



Checklist for Therapeutic Use Exemption (TUE) Application:



Short Stature (non-growth hormone deficient)

Prohibited Substances: Human Growth Hormone, Gonadotropin Releasing Hormone Analogues, and Aromatase 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 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.

<input type="checkbox"/> TUE Application form must include:	
<input type="checkbox"/>	All sections completed legibly
<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: Athlete's/patient's personal medical history <ul style="list-style-type: none"> • Gestational period (in weeks) • Birth and neonatal (include weight and length) • Growth (appropriate growth chart*) • Relevant developmental and other medical and/or surgical history
<input type="checkbox"/>	Family history: Parental height <ul style="list-style-type: none"> • Both biological parents' height • The mid-parental target height (as defined in the TUE Physician Guidelines for Short Stature) • If known, the ethnicity of both biological parents
<input type="checkbox"/> Diagnostic test results, if applicable, should include copies of:	
<input type="checkbox"/>	Diagnostic criteria based on the appropriate medical condition: <ul style="list-style-type: none"> • Chronic kidney disease (CKD): standard medical criteria for the diagnosis of CKD, including estimated glomerular filtration rate per body surface area • Small for gestational age with failure to catch up: documented weight for gestational age on the appropriate neonatal and infant growth charts, and if applicable, length and head circumference growth • Turner syndrome: documented short stature, physical stigmata, and karyotype test results as 45X or mosaic form • SHOX haploinsufficiency: genetic test results for SHOX gene, and if applicable, clinical evaluation for Madelung deformity • Prader-Willi syndrome: genetic test results. If athlete is near adult height, include growth hormone deficiency test results • Idiopathic short stature: diagnosis of exclusion and appropriate medical reports, listed above • Noonan syndrome: clinical scoring results from birth and genetic test results
<input type="checkbox"/> Psycho-social report if applicable, should include copies of:	
<input type="checkbox"/>	Psycho-social evaluation(s) and report(s) may be included, if relevant

*Please note: The appropriate growth chart may pertain to a specific country or region, or another relevant chart to evaluate the athlete's growth.