

## Checklist for Therapeutic Use Exemption (TUE) Application Female Infertility

ADO logo

Prohibited Substances: clomiphene, letrozole

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 <a href="International Standard for Therapeutic Exemptions">International Standard for Therapeutic Exemptions</a> (ISTUE) criteria are met.

Please note that the completed TUE application form alone is not sufficient; supporting documents <u>MUST</u> 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.

TUE	Application form must include:
	All sections completed in legible handwriting
	All information submitted in [language(s) as per ADO preferences]
	A signature from the applying physician
	The Athlete's signature
Med	lical report should include details of:
	Medical history such as menstrual history, previous pregnancy or miscarriage, sexually transmitted disease, gynaecological medical conditions or surgery
	Symptoms of endocrine disturbance such as hirsutism, acne, galactorrhea, hot flushes and sweating, or fatigue
	General physical examination including a gynaecological examination
	Lifestyle factors and chronic diseases that can affect fertility
	Response to previous treatment(s) (ovualation monitoring, ovulation stimulation, IVF)
	A list of past and/or current therapies
Diagnostic test results, if applicable, should include copies of:	
	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)
	Imaging findings (e.g. vaginal ultrasound, HyCoSy, HSG, laparoscopy, hysteroscopy)
Add	litional information (if necessary)
	[As per ADO specifications]