



Checklist for Therapeutic Use Exemption (TUE) Application:

Renal Transplantation

Prohibited Substances: Systemic glucocorticoids, EPO, diuretics, beta-blockers, hypoxia-inducible factor (HIF), proyl-hydroxylase inhibitors

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"/> | TUE Application form 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"/> | Medical report should include details of: |
| <input type="checkbox"/> | Medical history: age at onset of symptoms, symptoms, diagnostic workup by treating physician |
| <input type="checkbox"/> | History of declining renal function and associated evidence that criteria for renal transplantation have been met from or signed by nephrologist/renal physician. This may come from the family physician if endorsed by a nephrologist |
| <input type="checkbox"/> | Surgical report of the transplantation signed by surgeon |
| <input type="checkbox"/> | In case of graft impairment/dysfunction, evidence thereof from or signed by nephrologist/renal physician |
| <input type="checkbox"/> | In case of cardiovascular complications: evidence of arterial hypertension or ischemic heart disease with therapeutic rationale for beta-blocker by treating physician/cardiologist |
| <input type="checkbox"/> | Substance(s) prescribed (systemic glucocorticoids, EPO, diuretics, beta-blockers, Hypoxia-inducible factor (HIF) proyl-hydroxylase inhibitors are all prohibited) including dosage, frequency, administration route for every substance |
| <input type="checkbox"/> | Diagnostic test results should include copies of: |
| <input type="checkbox"/> | Laboratory tests documenting decline in renal function prior to transplantation; blood results testifying to anemia in case of EPO treatment |
| <input type="checkbox"/> | Blood pressure readings; ECG, coronary CT, echocardiography, coronary angiography etc. as applicable in case of diuretic or beta-blocker treatment |
| <input type="checkbox"/> | Additional information included |
| <input type="checkbox"/> | As per ADO |