchun* O’zbekiston Milliy antidoping agentligi*bilan* *tue@uznada.uz**electron manzili orqali bog‘laning*. *WADA bilan aloqa qilish uchun* [privacy@wada-ama.org](mailto:privacy@wada-ama.org) *electron manzilidan foydalaning.*

Please submit the completed form to [tue@uznada.uz]. You may also send your completed TUE application to the TUE Administrator at UzNADA via https://t.me/azamjon\_soliev. If possible, protect your TUE application and all related medical information with password (keeping a copy for your records).

*Iltimos, to‘ldirilgan arizani [*[*tue@uznada.uz*](mailto:tue@uznada.uz)*] manziliga yuboring. Siz to’ldirilgan TI arizangizni O’zMADA TI administratoriga* https://t.me/azamjon\_soliev *orqali ham yuborishingiz mumkin. Iloji bo’lsa, TI arizangiz hamda to’liq tibbiy ma’lumotlaringizni parol bilan himoyalab qo’ying. Kelgusidagi savollar uchun ushbu ariza shaklining nusxasini o’zingizda ham saqlang.*