

Checklist for Therapeutic Use Exemption (TUE) Application:

Musculoskeletal Conditions



Prohibited Substances: Systemic glucocorticoids and narcotics

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 <u>MUST</u> 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.

TUI	E 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
Me	dical report should include details of:
	Medical history: symptoms, time of onset, acute/overuse injury or chronic disease, presentation at fi manifestation, recovery from injury/activity score of disease, start of treatment
	Findings on examination
	Interpretation of symptoms, signs and test results by physician
	Diagnosis
	Substance prescribed (systemic glucocorticoids and narcotics are prohibited in-competition only) including dosage, frequency, administration route
	Response to treatment/course of disease under treatment
	Explain why alternate (non-prohibited) treatments were not used
Dia	gnostic test results should include copies of:
	Laboratory tests as applicable, e.g. inflammation markers (CRP, ESR), rheumatoid factor, anti-CCP HLA-B27 gene marker
	Imaging findings (ultrasound, MRI, CT, X-ray) as applicable
Add	litional information included
	As per ADO specifications