

Checklist for Therapeutic Use Exemption (TUE) Application:

ADO logo

Transgender Athletes

Prohibited Substances: Testosterone, spironolactone

This Checklist is to guide the athlete and their physician on the requirements for a TUE application that will allow the TUE Committee to assess whether the relevant International Standard for TUE 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.

Note that the athlete should confirm their eligibility to compete with their respective sport.

TUE Application form must include:	
	All sections completed legibly
	All information submitted in [language(s) as per ADO preferences]
	A signature from the applying physician
	The Athlete's signature
Med	ical report should include details of:
	Medical history: evidence of complete medical assessment prior to start of treatment, description of any previous partially or fully reversible treatment
	Endocrinologist report on initiation of current therapy
	Interpretation of history, presentation and endocriniologist report by a physician regularly providing care to transgender people
	Testosterone/spironolactone (both are prohibited at all times) prescribed including dosage, frequency, administration route
	Evidence of follow-up/monitoring of athlete by qualified physician, including regular testosterone levels for renewals
Diag	nostic test results should include copies of:
	Laboratory tests: regular testosterone levels since treatment started (incl. the method/assay used)
Addi	tional information included
	Surgery report where applicable
	[As per ADO specifications]