



Therapeutic Use Exemption (TUE) Checklist

Asthma

Prohibited substances: Beta-2-agonists & glucocorticoids



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 provides the athlete and their physician with a list of requirements for a TUE application. A TUE application must include a completed form and a medical file that confirms the diagnosis and prescription. If it is not possible to submit all mandatory items on the checklist, please have the treating physician explain why.

A complete application with a medical file will be reviewed by the CCES TUE Committee to assess whether it meets the criteria of the International Standard for Therapeutic Use Exemption (ISTUE). There are no guarantees that a TUE will be granted.

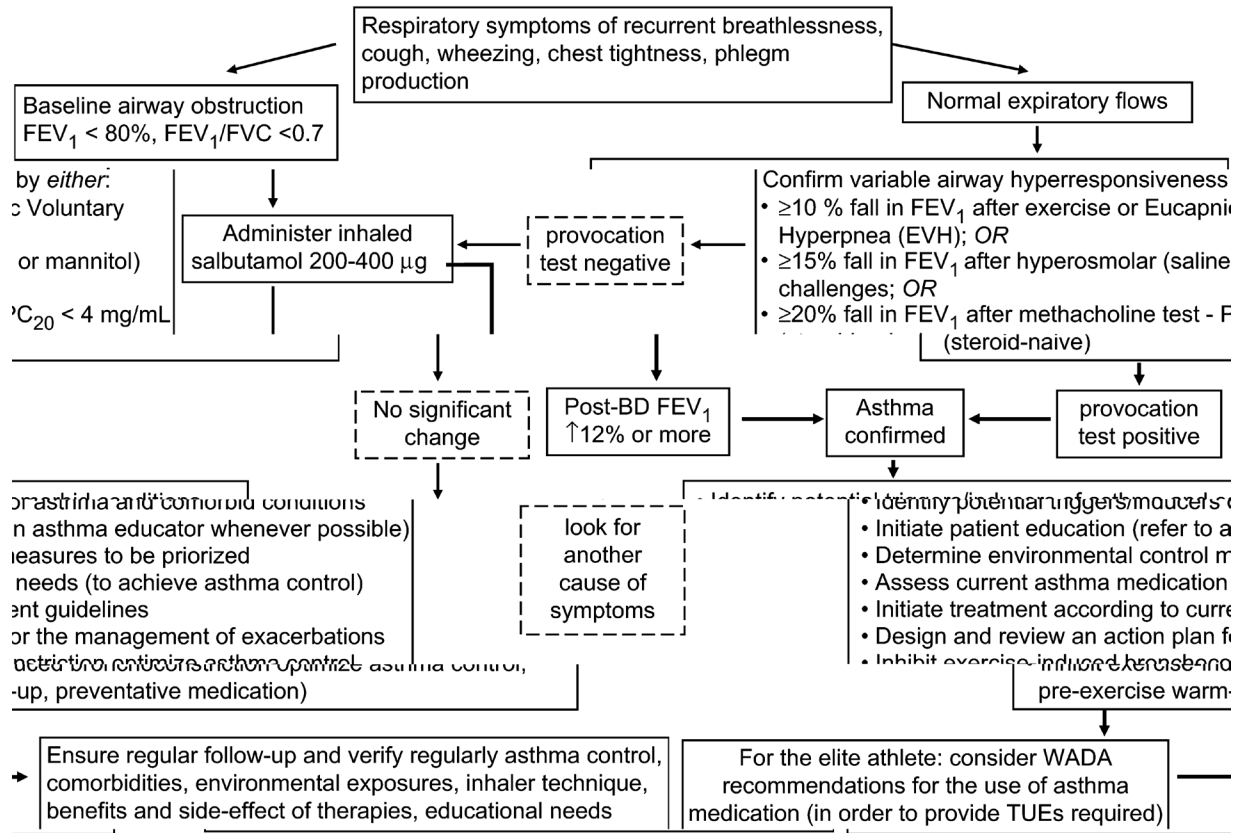
When an application is submitted without a complete medical file the CCES will advise the applicant which documents are missing and ask them to submit them.

<input type="checkbox"/> TUE application form must include:
<input type="checkbox"/> All sections completed in legible handwriting
<input type="checkbox"/> All information submitted in English or French
<input type="checkbox"/> A signature from the prescribing physician
<input type="checkbox"/> Athlete's signature in all appropriate sections
<input type="checkbox"/> A letter from the athlete's prescribing physician confirming you were seen within the current year (see Annex 1 for example)
<input type="checkbox"/> Medical reports should include details of:
<input type="checkbox"/> Medical history: symptoms of airway obstruction, provocative stimuli, aggravating factors, exacerbations, age at onset, course of disease under treatment (specify)
<input type="checkbox"/> Indicate any medical history related to asthma: atopic disorders, allergies, acute exacerbations, childhood asthma, family history of asthma, other). Please provide details on frequency, severity, etc.
<input type="checkbox"/> Findings on examination: airflow obstruction at rest, exclusion of differential diagnoses
<input type="checkbox"/> Indicate the exact diagnosis: asthma, exercise-induced bronchoconstriction, exercise-induced asthma, other)
<input type="checkbox"/> Summary of diagnostic test results: spirometry, if spirometry normal, include reversibility test, if both normal, include provocation test (see table below)
<input type="checkbox"/> Interpretation of symptoms, signs, and test results by respiratory physician
<input type="checkbox"/> Beta-2-agonists and/or glucocorticoids prescribed including dosage, frequency, route of administration. Note: Beta-2-agonists except for salbutamol, salmeterol, formoterol by inhalation and in therapeutic doses, all are prohibited at all times. Glucocorticoids are only prohibited in competition and when given systemically.
<input type="checkbox"/> Response to treatment with previous/current medication
<input type="checkbox"/> Diagnostic tests results should include copies of:
<input type="checkbox"/> Spirometry report with flow curve (see table below)
<input type="checkbox"/> Spirometry report with flow curve after bronchodilator administration (reversibility test) if spirometry indicated above shows normal findings (see table below)
<input type="checkbox"/> Documentation (including spirometry report with flow curve) of a recognized provocation test if both spirometry reports indicted above show normal findings (see table below)
<input type="checkbox"/> Additional information included (not mandatory)
<input type="checkbox"/> Peak flow log, allergy test results, previous spirometry report(s), and provocation tests results

For more information about WADA's ISTUE criteria and additional information about the documentation to be submitted, please visit [WADA's TUE Physician Guidelines - Asthma](#).

Asthma management for the athlete

BD: Bronchodilator; FVC: forced vital capacity



Source: p. 257, Fitch K et al. [Asthma and the elite athlete: Summary of the IOC Consensus Conference Lausanne, Switzerland, January 22-24, 2008. J Allergy Clin Immunol 2008 Aug; 122\(2\):254-60](#) via the [WADA TUE Physician Guidelines - Asthma](#)