



Checklist for Therapeutic Use Exemption (TUE) Application

Female Infertility

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 [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.

<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 such as menstrual history, previous pregnancy or miscarriage, sexually transmitted disease, gynaecological medical conditions or surgery
<input type="checkbox"/>	Symptoms of endocrine disturbance such as hirsutism, acne, galactorrhea, hot flushes and sweating, or fatigue
<input type="checkbox"/>	General physical examination including a gynaecological examination
<input type="checkbox"/>	Lifestyle factors and chronic diseases that can affect fertility
<input type="checkbox"/>	Response to previous treatment(s) (ovulation monitoring, ovulation stimulation, IVF)
<input type="checkbox"/>	A list of past and/or current therapies
<input type="checkbox"/>	Diagnostic test results , if applicable, should include copies of:
<input type="checkbox"/>	Relevant laboratory tests (ovarian reserve testing such as serum analysis of anti-müllerian hormone (AMH) and follicle-stimulating hormone (FSH) on cycle day 3 to 5 together with AFC by ultrasound)
<input type="checkbox"/>	Imaging findings (e.g. vaginal ultrasound, HyCoSy, HSG, laparoscopy, hysteroscopy)
<input type="checkbox"/>	Additional information (if necessary)
<input type="checkbox"/>	[As per ADO specifications]