Checklist for Therapeutic Use Exemption (TUE) Application:

Male Hypogonadism

Prohibited Substances: Testosterone and human chorionic gonadotropin

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.

- **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

- **Medical report** should include details of:
  - Medical history: puberty timing, progression, and relevant family history; libido, erections, ejaculations and frequency of sexual activity including duration and severity of any problems; shaving onset and frequency; hot flushes/sweats; testicular disorders (cryptorchidism, torsion, orchitis, injury); significant head injuries; non-specific symptoms (whether positive or negative)
  - Physical examination: acne, gynecomastia, hair pattern (truncal, axillary & pubic), testicular volume by orchidometer or ultrasound; height, weight, BMI; muscular development and tone (must be addressed and included)
  - Interpretation of history, presentation, and laboratory results by the treating physician, preferably a specialist in endocrinology with sub-specialization in andrology
  - Diagnosis: primary or secondary hypogonadism; organic/pathologic or functional causes of low testosterone (please note that TUEs will only be granted for organic causes)
  - Substance prescribed (testosterone or human chorionic gonadotropin) including dosage, frequency and route of administration
  - Treatment and monitoring plan
  - Evidence of follow-up/monitoring of Athlete by qualified physician for renewals

- **Diagnostic test results**, if applicable, should include copies of:
  - Laboratory tests: Serum testosterone, LH, FSH and SHBG should be measured at least twice (recording the time of day) within a four-week period and at least one sample taken in the morning.

- **Additional information** included
  - Semen analysis including sperm count, if fertility is an issue
  - Inhibin B (if considering Congenital Hypogonadotrophic Hypogonadism or Constitutional Delayed Puberty)
  - MRI (or CT) of pituitary with and without contrast
  - Pituitary function tests to exclude hypopituitarism, if relevant – morning serum cortisol (+ACTH stimulation test), serum TSH, T4, prolactin, IGF-I
  - Other diagnostics to identify an organic etiology for hypogonadism (e.g., karyotype, olfactory function test, genomics for delayed or failed puberty, iron studies (serum ferritin, % saturation) and genetic testing for hereditary hemochromatosis)
  - Dexta scan, if appropriate