



Checklist for Therapeutic Use Exemption (TUE) Application:

PCOS

Prohibited Substances: clomiphene, letrozole



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"/>	Family and personal history of PCOS diagnosis
<input type="checkbox"/>	Menstrual history
<input type="checkbox"/>	Relevant clinical symptoms (for example hirsutism, androgenic alopecia, acne, infertility, impaired glucose tolerance, depression or anxiety)
<input type="checkbox"/>	General physical examination including assessment of hair growth distribution and quantity, acne, BP, weight, height, BMI and pelvic examination if applicable
<input type="checkbox"/>	Previous treatment(s) and response to treatment
<input type="checkbox"/>	A list of past and/or current therapies
<input type="checkbox"/>	Diagnostic test results should include copies of:
<input type="checkbox"/>	Laboratory testing for PCOS to show biochemical hyperandrogenism
<input type="checkbox"/>	Imaging findings (e.g. transvaginal ultrasound) when applicable
<input type="checkbox"/>	Additional information included (<i>if applicable for medical condition</i>)
<input type="checkbox"/>	As specified by ADO