



Therapeutic Use Exemption (TUE) Checklist

Adrenal Insufficiency

CANADIAN CENTRE
FOR ETHICS IN SPORT

CENTRE CANADIEN
DANS LE SPORT
POUR L'ÉTHIQUE

201-2723 chemin Lancaster Rd
Ottawa ON Canada K1B 0B1
Tel/Tél + 1 613 521 3340
+ 1 800 672 7775
Fax/Télé + 1 613 521 3134
info@cces.ca www.cces.ca

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: symptoms, age at onset, presentation at first manifestation (acute crisis/chronic symptoms), course of disease, start of treatment
<input type="checkbox"/> Findings on examination
<input type="checkbox"/> Interpretation of symptoms, signs and test results by a specialist physician, i.e. endocrinologist
<input type="checkbox"/> Gluco – and mineralocorticoids (where applicable) prescribed including dosage, frequency, route of administration
<input type="checkbox"/> Response to treatment/course of disease under treatment
<input type="checkbox"/> Diagnostic test results should include copies of:
<input type="checkbox"/> Laboratory tests as applicable: electrolytes, fasting blood glucose, serum cortisol, plasma ACTH, renin and aldosterone
<input type="checkbox"/> Imaging findings as applicable: cranial or abdominal CT/MRI
<input type="checkbox"/> Provocation tests or other test results as applicable: cosyntropin (corticotropin stimulation) test, CRH stimulation, insulin tolerance test, metyrapone stimulation, antibodies
<input type="checkbox"/> Additional information included
<input type="checkbox"/> Where applicable, statement on previous glucocorticoid treatment, routes of administration, frequency, granted TUEs by physician/athlete

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 – Adrenal Insufficiency](#).