



Checklist for Therapeutic Use Exemption (TUE) Application:

Adrenal Insufficiency

Prohibited Substances: Glucocorticoids and mineralocorticoids



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 International Standard for TUE 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.

<input type="checkbox"/>	TUE Application form must include:
<input type="checkbox"/>	All sections completed legibly
<input type="checkbox"/>	All information submitted in [language(s) as per ADO preferences]
<input type="checkbox"/>	A signature from the applying physician
<input type="checkbox"/>	The Athlete's signature
<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"/>	Diagnosis: specify whether primary or secondary adrenal insufficiency
<input type="checkbox"/>	Glucocorticoids and mineralocorticoids (where applicable) prescribed (both are prohibited in-competition) including dosage, frequency, administration route
<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, administration routes, frequency, granted TUEs by physician/athlete