



Checklist for Therapeutic Use Exemption (TUE) Application
Transgender Athletes

Prohibited Substances: Testosterone, spironolactone



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.

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|---|---|
| <input type="checkbox"/> TUE Application form must include: | |
| <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"/> Medical report should include details of: | |
| <input type="checkbox"/> | Medical history: evidence of complete medical assessment prior to start of treatment, description of any previous partially or fully reversible treatment |
| <input type="checkbox"/> | Endocrinologist report on initiation of current therapy |
| <input type="checkbox"/> | Interpretation of history, presentation and endocrinologist report by a physician regularly providing care to transgender people |
| <input type="checkbox"/> | Testosterone/spironolactone (both are prohibited at all times) prescribed including dosage, frequency, administration route |
| <input type="checkbox"/> | Evidence of follow-up/monitoring of athlete by qualified physician, including regular testosterone levels for renewals |
| <input type="checkbox"/> Diagnostic test results should include copies of: | |
| <input type="checkbox"/> | Laboratory tests: regular testosterone levels since treatment started (incl. the method/assay used) |
| <input type="checkbox"/> Additional information (if necessary) | |
| <input type="checkbox"/> | Surgery report where applicable |
| <input type="checkbox"/> | [As per ADO specifications] |