

**Adrenal Insufficiency***Prohibited Substances: Glucocorticoids 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 [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"/>	<b>TUE Application form must include:</b>
<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"/>	<b>Medical report should include details of:</b>
<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"/>	Glucocorticoids 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 should include copies of:</b>
<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 (if necessary)</b>
<input type="checkbox"/>	Where applicable, statement on previous glucocorticoid treatment, administration routes, frequency, granted TUEs by physician/athlete