Checklist for Therapeutic Use Exemption (TUE) Application:

ADO logo

**Cardiovascular Conditions**

*Prohibited Substances: Beta-blockers*

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.

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|  | **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: family history of the disease, symptoms, presentation at first manifestation, course of disease, start of treatment |
|  |  | Findings on examination: pulse quality, auscultation, any signs of heart failure  |
|  |  | Interpretation of symptoms, signs and test results by a specialist physician; i.e. cardiologist |
|  |  | Diagnosis (stable angina pectoris; secondary prevention after myocardial infarction; symptomatic heart failure II-IV); supraventricular and ventricular arrhythmias; Long QT syndrome; acute coronary syndrome; hypertension without other risk factors) |
|  |  | Medication prescribed (beta-blockers are prohibited in specific sports only) including dosage, frequency, administration route |
|  |  | Trial of use of non-prohibited treatment and outcome: important to show that alternatives are either not effective or not available  |
|  |  | Consequences to the athlete if beta-blocker treatment was withheld |
|  | **Diagnostic test results** should include copies of; |
|  |  | Laboratory tests: biomarkers as applicable (creatine kinase, troponin I and T, myoglobin, BNP and NT-proBNP) |
|  |  | Resting ECG, stress ECG, Holter monitoring blood pressure readings as applicable  |
|  |  | Imaging findings: chest radiograph, magnetic resonance imaging, repeated measures of ejection fraction and structural remodeling, radionuclide ventriculography and nuclear imaging (myocardial scintigraphy), coronary CT, echocardiography and coronary angiography as applicable |
|  | **Additional information** included  |
|  |  | As per ADO specification (e.g., performance results before and under treatment) |