



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

### Intravenous Infusions

*Prohibited Substances/Method: Volume > 100 ml per 12 h*



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.

<input type="checkbox"/>	<b>TUE Application form</b> must include:	
	<input type="checkbox"/>	All sections completed in legible handwriting
	<input type="checkbox"/>	All information submitted in [language]
	<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: symptoms at manifestation, course of disease, start of treatment. Must define/describe where the infusion was/is to be administered (Note: infusions given as part of hospital treatment, surgical procedure or diagnostic procedure do not require a TUE unless they contain a prohibited substance)
	<input type="checkbox"/>	Findings on examination: e.g., physical signs of illness or relevant medical condition
	<input type="checkbox"/>	Interpretation of symptoms, clinical findings and test results
	<input type="checkbox"/>	Diagnosis of illness or most probable medical condition
	<input type="checkbox"/>	Infusion: volume and time period over which it has been given (only >100ml per 12h require a TUE) and substance (if any prohibited substance is infused) including dosage and frequency
	<input type="checkbox"/>	Response to treatment/course of illness/condition
	<input type="checkbox"/>	If an alternative treatment was not an option, a description of why iv administration of fluid or substance was/is chosen must be given
<input type="checkbox"/>	<b>Diagnostic test results</b> included (copies of originals or printouts)	
	<input type="checkbox"/>	Laboratory tests: if available, e.g. Hb/Hct, electrolytes, blood cell count, serum ferritin etc
<input type="checkbox"/>	<b>Additional information</b> included	
	<input type="checkbox"/>	As per ADO specification