Checklist for Therapeutic Use Exemption (TUE) Application:

ADO logo

**Transgender Athletes**

*Prohibited Substances: Testosterone, spironolactone*

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: age at onset of gender dysphoria, evidence of complete medical assessment prior to start of any treatment, description of any previous partially or fully reversible treatment |
|  |  | Endocrinologist report on initiation of current therapy |
|  |  | Interpretation of history, presentation and endocriniologist report by a physician regularly providing care to transgender people |
|  |  | Testosterone and spironolactone (both are prohibited at all times) prescribed including dosage, frequency, administration route |
|  |  | Evidence of follow-up/monitoring of athlete by qualified physician including testosteronelevels for renewals |
|  | **Diagnostic test results** should include copies of: |
|  |  | Laboratory tests: regular testosterone levels since treatment started (incl. the method/ assay used) |
|  | **Additional information** included |
|  |  | Surgery report where applicable |