



Checklist for Therapeutic Use Exemption (TUE) Application

Cardiovascular Conditions treated with Beta-blockers

Prohibited Substances: Beta-blockers, diuretics

ADO
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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"/>	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"/>	Signature of the athlete making the request is required
<input type="checkbox"/>	Medical report should include details of:
<input type="checkbox"/>	Medical history: family history of the disease, symptoms, age at onset, presentation at first manifestation, course of disease, start of treatment
<input type="checkbox"/>	Findings on examination: pulse quality, auscultation, any signs of heart failure
<input type="checkbox"/>	Summary of diagnostic test results (a list to outline diagnostic workup)
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by a specialist physician (i.e., cardiologist)
<input type="checkbox"/>	Diagnosis (stable angina pectoris; secondary prevention after myocardial infarction; symptomatic heart failure II-IV); supraventricular and ventricular arrhythmias; Long QT syndrome; acute coronary syndrome; hypertension without other risk factors, aortopathy)
<input type="checkbox"/>	Medication prescribed (Beta-blockers are prohibited in specific sports only, either in-competition or at all times), dosage, frequency, administration route
<input type="checkbox"/>	Trial of use of non-prohibited treatment and outcome: important to show that alternatives are either not effective or not available
<input type="checkbox"/>	Consequences if Beta-blocker treatment was withheld: must describe evidence in individual case
<input type="checkbox"/>	Diagnostic test results , if applicable, should include copies of:
<input type="checkbox"/>	Laboratory tests: biomarkers as applicable (creatine kinase, troponin I and T, myoglobin, BNP and NT-proBNP)
<input type="checkbox"/>	Resting ECG, stress ECG, Holter monitoring blood pressure readings as applicable
<input type="checkbox"/>	Imaging findings: chest radiograph, magnetic resonance imaging, repeated measures of ejection fraction and structural remodeling, radionuclide ventriculography and nuclear imaging (myocardial scintigraphy), coronary CT, echocardiography, and coronary angiography as applicable
<input type="checkbox"/>	Additional information (if necessary)
<input type="checkbox"/>	As per ADO specification (e.g., performance results before and under treatment)