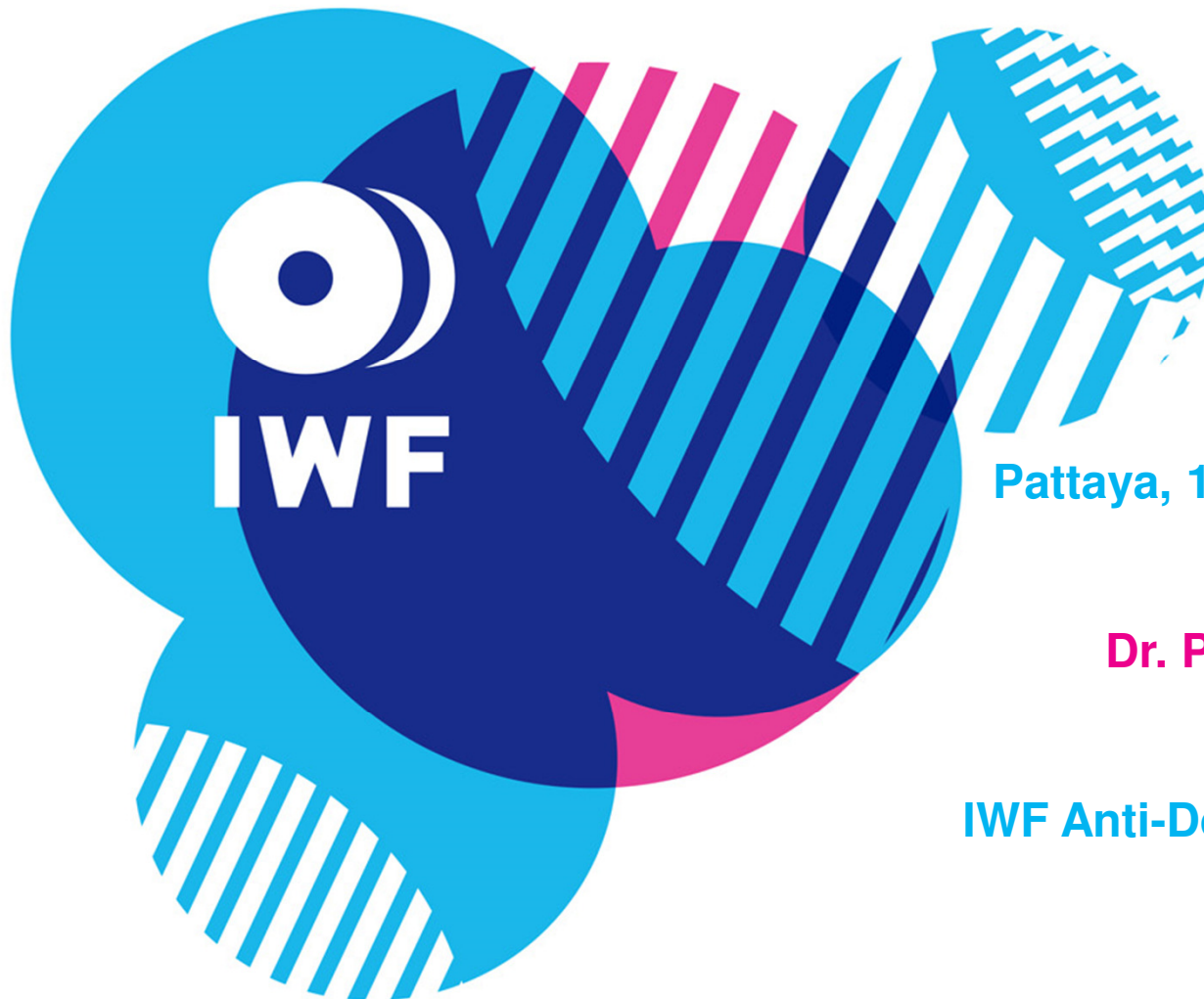




IWF Needle Policy



IWF Congress
Pattaya, 17 September 2019

Dr. Patrick Schamasch
Chairman, ADC
Réka Földesi
IWF Anti-Doping Coordinator



IWF Needle Policy

Needles must not be used except by:

- (i) medically qualified practitioners for the clinically justified treatment of injury, illness or other medical conditions (for which a valid TUE may be required); or
- (ii) those requiring auto-injection therapy for an established medical condition with a valid TUE, e.g. for insulin dependent diabetes.



