

**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 O'Connor	Given Name/Prénom Siobhan-Marie	Gender/Sexe female
Date of Birth/Date de naissance 29-Nov-1995	Sport/Sport Aquatics	Discipline/Discipline Swimming
Competition Name /Nom de la compétition 14/07/2014	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: **06-Jul-2014**

Prohibited Substance/Substance interdite: **prednisolone**

Dosage/Dosage	Frequency/Fréquence	Route/Voie	Expiration/Expiration
30 mg	1 times/day	Oral	06-Jul-2015

Comment(s)/Commentaire(s): **CONDITION: The TUE will be made dormant on 07 September 2014. 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:

Sargent, Anne
UKAD - UK Anti-Doping
tue@ukad.org.uk

Date : 07-Jul-2014

Phone : +44 (0)207 842
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