

Prohibited Substances: Glucocorticoids

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 <u>International Standard for Therapeutic Exemptions</u> (<u>ISTUE</u>) 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	edical report should include details of:	
	Medical history, family history, relevant signs and symptoms, age of initial presentation, subsequent course of disease	
	Findings of physical examination and specific investigations (serology, radiology, endoscopy, hi-tech imaging, histology)	
	Interpretation of results by specialist physician (gastroenterologist) and application of appropriate diagnostic index (SCCAI, CDAI, HBI)	
	Use of systemic Glucocorticoids (dosage, frequency, administration route)	
	Response to treatment (control and frequency of flare-ups/remission)	
	Use of permitted immunomodulators and biologicals	
Diag	iagnostic test results should include copies of:	
	Relevant laboratory tests (e.g., serology stool/hemoccult test)	
	Imaging findings (X-ray, barium enema, gastro-, entero-, colonoscopy, CT, MRI)	
	Histology test results from biopsies	
Additional information (if necessary)		
	[As per ADO specifications]	