

5. Retroactive applications

<p><b>Is this a retroactive application?</b></p> <p><b>Yes:</b> <input type="checkbox"/></p> <p><b>No:</b> <input type="checkbox"/></p> <p>If yes, on what date was treatment started?</p> <hr/>	<p><b>Please indicate reason:</b></p> <p>Emergency treatment or treatment of an acute medical condition was necessary <input type="checkbox"/></p> <p>Due to other exceptional circumstances, there was insufficient time or opportunity to submit an application prior to sample collection <input type="checkbox"/></p> <p>Advance application not required under applicable rules <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please explain:</p> <hr/> <hr/> <hr/>
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6. Previous applications

<p><b>Have you submitted any previous TUE application(s)?</b></p> <p><b>No</b> <input type="checkbox"/></p> <p>For which substance or method?</p> <hr/>	<p><b>Yes</b> <input type="checkbox"/></p>
<p>To whom? _____</p>	<p>When? _____</p>
<p>Decision:    Approved <input type="checkbox"/></p>	<p>Not approved <input type="checkbox"/></p>