



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.

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|--------------------------|--|
| <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: exact injury to the central or peripheral nervous system and resulting pain (e.g., central, phantom limb, regional pain syndrome), character of pain, additional pharmacologic and non-pharmacological treatment approaches |
| <input type="checkbox"/> | Findings on neurological examination |
| <input type="checkbox"/> | Summary of diagnostic test results relevant to the clinical description of the pain |
| <input type="checkbox"/> | Interpretation of symptoms, signs and test results by physician (where available, ideally neurologist, physical medicine or pain specialist) |
| <input type="checkbox"/> | Diagnosis |
| <input type="checkbox"/> | Narcotic or cannabinoid prescribed (both are prohibited in-competition only, all prohibited substances in these classes are explicitly named on the Prohibited List) including dosage, frequency, administration route |
| <input type="checkbox"/> | Response to treatment |
| <input type="checkbox"/> | Explain why alternatives (e.g., antidepressants, anticonvulsants, tramadol, capsaicin, lidocaine) were or could not be used |
| <input type="checkbox"/> | Diagnostic test results should include copies of: |
| <input type="checkbox"/> | Imaging findings: CT or MRI results if applicable |
| <input type="checkbox"/> | Other test results: electromyography, nerve conduction studies if applicable |
| <input type="checkbox"/> | Additional information included |
| <input type="checkbox"/> | Specialist opinion as per specification by the ADO |