



Checklist for Therapeutic Use Exemption (TUE) Application:

Asthma

Prohibited Substances: Beta-2-agonists, Glucocorticoids

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 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: symptoms of airway obstruction, provocative stimuli, aggravating factors, exacerbations, age at onset, course of disease under treatment (specify)
<input type="checkbox"/>	Findings on examination: airflow obstruction at rest, exclusion of differential diagnoses
<input type="checkbox"/>	Summary of diagnostic test results: spirometry, if spirometry normal, include reversibility test, if both normal, include provocation test
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by respiratory physician
<input type="checkbox"/>	Beta-2-agonists (except for salbutamol, salmeterol, formeterol, vilanterol by inhalation and in therapeutic doses, all are prohibited at all times) and/or glucocorticoids (only prohibited in-competition and when given systemically) prescribed including dosage, frequency, administration route
<input type="checkbox"/>	Response to treatment with previous/current medication
<input type="checkbox"/>	Diagnostic test results should include copies of:
<input type="checkbox"/>	Spirometry report with flow curve
<input type="checkbox"/>	Spirometry report with flow curve after bronchodilator administration (reversibility test) if above spirometry shows normal findings
<input type="checkbox"/>	Documentation (including spirometry report with flow curve) of a recognized provocation test if both spirometries above show normal findings
<input type="checkbox"/>	Additional information included (not mandatory)
<input type="checkbox"/>	Peak flow log, allergy test results, previous spirometry and provocation tests results