



Checklist for Therapeutic Use Exemption (TUE) Application:  
**Musculoskeletal Conditions**  
*Prohibited Substances: Systemic Glucocorticoids and Narcotics*



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"/>	<b>TUE Application form</b> 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"/>	<b>Medical report</b> should include details of:
<input type="checkbox"/>	Medical History: Symptoms; time of onset; acute/overuse injury or chronic disease; symptoms at first onset; recovery from injury/activity and disease severity; start of treatment.
<input type="checkbox"/>	Findings on examination.
<input type="checkbox"/>	Interpretation of symptoms, signs, and test results by physician.
<input type="checkbox"/>	Diagnosis.
<input type="checkbox"/>	Prescribed prohibited substance (Systemic glucocorticoids and Narcotics are prohibited In-Competition only), including dosage, frequency, administration route.
<input type="checkbox"/>	Response to treatment / course under treatment.
<input type="checkbox"/>	Explanation of why alternative (non-prohibited) treatments cannot be used.
<input type="checkbox"/>	<b>Diagnostic test results</b> should include copies of:
<input type="checkbox"/>	Applicable laboratory tests, e.g.: Inflammatory markers (CRP, ESR), Rheumatoid Factor, Anti-cyclic citrullinated peptide (anti-CCP), HLA-B27 genetic marker.
<input type="checkbox"/>	Applicable imaging results: Ultrasound scan, MRI, CT scan, X-ray.
<input type="checkbox"/>	<b>Additional information</b> included
<input type="checkbox"/>	As per ADO specification.