



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

### Sinusitis/Rhinosinusitis

*Prohibited Substances: Pseudoephedrine, glucocorticoids*



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: exact symptoms (>2 of the following: facial pain, nasal obstruction, nasal purulence/discharge, hyposmia/anosmia), intensity (incl. improvement or worsening) and duration of symptoms in days/weeks
	<input type="checkbox"/>	Findings on examination: congestion/obstruction, pressure pain, discharge, smell
	<input type="checkbox"/>	Diagnosis
	<input type="checkbox"/>	Pseudoephedrine and/or glucocorticoid dosage, frequency, administration route (both are only prohibited in-competition, glucocorticoids only when applied systemically, and pseudoephedrine if exceeding therapeutic dose of 240 mg daily or if given in an extended release format)
	<input type="checkbox"/>	Explain why alternative non-prohibited treatment is not used/sufficient and state expected duration of treatment
<input type="checkbox"/>	<b>Diagnostic test results</b> should include copies of;	
	<input type="checkbox"/>	Laboratory tests are not mandatory (e.g., nasal culture)
	<input type="checkbox"/>	Imaging findings or other investigations: only chronic conditions require confirmation by CT or endoscopy
<input type="checkbox"/>	<b>Additional information</b> included	
	<input type="checkbox"/>	As per specification by ADO