



Therapeutic Use Exemption (TUE) Checklist

*Growth Hormone Deficiency (GHD) and Other Indications
for Growth Hormone Therapy – Adult and Transition from
Childhood*

Prohibited Substances: Growth Hormone

CANADIAN CENTRE
FOR ETHICS IN SPORT

CENTRE CANADIEN
DANS LE SPORT

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 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: Genetic or acquired causes of hypothalamic-pituitary disease (e.g., pituitary tumor, irradiation, surgery, traumatic brain injury), presence of other pituitary hormone deficiencies and information supporting a diagnosis of GH deficiency: a) Adult ¹ : Fatigue, poor exercise capacity, abdominal obesity, impaired psychosocial function b) Transition ² : Childhood short stature and growth deceleration; childhood growth hormone therapy
<input type="checkbox"/> Physical exam: Clinical evidence of adult GH deficiency such as central adiposity, pale complexion, thin dry skin, sparse body hairs, and, for the patient in transition, evidence of developmental or somatic immaturity.
<input type="checkbox"/> Diagnostic test results should include copies of:
<input type="checkbox"/> Laboratory tests (with reference ranges): Insulin-like growth factor-1 measured after 2–4 weeks off human growth hormone for those on therapy; no earlier than 12 months after brain injury in those with post-traumatic etiology. Baseline pituitary function: thyroid-stimulating hormone (TSH), follicle-stimulating hormone (FSH), luteinizing hormone (LH), prolactin. Morning cortisol as a reliable indicator of adrenocorticotrophic hormone (ACTH) status. MRI of pituitary/hypothalamus to assess structural abnormalities for all new onset GHD (any age) unless of genetic cause (see below).
<input type="checkbox"/> If diagnosed during childhood, gene (GH-1 or GHRH-R) or transcription factor mutations (e.g., PROP1, POU1F1 (Pit-1)) known to result in hypopituitarism.
<input type="checkbox"/> Growth hormone stimulation tests employing in: a) Adults: Insulin tolerance test, glucagon stimulation test, growth hormone–releasing hormone (GHRH)-arginine stimulation test, macimorelin test. b) Transition: Insulin tolerance test, glucagon stimulation test, macimorelin test. 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.

¹ Adult-onset deficiency.

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

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