



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.

TU	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: 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 testosterone levels for renewals
Dia	gnostic test results should include copies of:
	Laboratory tests: regular testosterone levels since treatment started (incl. the method/ assay used)
Ado	litional information included
	Surgery report where applicable