



Therapeutic Use Exemption (TUE) Checklist

*Growth Hormone Deficiency (GHD) and Other Indications
for Growth Hormone Therapy*



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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 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.

The documents included in your medical file must confirm your diagnosis and prescription and include:

<input type="checkbox"/> A duly completed TUE application form;
<input type="checkbox"/> A letter from your physician confirming you were seen within the current year (See Annex 1 for sample);
<input type="checkbox"/> Medical report should include details of:
<input type="checkbox"/> Medical history: Aetiology: Genetic growth hormone deficiency, intracranial disease, pituitary tumor; irradiation, surgery, or bleeding in the hypothalamic-pituitary area; traumatic brain injury or whole body irradiation. Treatment of other pituitary hormone deficiencies. Furthermore, in case of: <ol style="list-style-type: none"> Adult¹: Fatigue, poor exercise capacity, abdominal obesity, impaired psychosocial function. Transition²: Evidence of short stature and growth deceleration based on standard deviation; any specific treatment as a child. Physician’s interpretation of diagnostic tests performed during transition.
<input type="checkbox"/> Physical exam: <ol style="list-style-type: none"> Adult: May be unremarkable Transition: Height, weight, body mass index
<input type="checkbox"/> Diagnostic test results should include copies of:
<input type="checkbox"/> Laboratory tests: Insulin-like growth factor-1 (in ng/mL) measured after 2–4 weeks off recombinant human growth hormone in those on therapy; no earlier than 12 months after brain injury in those with post-traumatic etiology. Other hormone levels: thyroid-stimulating hormone (TSH), follicle-stimulating hormone (FSH), luteinizing hormone (LH), prolactin. Morning cortisol as a reliable indicator of adrenocorticotrophic hormone (ACTH). MRI of pituitary/hypothalamus to assess structural abnormalities for all new onset GHD (any age)
<input type="checkbox"/> If diagnosed during childhood, gene (GH-1 or GHRH-R) or transcription factor mutations (e.g., PROP-1, POU1F1 (Pit-1)) known to result in hypopituitarism
<input type="checkbox"/> Growth hormone stimulation tests may include: <ol style="list-style-type: none"> Adults: Insulin tolerance test, glucagon stimulation test, growth hormone–releasing hormone (GHRH)-arginine stimulation test, macimorelin test. Results of stimulation testing during transition (if performed). Transition: Insulin tolerance test, glucagon stimulation test, macimorelin test. <p>Note: Stimulation tests are not required when hypopituitarism is diagnosed (≥3 other pituitary hormone deficits or gene or transcription factor mutations present (see above)). Additional tests are also not required if IGF-1 levels 2–4 weeks after stopping treatment remain below -2 SD.</p>

For more information about WADA’s ISTUE criteria and additional information about the documentation to be submit, please visit WADA’s [Medical Information to Support the Decisions of TUECs – Growth Hormone Deficiency](#).

¹ Adult-onset deficiency

² Transition from childhood, i.e. when linear growth has ceased