



## Checklist for Therapeutic Use Exemption (TUE) Application

### Kidney Failure and Kidney Transplantation

*Prohibited Substances: Glucocorticoids, EPO, diuretics, beta-blockers, hypoxia-inducible factor (HIF), proyl-hydroxylase inhibitors*

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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 Therapeutic Exemptions \(ISTUE\)](#) 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 must include:</b>
<input type="checkbox"/>	All sections completed in legible handwriting
<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: age at onset of symptoms, symptoms, diagnostic workup by treating physician
<input type="checkbox"/>	History of declining renal function and associated evidence that criteria for renal transplantation have been met from or signed by nephrologist/renal physician. This may come from the family physician if endorsed by a nephrologist
<input type="checkbox"/>	Surgical report of the transplantation signed by surgeon and/or a nephrologist
<input type="checkbox"/>	In case of graft impairment/dysfunction, evidence thereof from or signed by nephrologist/renal physician
<input type="checkbox"/>	In case of cardiovascular complications: evidence of arterial hypertension or ischemic heart disease with therapeutic rationale for beta-blocker by treating physician/cardiologist
<input type="checkbox"/>	Dosage, frequency, administration route for prohibited substance(s) prescribed (glucocorticoids, EPO, diuretics, beta-blockers, Hypoxia-inducible factor (HIF) proyl-hydroxylase inhibitors).
<input type="checkbox"/>	<b>Diagnostic test results should include copies of:</b>
<input type="checkbox"/>	Laboratory tests documenting decline in renal function prior to transplantation; blood results testifying to anemia in case of EPO treatment
<input type="checkbox"/>	Blood pressure readings; ECG, coronary CT, echocardiography, coronary angiography etc. as applicable in case of diuretic or beta-blocker treatment
<input type="checkbox"/>	<b>Additional information (if necessary)</b>
<input type="checkbox"/>	[As per ADO specifications]