Checklist for Therapeutic Use Exemption (TUE) Application

ADO logo

**Anaphylaxis**

This Checklist is to guide the athlete and their physician on the overall 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.

|  |  |
| --- | --- |
|  | **Application** form included |
|  |  | All handwritten information is legible and all sections are completed |
|  |  | All information is in a language accepted by ADO |
|  |  | Applying physician signed |
|  |  | Athlete signed |
|  | **Medical report** included |
|  |  | Medical history: symptoms, age at onset, course of disease, start of treatment; typical symptoms and complications (where applicable) |
|  |  | Findings on physical examination |
|  |  | Interpretation of symptoms, signs and test results by physician |
|  |  | Diagnosis based on current internationally accepted criteria |
|  |  | Substance prescribed, dosage, frequency, administration route |
|  |  | Evidence of follow-up/monitoring of athlete by physician |
|  | **Diagnostic test results** included (copies of originals or printouts) |
|  |  | Laboratory tests (where applicable)  |
|  |  | Imaging or other test results (where applicable)  |
|  | **Additional information** included |
|  |  | As per ADO specification |