



Transgender Athletes

Prohibited Substances: Testosterone, spironolactone

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.

Note that the athlete should confirm their eligibility to compete with their respective sport.

<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: evidence of complete medical assessment prior to start of treatment, description of any previous partially or fully reversible treatment
<input type="checkbox"/>	Endocrinologist report on initiation of current therapy
<input type="checkbox"/>	Interpretation of history, presentation and endocrinologist report by a physician regularly providing care to transgender people
<input type="checkbox"/>	Testosterone/spironolactone (both are prohibited at all times) prescribed including dosage, frequency, administration route
<input type="checkbox"/>	Evidence of follow-up/monitoring of athlete by qualified physician, including regular testosterone levels for renewals
<input type="checkbox"/> Diagnostic test results should include copies of:	
<input type="checkbox"/>	Laboratory tests: regular testosterone levels since treatment started (incl. the method/assay used)
<input type="checkbox"/> Additional information included	
<input type="checkbox"/>	Surgery report where applicable
<input type="checkbox"/>	[As per ADO specifications]