Checklist for Therapeutic Use Exemption (TUE) Application:

ADO logo

**Renal Transplantation**

*Prohibited Substances: Systemic glucocorticoids, EPO, diuretics,*

*beta-blockers, hypoxia-inducible factor (HIF), proyl-hydroxylase inhibitors*

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 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.

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|  | **TUE Application form** must include: | |
|  |  | All sections completed in legible handwriting |
|  |  | All information submitted in [language] |
|  |  | A signature from the applying physician |
|  |  | The Athlete’s signature |
|  | **Medical report** should include details of: | |
|  |  | Medical history: age at onset of symptoms, symptoms, diagnostic workup by treating physician |
|  |  | History of declining renal function and associated evidence that criteria for renal transplantation have  been met from or signed by nephrologist/renal physician. This may come from the family physician if endorsed by a nephrologist |
|  |  | Surgical report of the transplantation signed by surgeon |
|  |  | In case of graft impairment/dysfunction, evidence thereof from or signed by nephrologist/renal physician |
|  |  | In case of cardiovascular complications: evidence of arterial hypertension or ischemic heart disease  with therapeutic rationale for beta-blocker by treating physician/cardiologist |
|  |  | Substance(s) prescribed (systemic glucocorticoids, EPO, diuretics, beta-blockers, Hypoxia-inducible factor (HIF) proyl-hydroxylase inhibitors are all prohibited) including dosage, frequency, administration route for every substance |
|  | **Diagnostic test results** should include copies of: | |
|  |  | Laboratory tests documenting decline in renal function prior to transplantation; blood results testifying  to anemia in case of EPO treatment |
|  |  | Blood pressure readings; ECG, coronary CT, echocardiography, coronary angiography etc. as applicable in case of diuretic or beta-blocker treatment |
|  | **Additional information** included | |
|  |  | As per ADO |