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.

☐ 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:
Genetic or acquired causes of hypothalamic-pituitary disease (e.g., pituitary tumor; irradiation, surgery, traumatic brain injury), presence of other pituitary hormone deficiencies and information supporting a diagnosis of GH deficiency:

a) Adult*: Fatigue, poor exercise capacity, abdominal obesity, impaired psychosocial function
b) Transition**: Childhood short stature and growth deceleration; childhood growth hormone therapy

☐ Physical exam: Clinical evidence of adult GH deficiency such as central adiposity, pale complexion, thin dry skin, sparse body hairs and for the patient in transition, evidence of developmental or somatic immaturity.

☐ Diagnostic test results should include copies of:

Laboratory tests (with reference ranges): Insulin-like growth factor-1 measured after 2–4 weeks off human growth hormone in those on therapy; no earlier than 12 months after brain injury in those with post-traumatic etiology.

Basal pituitary function: thyroid-stimulating hormone (TSH), follicle-stimulating hormone (FSH), luteinizing hormone (LH), prolactin. Morning cortisol as a reliable indicator of adrenocorticotropic hormone (ACTH) status.

MRI of pituitary/hypothalamus to assess structural abnormalities for all new onset GHD (any age) unless of genetic cause (see below).

☐ If diagnosed during childhood, gene (GH-1 or GHRH-R) or transcription factor mutations (e.g., PROP-1, POU1F1 (Pit-1)) known to result in hypopituitarism.

Growth hormone stimulation tests employing in:

a) Adults: Insulin tolerance test, glucagon stimulation test, growth hormone–releasing hormone (GHRH)-arginine stimulation test, macimorelin test.

b) Transition: Insulin tolerance test, glucagon stimulation test, macimorelin test.

Note: Stimulation tests are not required when hypopituitarism is diagnosed (≥3 other pituitary hormone deficits or gene or transcription factor mutations present (see above). Additional tests are also not required if IGF-1 levels 2–4 weeks after stopping treatment remain below -2 SD.

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* Adult-onset deficiency
** Transition from childhood, i.e. when linear growth has ceased