

**CERTIFICATE OF APPROVAL FOR THERAPEUTIC USE  
CERTIFICAT D'AUTORISATION D'USAGE À DES FINS THÉRAPEUTIQUES****Athlete Details/Renseignements sur l'athlète**

Surname/Nom de famille <b>O'Connor</b>	Given Name/Prénom <b>Siobhan-Marie</b>	Gender/Sexe <b>female</b>
Date of Birth/Date de naissance <b>29-Nov-1995</b>	Sport/Sport <b>Aquatics</b>	Discipline/Discipline <b>Swimming</b>
Competition Name /Nom de la compétition	Registered Testing Pool /Groupe cible	

**Medical Information/Renseignements médicaux**

The Athlete has received approval for the use of the prohibited substances(s) listed below under the conditions stipulated in this document. / L'athlète a reçu l'autorisation d'utiliser la (les) substance(s) interdite(s) citée(s) ci-dessous selon la (les) condition(s) stipulée(s) dans ce document.

Diagnosis/Diagnostic: **\*\*\*\*\* CONFIDENTIAL / CONFIDENTIEL \*\*\*\*\***

**REFER TO THE SPORTING ORGANIZATION / DEMANDEZ À L'ORGANISATION SPORTIVE**

Effective date/Date d'entrée en vigueur: **19-Jan-2013**

Prohibited Substance/Substance interdite: **prednisolone**

Dosage/Dosage <b>10 mg</b>	Frequency/Fréquence <b>1 times/day</b>	Route/Voie <b>Oral</b>	Expiration/Expiration <b>19-Jan-2014</b>
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Comment(s)/Commentaire(s): **TUE approval for reducing course of oral prednisolone (1 mg decrease every 7 days).**

**CONDITION: The TUE will be made dormant on 21 March 2013. Thereafter, UK Anti-Doping must be notified whenever any further course of prednisolone is started, including the dosage, route of administration and duration of treatment to 'reactivate' the TUE. The TUE will remain dormant and invalid if notification is not made at the time each treatment commences.**

**CONDITION FOR RENEWAL: Further specialist review letter required with next application.**

**Attention athlete:** the dose, method and frequency of administration as prescribed by your physician have to be followed meticulously. Please carry a copy of this form with you at all times. This form should be presented to the doping control officer at the time of testing.

**Athlète:** les posologies, voies et fréquences d'administration doivent être méticuleusement respectées conformément aux prescriptions de votre médecin. Gardez une copie de ce formulaire en tout temps. Ce formulaire devrait être présenté à l'agent(e) de contrôle antidopage au moment du contrôle.

**Authorized by/Autorisée par:**

Wojek, Nick  
UKAD - UK Anti-Doping  
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Date : 14-Jan-2013

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