



Therapeutic Use Exemption (TUE) Checklist

Female Infertility

Prohibited Substances: Clomiphene, Letrozole

CANADIAN CENTRE
FOR ETHICS IN SPORT

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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 athlete's prescribing physician confirming they 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: menstrual history, previous pregnancy or miscarriage, sexually transmitted infection (STI), gynaecological medical conditions, or surgery
<input type="checkbox"/> Symptoms of endocrine disturbance such as hirsutism, acne, galactorrhea, hot flushes and sweating, or fatigue
<input type="checkbox"/> General physical examination including a gynaecological examination
<input type="checkbox"/> Lifestyle factors and chronic diseases that can affect fertility
<input type="checkbox"/> Response to previous treatment(s) (ovulation monitoring, ovulation stimulation, IVF)
<input type="checkbox"/> A list of past and/or current therapies
<input type="checkbox"/> Diagnostic test results should include copies of:
<input type="checkbox"/> Relevant laboratory tests (ovarian reserve testing, such as serum analysis of anti-müllerian hormone (AMH) and follicle-stimulating hormone (FSH) on cycle day 3 to 5 together with AFC by ultrasound)
<input type="checkbox"/> Imaging findings (e.g., vaginal ultrasound, HyCoSy, HSG, laparoscopy, hysteroscopy)

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