



## Checklist for Therapeutic Use Exemption (TUE) Application:

### Adrenal Insufficiency

*Prohibited Substances: Gluco- and mineralocorticoids*

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.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>TUE Application form</b> must include:  |
| <input type="checkbox"/> | All sections completed in legible handwriting  |
| <input type="checkbox"/> | All information submitted in [language]  |
| <input type="checkbox"/> | A signature from the applying physician  |
| <input type="checkbox"/> | The Athlete's signature  |
| <input type="checkbox"/> | <b>Medical report</b> should include details of:   |
| <input type="checkbox"/> | Medical history: symptoms, age at onset, presentation at first manifestation (acute crisis/ chronic symptoms), course of disease, start of treatment                             |
| <input type="checkbox"/> | Findings on examination  |
| <input type="checkbox"/> | Interpretation of symptoms, signs and test results by a specialist physician, i.e. endocrinologist   |
| <input type="checkbox"/> | Diagnosis: specify whether primary or secondary adrenal insufficiency  |
| <input type="checkbox"/> | Gluco- and mineralocorticoids (where applicable) prescribed (both are prohibited in-competition) including dosage, frequency, administration route                               |
| <input type="checkbox"/> | Response to treatment/course of disease under treatment  |
| <input type="checkbox"/> | <b>Diagnostic test results</b> should include copies of:   |
| <input type="checkbox"/> | Laboratory tests as applicable: electrolytes, fasting blood glucose, serum cortisol, plasma ACTH, renin and aldosterone  |
| <input type="checkbox"/> | Imaging findings as applicable: cranial or abdominal CT/MRI  |
| <input type="checkbox"/> | Provocation tests or other test results as applicable: cosyntropin (corticotropin stimulation) test, CRH stimulation, insulin tolerance test, metyrapone stimulation, antibodies |
| <input type="checkbox"/> | <b>Additional information</b> included   |
| <input type="checkbox"/> | Where applicable, statement on previous glucocorticoid treatment, administration routes, frequency, granted TUEs by physician/athlete  |