Checklist for Therapeutic Use Exemption (TUE) Application:

ADO logo

**Intrinsic Sleep Disorders**

*Prohibited Substances: Stimulants*

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: include comments on history of1. excessive daytime sleepiness, and duration
2. cataplexy
3. Sleep behaviour/apnoeas (witnessed by partner)
4. any medical or psychiatric conditions that could account for hypersomnia
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|  |  | Findings on examination: 1. assessment of neurologic and psychiatric signs/symptoms to exclude other causes
2. a negative drug screen
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|  |  | Interpretation of symptoms, signs and test results by a specialist physician |
|  |  | Diagnosis (must differentiate between narcolepsy, idiopathic hypersomnia, sleep apnoea and hypopnea syndrome) by a medical specialist in sleep disorders  |
|  |  | Stimulant prescribed (prohibited in-competition) including dosage, frequency, administration route |
|  |  | Use of and response to other treatments including behavioural changes, naps, CPAP, antidepressants (not essential to have trialled prior to the use of stimulants) |
|  | **Diagnostic test results** should include copies of: |
|  |  | Night time polysomnography |
|  |  | Multiple Sleep Latency Test |
|  |  | Brain imaging: not mandatory |
|  | **Additional information** included |
|  |  | As per ADO specification |