



Checklist for Therapeutic Use Exemption (TUE) Application:

PCOS

Prohibited Substances: clomiphene, letrozole

ADO
logo

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 TUE 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 legibly
<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 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 included <i>((if applicable for medical condition))</i>
<input type="checkbox"/>	[As per ADO specifications]