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Description automatically generatedChecklist for Therapeutic Use Exemption (TUE) Application:

ADO logo

**Diabetes**

*Prohibited Substance: Insulin*

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 International Standard for TUE 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.

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|  | **TUE Application form** must include: | |
|  |  | All sections completed legibly |
|  |  | All information submitted in [language(s) as per ADO preferences] |
|  |  | A signature from the applying physician |
|  |  | The Athlete’s signature |
|  | **Medical report** should include details of: | |
|  |  | Medical history: symptoms, age at onset, course of disease, start of treatment,  hypoglycaemia, diabetic ketoacidosis, diabetes-related complications (where applicable) |
|  |  | Interpretation of symptoms, signs and test results by physician |
|  |  | Diagnosis based on international criteria (fasting blood glucose/glucose tolerance test/  A1C or random blood glucose) |
|  |  | Type of insulin prescribed including dosage, frequency, administration route |
|  | **Diagnostic test results** should include copies of: | |
|  |  | Laboratory tests (e.g., A1C profile, blood glucose) |
|  | **Additional information** included | |
|  |  | [As per ADO specification] |