



## Checklist for Therapeutic Use Exemption (TUE) Application:

### Male Hypogonadism

*Prohibited Substances: Testosterone, human chorionic gonadotropin*

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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"/>	<b>TUE Application form</b> 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"/>	<b>Medical report</b> should include details of;
<input type="checkbox"/>	Medical history: pubertal progression; libido and frequency of sexual activity including duration and severity of any problems; erections and/or ejaculations; hot flushes/sweats; testicular disorders; significant head injuries, if any; orchitis; family history of delayed puberty as applicable; non-specific symptoms (whether positive or negative)
<input type="checkbox"/>	Physical examination: gynecomastia; hair pattern (axillary & pubic), reduced shaving; testicular volume by orchidometer or ultrasound; height, weight, BMI; muscular development and tone (must be addressed and included)
<input type="checkbox"/>	Interpretation of history, presentation and laboratory results by the treating physician, preferably a specialist in endocrinology with sub-specialization in andrology
<input type="checkbox"/>	Diagnosis: primary or secondary hypogonadism; organic or functional (please note that TUEs will only be granted for organic causes)
<input type="checkbox"/>	Substance prescribed (testosterone and human chorionic gonadotropin are both prohibited at all times) including dosage, frequency, administration route
<input type="checkbox"/>	Treatment and monitoring plan
<input type="checkbox"/>	Evidence of follow-up/monitoring of athlete by qualified physician for renewals
<input type="checkbox"/>	<b>Diagnostic test results</b> should include copies of;
<input type="checkbox"/>	Laboratory tests (before 10 am and fasting at least two times within a 4 week period at least 1 week apart): Serum total testosterone, serum LH, serum FSH, serum SHBG
<input type="checkbox"/>	<b>Additional information</b> to be included if indicated
<input type="checkbox"/>	Semen analysis including sperm count if fertility is an issue
<input type="checkbox"/>	Inhibin B (when considering Congenital Isolated Hypogonadotropic Hypogonadism or Constitutional Delayed Puberty)
<input type="checkbox"/>	MRI of pituitary with and without contrast; pituitary function tests as indicated – e.g. morning cortisol, ACTH stimulation test, TSH, free T4, prolactin
<input type="checkbox"/>	Other diagnostics to identify an organic etiology for secondary hypogonadism (e.g. prolactin, iron studies and genetic testing for hereditary hemochromatosis)
<input type="checkbox"/>	Dexa scan, if appropriate