



Checklist for Therapeutic Use Exemption (TUE) Application



This Checklist is to guide the athlete and their physician on the overall requirements for a TUE application that will allow the TUE Committee to assess whether the relevant ISTUE Criteria are met.

Please note that the completed TUE application form alone is not sufficient; supporting documents **MUST** be provided. *A completed application and checklist DO NOT guarantee the granting of a TUE.* Conversely, in some situations a legitimate application may not include every element on the checklist.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Application form included |
| <input type="checkbox"/> | All handwritten information is legible and all sections are completed |
| <input type="checkbox"/> | All information is in English, French or German |
| <input type="checkbox"/> | Applying physician signed |
| <input type="checkbox"/> | Athlete signed |
| <input type="checkbox"/> | Medical report included |
| <input type="checkbox"/> | Medical history: symptoms, age at onset, course of disease, start of treatment; typical symptoms and complications (where applicable) |
| <input type="checkbox"/> | Findings on physical examination |
| <input type="checkbox"/> | Interpretation of symptoms, signs and test results by physician |
| <input type="checkbox"/> | Diagnosis based on current internationally accepted criteria |
| <input type="checkbox"/> | Substance prescribed, dosage, frequency, administration route |
| <input type="checkbox"/> | Evidence of follow-up/monitoring of athlete by physician |
| <input type="checkbox"/> | Diagnostic test results included (copies of originals or printouts) |
| <input type="checkbox"/> | Laboratory tests (where applicable) |
| <input type="checkbox"/> | Imaging or other test results (where applicable) |
| <input type="checkbox"/> | Additional information included |
| <input type="checkbox"/> | |