



Checklist for Therapeutic Use Exemption (TUE) Application:

Intravenous Infusions

Prohibited Substances/Method: Volume > 100 ml per 12 h



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: symptoms at manifestation, course of disease, start of treatment. Must define/describe where the infusion was/is to be administered (Note: infusions given as part of hospital treatment, surgical procedure or diagnostic procedure do not require a TUE unless they contain a prohibited substance)
<input type="checkbox"/>	Findings on examination: e.g., physical signs of illness or relevant medical condition
<input type="checkbox"/>	Interpretation of symptoms, clinical findings and test results
<input type="checkbox"/>	Diagnosis of illness or most probable medical condition
<input type="checkbox"/>	Infusion: volume and time period over which it has been given (only >100ml per 12h require a TUE) and substance (if any prohibited substance is infused) including dosage and frequency
<input type="checkbox"/>	Response to treatment/course of illness/condition
<input type="checkbox"/>	If an alternative treatment was not an option, a description of why iv administration of fluid or substance was/is chosen must be given
<input type="checkbox"/>	Diagnostic test results included (copies of originals or printouts)
<input type="checkbox"/>	Laboratory tests: if available, e.g. Hb/Hct, electrolytes, blood cell count, serum ferritin etc
<input type="checkbox"/>	Additional information included
<input type="checkbox"/>	As per ADO specification