



Checklist for Therapeutic Use Exemption (TUE) Application:

Inflammatory Bowel Disease

Prohibited Substances: Glucocorticoids



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]
<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, family history, relevant signs and symptoms, age of initial presentation, subsequent course of disease
<input type="checkbox"/>	Findings of physical examination and specific investigations (serology, radiology, endoscopy, hi-tech imaging, histology)
<input type="checkbox"/>	Interpretation of results by specialist physician (gastroenterologist) and application of appropriate diagnostic index (SCCAI, CDAI, HBI)
<input type="checkbox"/>	Use of systemic Glucocorticoids (dosage, frequency, administration route)
<input type="checkbox"/>	Response to treatment (control and frequency of flare-ups/remission)
<input type="checkbox"/>	Use of permitted immunomodulators and biologicals
<input type="checkbox"/>	Diagnostic test results should include copies of:
<input type="checkbox"/>	Relevant laboratory tests (e.g. serology stool/hemocult test)
<input type="checkbox"/>	Imaging findings (X-ray, barium enema, gastro-, entero-, colonoscopy, CT, MRI)
<input type="checkbox"/>	Histology test results from biopsies
<input type="checkbox"/>	Additional information included <i>((if applicable for medical condition))</i>
<input type="checkbox"/>	As specified by ADO