



Checklist for Therapeutic Use Exemption (TUE) Application:

Transgender Athletes

Prohibited Substances: Testosterone, Spironolactone

ADO
logo

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 gender dysphoria; evidence of a complete medical assessment prior to starting any treatment; description of any previous partially or fully reversible treatments. |
| <input type="checkbox"/> | Endocrinologist report on initiation of current therapy. |
| <input type="checkbox"/> | Interpretation of history, presentation, and endocrinologist reports by a physician who regularly cares for transgender persons. |
| <input type="checkbox"/> | Prescribed Testosterone and Spironolactone (both are prohibited at all times), including dosage, frequency, and administration route. |
| <input type="checkbox"/> | Evidence of follow-up/monitoring of the athlete by a qualified physician, including ongoing testosterone levels. |
| <input type="checkbox"/> | Diagnostic test results should include copies of: |
| <input type="checkbox"/> | Laboratory tests: Regular testosterone levels since the start of treatment (including the method/assay used). |
| <input type="checkbox"/> | Additional information includes: |
| <input type="checkbox"/> | Surgery report, if applicable. |