Checklist for Therapeutic Use Exemption (TUE) Application:
Sinusitis/Rhinosinusitis
Prohibited Substances: Pseudoephedrine, glucocorticoids

ADO logo

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.

☐	**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: exact symptoms (>2 of the following: facial pain, nasal obstruction, nasal purulence/discharge, hyposmia/anosmia), intensity (incl. improvement or worsening) and duration of symptoms in days/weeks
	☐	Findings on examination: congestion/obstruction, pressure pain, discharge, smell
	☐	Diagnosis
	☐	Pseudoephedrine and/or glucocorticoid dosage, frequency, administration route (both are only prohibited in-competition, glucocorticoids only when applied systemically, and pseudoephedrine if exceeding therapeutic dose of 240 mg daily or if given in an extended release format)
	☐	Explain why alternative non-prohibited treatment is not used/sufficient and state expected duration of treatment
☐	**Diagnostic test results** should include copies of;	
	☐	Laboratory tests are not mandatory (e.g., nasal culture)
	☐	Imaging findings or other investigations: only chronic conditions require confirmation by CT or endoscopy
☐	**Additional information** included	
	☐	[As per ADO specifications]