



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

ADO  
logo

### Male Hypogonadism

*Prohibited Substances: Testosterone and human chorionic gonadotropin*

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.

<input type="checkbox"/>	<b>TUE Application form must include:</b>
<input type="checkbox"/>	All sections completed legibly
<input type="checkbox"/>	All information submitted in [language(s) as per ADO preferences]
<input type="checkbox"/>	A signature from the applying physician
<input type="checkbox"/>	The Athlete's signature
<input type="checkbox"/>	<b>Medical report should include details of:</b>
<input type="checkbox"/>	Medical history: puberty timing, progression, and relevant family history; libido, erections, ejaculations and frequency of sexual activity including duration and severity of any problems; shaving onset and frequency; hot flushes/sweats; testicular disorders (cryptorchidism, torsion, orchitis, injury); significant head injuries; non-specific symptoms (whether positive or negative)
<input type="checkbox"/>	Physical examination: acne, gynecomastia, hair pattern (truncal, axillary & pubic), testicular volume by orchidometer or ultrasound; height, weight, BMI; muscular development and tone (must be addressed and included)
<input type="checkbox"/>	Interpretation of history, presentation, and laboratory results by the treating physician, preferably a specialist in endocrinology with sub-specialization in andrology
<input type="checkbox"/>	Diagnosis: primary or secondary hypogonadism; organic/pathologic or functional causes of low testosterone (please note that TUEs will only be granted for organic causes)
<input type="checkbox"/>	Substance prescribed (testosterone or human chorionic gonadotropin) including dosage, frequency and route of administration
<input type="checkbox"/>	Treatment and monitoring plan
<input type="checkbox"/>	Evidence of follow-up/monitoring of Athlete by qualified physician for renewals
<input type="checkbox"/>	<b>Diagnostic test results, if applicable, should include copies of:</b>
<input type="checkbox"/>	Laboratory tests: Serum testosterone, LH, FSH and SHBG should be measured at least twice (recording the time of day) within a four-week period and at least one sample taken in the morning.
<input type="checkbox"/>	<b>Additional information included</b>
<input type="checkbox"/>	Semen analysis including sperm count, if fertility is an issue
<input type="checkbox"/>	Inhibin B (if considering Congenital Hypogonadotropic Hypogonadism or Constitutional Delayed Puberty)
<input type="checkbox"/>	MRI (or CT) of pituitary with and without contrast
<input type="checkbox"/>	Pituitary function tests to exclude hypopituitarism, if relevant – morning serum cortisol ( $\pm$ ACTH stimulation test), serum TSH, T4, prolactin, IGF-I
<input type="checkbox"/>	Other diagnostics to identify an organic etiology for hypogonadism (e.g., karyotype, olfactory function test, genomics for delayed or failed puberty, iron studies (serum ferritin, % saturation) and genetic testing for hereditary hemochromatosis)
<input type="checkbox"/>	Dexa scan, if appropriate