



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

### 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.

<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: include comments on history of <ol style="list-style-type: none"><li>1. excessive daytime sleepiness, and duration</li><li>2. cataplexy</li><li>3. Sleep behaviour/apnoeas (witnessed by partner)</li><li>4. any medical or psychiatric conditions that could account for hypersomnia</li></ol>
	<input type="checkbox"/>	Findings on examination: <ol style="list-style-type: none"><li>1. assessment of neurologic and psychiatric signs/symptoms to exclude other causes</li><li>2. a negative drug screen</li></ol>
	<input type="checkbox"/>	Interpretation of symptoms, signs and test results by a specialist physician
	<input type="checkbox"/>	Diagnosis (must differentiate between narcolepsy, idiopathic hypersomnia, sleep apnoea and hypopnea syndrome) by a medical specialist in sleep disorders
	<input type="checkbox"/>	Stimulant prescribed (prohibited in-competition) including dosage, frequency, administration route
	<input type="checkbox"/>	Use of and response to other treatments including behavioural changes, naps, CPAP, antidepressants (not essential to have trialled prior to the use of stimulants)
<input type="checkbox"/>	<b>Diagnostic test results</b> should include copies of:	
	<input type="checkbox"/>	Night time polysomnography
	<input type="checkbox"/>	Multiple Sleep Latency Test
	<input type="checkbox"/>	Brain imaging: not mandatory
<input type="checkbox"/>	<b>Additional information</b> included	
	<input type="checkbox"/>	As per ADO specification