



Checklist for Therapeutic Use Exemption (TUE) Application:

Male Hypogonadism

ADO
logo

Prohibited Substances: Testosterone, Human chorionic gonadotropin (hCG)

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 ISTUE 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 in legible handwriting
<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: Progress of puberty; libido and frequency of sexual activity (including duration and severity of any problems); erections and/or ejaculations; hot flushes/sweating; testicular disease; history of severe head injury (if applicable); orchitis; family history of delayed puberty (if applicable); non-specific symptoms (positive or negative).
<input type="checkbox"/>	Physical Examination: Gynecomastia; hair pattern (axillary and pubic); reduction in shaving frequency; testicular volume measured by orchidometer or ultrasound; Height, Weight, BMI; Muscle development and tone (must be mentioned and included)
<input type="checkbox"/>	Interpretation of history, presentation, and laboratory results by the treating physician, preferably an endocrinologist with sub-specialty in andrology (male reproductive medicine).
<input type="checkbox"/>	Diagnosis: Primary or Secondary hypogonadism; Organic or Functional (Please note: TUE approval is limited to Organic causes).
<input type="checkbox"/>	Prescribed prohibited substance [Testosterone and hCG are prohibited at all times], including dosage, frequency, and administration route.
<input type="checkbox"/>	Treatment and monitoring plan.
<input type="checkbox"/>	Evidence of updated follow-up/monitoring of the athlete by a qualified physician.
<input type="checkbox"/>	Diagnostic test results should include copies of:
<input type="checkbox"/>	Laboratory tests (collected before 10 AM, fasting, at least two samples within 4 weeks, at least 1 week apart): Serum total testosterone, serum LH, serum FSH, serum SHBG.
<input type="checkbox"/>	Additional information included
<input type="checkbox"/>	Semen analysis including sperm count (if fertility is an issue).
<input type="checkbox"/>	Inhibin B (considering Congenital Isolated Hypogonadotropic Hypogonadism or Constitutional Delayed Puberty).

<input type="checkbox"/>	Pituitary MRI with or without contrast; included pituitary function tests (e.g., morning cortisol, ACTH stimulation test, TSH, free T4, prolactin).
<input type="checkbox"/>	Diagnostic methods to confirm other organic causes of secondary hypogonadism [e.g., prolactin, iron studies, and genetic testing for hereditary hemochromatosis].
<input type="checkbox"/>	DEXA scan (if applicable).