



Checklist for Therapeutic Use Exemption (TUE) Application

**Male Hypogonadism**

*Prohibited Substances:*

*Testosterone and human chorionic gonadotropin*

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"/>	<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: puberty timing, progression, and relevant family history; libido, erections, ejaculations and frequency of sexual activity including duration and severity of any problems; shaving onset and frequency; hot flushes/sweats; testicular disorders (cryptorchidism, torsion, orchitis, injury); significant head injuries; non-specific symptoms (whether positive or negative)
<input type="checkbox"/>	Physical examination: acne, gynecomastia, hair pattern (truncal, axillary & pubic), testicular volume by orchidometer or ultrasound; height, weight, BMI; muscular development and tone (must be addressed and included)
<input type="checkbox"/>	Interpretation of history, presentation, and laboratory results by the treating physician, preferably a specialist in endocrinology with sub-specialization in andrology
<input type="checkbox"/>	Diagnosis: primary or secondary hypogonadism; organic/pathologic or functional causes of low testosterone (please note that TUEs will only be granted for organic causes)
<input type="checkbox"/>	Substance prescribed (testosterone or human chorionic gonadotropin) including dosage, frequency and route of administration
<input type="checkbox"/>	Treatment and monitoring plan
<input type="checkbox"/>	Evidence of follow-up/monitoring of Athlete by qualified physician for renewals
<input type="checkbox"/>	<b>Diagnostic test results, if applicable, should include copies of:</b>
<input type="checkbox"/>	Laboratory tests: Serum testosterone, LH, FSH and SHBG should be measured at least twice (recording the time of day) within a four-week period and at least one sample taken in the morning.
<input type="checkbox"/>	<b>Additional information (if necessary)</b>
<input type="checkbox"/>	Semen analysis including sperm count, if fertility is an issue
<input type="checkbox"/>	Inhibin B (if considering Congenital Hypogonadotropic Hypogonadism or Constitutional Delayed Puberty)
<input type="checkbox"/>	MRI (or CT) of pituitary with and without contrast
<input type="checkbox"/>	Pituitary function tests to exclude hypopituitarism, if relevant – morning serum cortisol ( $\pm$ ACTH stimulation test), serum TSH, T4, prolactin, IGF-I
<input type="checkbox"/>	Other diagnostics to identify an organic etiology for hypogonadism (e.g., karyotype, olfactory function test, genomics for delayed or failed puberty, iron studies (serum ferritin, % saturation) and genetic testing for hereditary hemochromatosis)
<input type="checkbox"/>	Dexa scan, if appropriate