



Checklist for Therapeutic Use Exemption (TUE) Application:



Renal Transplantation

Prohibited Substances:

Systemic glucocorticoids, Erythropoietin (EPO), Diuretics, Beta-blockers, Hypoxia-inducible factor (HIF) / Prolyl-hydroxylase inhibitors

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: Age at onset of symptoms, symptoms, and diagnostic workup by the treating physician.
<input type="checkbox"/>	History of decline in renal function and evidence meeting criteria for renal transplantation signed by a Nephrologist/Renal Physician. (Note: If endorsed by a nephrologist, this evidence may be provided by a General Practitioner).
<input type="checkbox"/>	Transplantation surgery report signed by the surgeon.
<input type="checkbox"/>	Evidence of graft impairment/dysfunction provided or signed by a Nephrologist/Renal Physician (if applicable).
<input type="checkbox"/>	In case of Cardiovascular complications: Evidence and therapeutic rationale for the use of Beta-blockers for arterial hypertension or ischemic heart disease, provided by the treating physician/cardiologist.
<input type="checkbox"/>	Prescribed substances [Systemic glucocorticoids, EPO, Diuretics, Beta-blockers, HIF / Prolyl-hydroxylase inhibitors are Prohibited], including dosage, frequency, and administration route for each substance.
<input type="checkbox"/>	Diagnostic test results should include copies of:
<input type="checkbox"/>	Laboratory tests documenting the decline in renal function prior to transplantation.
<input type="checkbox"/>	Blood results testifying to anemia (if EPO treatment is used).
<input type="checkbox"/>	Blood pressure readings; Applicable ECG, Coronary CT scan, Echocardiography, Coronary angiography etc. (if Diuretics or Beta-blockers are used).
<input type="checkbox"/>	Additional information (if necessary)
<input type="checkbox"/>	As per ADO specification.