



Checklist for Therapeutic Use Exemption (TUE) Application

Intravenous Infusions and/or Injections

Prohibited Method: Volume >100ml within a 12h period

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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 Use 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"/>	TUE 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"/>	The athlete's signature
<input type="checkbox"/>	Medical report should include details of:
<input type="checkbox"/>	Medical history: symptoms at manifestation, course of illness/condition, start of treatment. Must define/describe where the infusion was/is to be administered. (Note: infusions given as part of hospital treatment, surgical procedure, or diagnostic procedure do not require a TUE unless they contain a prohibited substance)
<input type="checkbox"/>	Findings on examination: e.g., physical signs of illness or relevant medical condition
<input type="checkbox"/>	Interpretation of symptoms, clinical findings, and test results
<input type="checkbox"/>	Diagnosis of illness or most probable medical condition
<input type="checkbox"/>	Infusion: volume and time period over which it has been given (only >100ml within a 12h period require a TUE) and substance (if any prohibited substance is infused) including dosage and frequency
<input type="checkbox"/>	Response to treatment/course of illness/condition
<input type="checkbox"/>	Explain why IV administration of fluid was chosen if an alternative treatment (i.e., oral fluids) was not given
<input type="checkbox"/>	Diagnostic test results included (copies of originals or printouts)
<input type="checkbox"/>	Laboratory tests: if available, e.g., Hb/Hct, electrolytes, blood cell count, serum ferritin, etc.
<input type="checkbox"/>	Additional information (if necessary)
<input type="checkbox"/>	As per ADO specification