



Checklist for Therapeutic Use Exemption (TUE) Application:

Neuropathic Pain

Prohibited Substances: Narcotics, Cannabinoids



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: Precise lesion of the central or peripheral nervous system causing the pain (e.g., central pain, phantom limb pain, complex regional pain syndrome); character of pain; other pharmacological and non-pharmacological treatments.
<input type="checkbox"/>	Neurological examination results.
<input type="checkbox"/>	Summary of diagnostic results relevant to the clinical description of the pain.
<input type="checkbox"/>	Interpretation of symptoms, signs, and test results by physician (preferably a neurologist, specialist in physical medicine, or pain specialist).
<input type="checkbox"/>	Diagnosis.
<input type="checkbox"/>	Prescribed Narcotics or Cannabinoids (both are prohibited In-Competition; all prohibited substances in these classes are listed in the Prohibited List), including dosage, frequency, and administration route.
<input type="checkbox"/>	Response to treatment.
<input type="checkbox"/>	Explanation of why alternative medications (e.g., antidepressants, anticonvulsants, tramadol, capsaicin, lidocaine) were not used or cannot be used.
<input type="checkbox"/>	Diagnostic test results should include copies of:
<input type="checkbox"/>	Imaging results: CT scan or MRI results, if applicable.
<input type="checkbox"/>	Other test results: Electromyography (EMG), Nerve Conduction Studies (if applicable).
<input type="checkbox"/>	Additional information (if necessary)
<input type="checkbox"/>	Specialist opinion as per ADO requirements