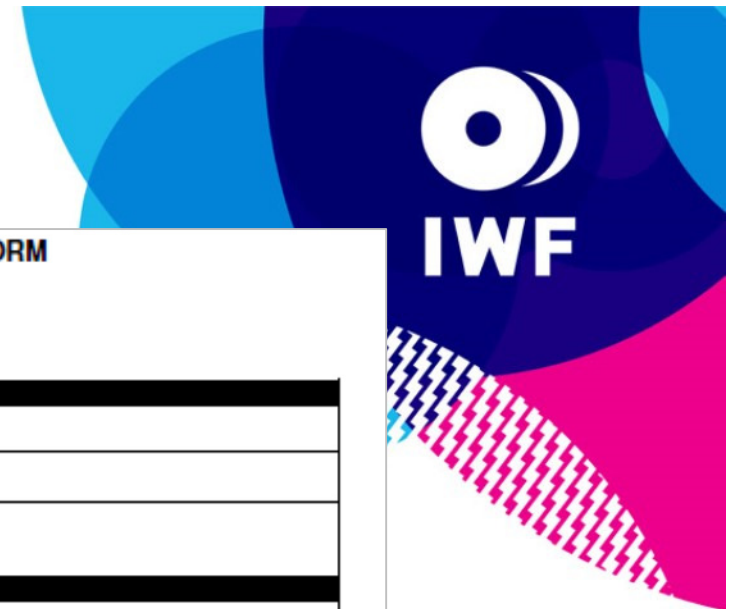
IWF Needle Policy

Member Federations must ensure that:

- ✓ Any needles, and associated clinical materials, intended for use by members of its delegation are stored in a central secured location.
- ✓ All used needles and associated materials (vials, syringes, and swabs) are safely disposed of in an appropriate bio-hazards container.

IMPORTANT -> Athlete receives an injection during the period of the IWF-Competition (i.e. from the date of arrival and including the date of the Closing Ceremony), **“Injection Declaration Form”** shall be duly completed and forwarded to the IWF TUEC via tue@iwfnet.net at the competition site to the IWF Secretariat **no later than noon the day following such injection.**

IWF Needle Policy



NEEDLE POLICY - INJECTION DECLARATION FORM

(Please complete legibly in block capital letters & in English)

Email to: tue@iwfnet.net

ATHLETE

ATHLETE

Name of the Athlete having received the injection:

National Federation of:

Competition:

[Click here to enter text.](#)

Date of Birth:

[Click here to enter text.](#)

Gender:

☐ Male ☐ Female

INJECTION

Substance(s) Injected:

[Click here to enter text.](#)

Date and place of injection:

[Click here to enter text.](#)

MEDICAL JUSTIFICATION

Justification for injection, including clinical history and diagnosis (attach confirmatory evidence when available):

[Click here to enter text.](#)

PERSON HAVING ADMINISTERED THE INJECTION

Name, mobile number and e-mail address of person having administered the injection:

[Click here to enter text.](#)

Specialty:

[Click here to enter text.](#)

Licensed to practice in:

Signature of the person having administered the injection:

By my signature, I hereby confirm that the information in this form is true and accurate and that the injection was medically justified and necessary, and administered in accordance with the IWF Needle Policy, including safe disposal of needles and associated materials.

Signature: [Click here to enter text.](#)

Date: [Click here to enter text.](#)



IWF Needle Policy



- **Athlete's Information**

**Name, Nation, Name of Competition,
DOB, Gender**

- **Injection Information**

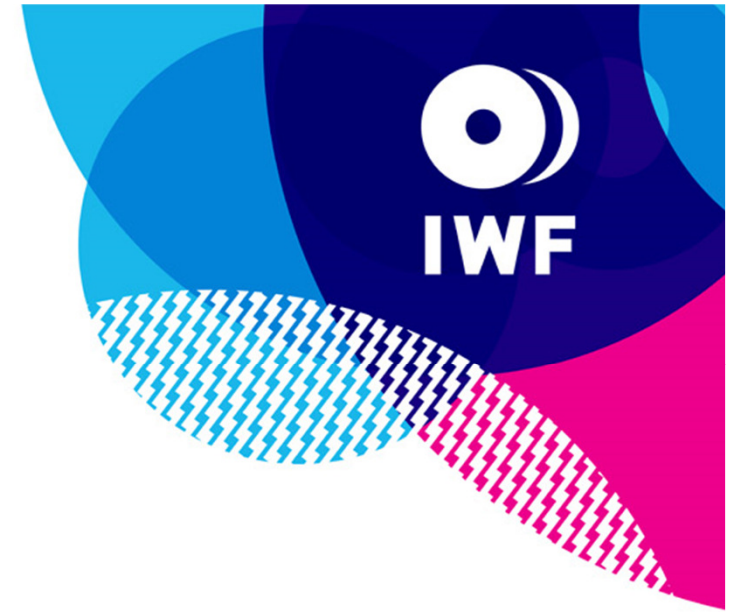
**Substance injected
Date and Place of injection**

- **Medical Justification**

**Justification for injection
Clinical history and diagnosis
(With evidence when available)**

- **Person Having Administered the Injection**

**Name, mobile number, email address,
specialty, license number**



**Thank you for your
attention!**

