

Checklist for Therapeutic Use Exemption (TUE) Application **PCOS**

ADO logo

Prohibited Substances: clomiphene, letrozole

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 <u>International Standard for Therapeutic Exemptions (ISTUE)</u> 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

TUE Application form must include:		
	All sections completed in legible handwriting	
	All information submitted in [language(s) as per ADO preferences]	
	A signature from the applying physician	
	The Athlete's signature	
Med	lical report should include details of	
	Family and personal history of PCOS diagnosis	
	Menstrual history	
	Relevant clinical symptoms (for example hirsutism, androgenic alopecia, acne, infertility, impaired glucose tolerance, depression or anxiety)	
	General physical examination including assessment of hair growth distribution and quantity, acne, BP, weight, height, BMI and pelvic examination if applicable	
	Previous treatment(s) and response to treatment	
	A list of past and/or current therapies	
Dia	Diagnostic test results should include copies of:	
	Laboratory testing for PCOS to show biochemical hyperandrogenism	
	Imaging findings (e.g. transvaginal ultrasound) when applicable	
Add	Additional information (if necessary)	
	As specified by ADO	