



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.

<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]