Checklist for Therapeutic Use Exemption (TUE) Application:

ADO logo

**Anaphylaxis**

*Prohibited Substance: Glucocorticoids*

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 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.

|  |  |  |
| --- | --- | --- |
|  | **TUE Application form** must include: | |
|  |  | All sections completed in legible handwriting |
|  |  | All information submitted in [language] |
|  |  | A signature from the applying physician |
|  |  | The Athlete’s signature |
|  | **Medical report** should include details of: | |
|  |  | Medical history:  1. onset, timeline of development of symptoms  2. trigger mechanism (e.g, allergen, observation) if known  3. comment on respiratory compromise, collapse, skin/mucosal reaction, gastrointestinal symptoms |
|  |  | Physical examination (may be from emergency department - blood pressure, respiratory rate, skin/mucosal reaction) |
|  |  | Treatment prescribed; time and date, dosage, frequency, administration route for each substance:  a) Acute management (epinephrine/adrenaline and systemic glucocorticoids are prohibited in competition: nebulised beta-2-agonists are prohibited at all times; IV fluids are prohibited unless treatment is received in hospital)  b) Maintenance/prevention: epinephrine autoinjector (prohibited in competition) |
|  | **Diagnostic test/scale results** should include copies of: | |
|  |  | Ambulance or emergency department/hospital records - where available |
|  |  | Laboratory tests (e.g. tryptase levels) - not always performed and not mandatory |
|  |  | Photographic evidence of skin reaction if relevant and available |
|  |  | Skin prick test or other allergy testing |
|  | **Additional information** included | |
|  |  | As per ADO specifications |