



Checklist for Therapeutic Use Exemption (TUE) Application:



Pain Management

*Prohibited Substance: Narcotics, cannabinoids (prohibited in-competition only)
(For glucocorticoids, please see [Musculoskeletal Conditions Guideline](#))*

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 Therapeutic Exemptions \(ISTUE\)](#) 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.

As of 1 January 2024, tramadol was added to the S7 (narcotics) section of the List. The washout period, based on the therapeutic use of tramadol, is established at 24 hours. The “washout period” refers to the time from the last administered dose to the time of the start of the In-competition period (i.e. beginning at 11:59 p.m. on the day before a competition in which the athlete is scheduled to participate, unless a different period was approved by WADA for a given sport).

<input type="checkbox"/>	TUE Application form must include:
<input type="checkbox"/>	All sections completed in legible handwriting
<input type="checkbox"/>	All information submitted in [language(s) as per ADO preferences]
<input type="checkbox"/>	A signature from the applying physician
<input type="checkbox"/>	The athlete’s signature
<input type="checkbox"/>	Medical report should include details of:
<input type="checkbox"/>	Medical history: Injury or condition (e.g., dental issue, post-surgery), character of pain, additional pharmacological and non-pharmacological treatment approaches
<input type="checkbox"/>	Findings on examination
<input type="checkbox"/>	Summary of diagnostic test results relevant to the clinical description of the pain
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by physician (for chronic pain, where available, ideally neurologist, physical medicine or pain specialist)
<input type="checkbox"/>	Diagnosis
<input type="checkbox"/>	Dosage, frequency, administration route of the narcotic or cannabinoid prescribed. Note: the prohibited substances in these classes are explicitly named on the Prohibited List
<input type="checkbox"/>	Response to treatment
<input type="checkbox"/>	Explain why alternatives (non-pharmacological or permitted pharmacological) approaches were either not tried or were not successful
<input type="checkbox"/>	Diagnostic test results should include copies of:
<input type="checkbox"/>	Imaging findings: X-ray, CT or MRI results if applicable
<input type="checkbox"/>	Other test results: electromyography, nerve conduction studies if applicable
<input type="checkbox"/>	Additional information included
<input type="checkbox"/>	Specialist opinion as per specification by the ADO