

**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 <b>27/07/2014</b>	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: **26-Aug-2015**

Prohibited Substance/Substance interdite: **prednisolone**

Dosage/Dosage	Frequency/Fréquence	Route/Voie	Expiration/Expiration
<b>30 mg</b>	<b>1 times/day</b>	<b>Oral</b>	<b>26-Aug-2016</b>

Comment(s)/Commentaire(s): **CONDITION OF APPROVAL: Notification of any need for treatment is required. Specialist review letter to be submitted at the end of the first six months. If no more than one treatment occurs within first six months then the TUE will be valid for a further six months.**

**CONDITION OF RENEWAL: Specialist review letter to be submitted with next application**

Prohibited Substance/Substance interdite: **prednisolone**

Dosage/Dosage	Frequency/Fréquence	Route/Voie	Expiration/Expiration
<b>20 mg</b>	<b>1 times/day</b>	<b>Rectal</b>	<b>26-Aug-2016</b>

Comment(s)/Commentaire(s): **CONDITION OF APPROVAL: Notification of any need for treatment is required. Specialist review letter to be submitted at the end of the first six months. If no more than one treatment occurs within first six months then the TUE will be valid for a further six months.**

**CONDITION OF RENEWAL: Specialist review letter to be submitted 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:**

Mundy, Isabelle  
UKAD - UK Anti-Doping

Date : 26-Aug-2015

