



Checklist for Therapeutic Use Exemption (TUE) Application:

Intrinsic Sleep Disorders

Prohibited Substances: Stimulants



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: include comments on history of <ol style="list-style-type: none">1. excessive daytime sleepiness, and duration2. cataplexy3. Sleep behaviour/apnoeas (witnessed by partner)4. any medical or psychiatric conditions that could account for hypersomnia
<input type="checkbox"/>	Findings on examination: <ol style="list-style-type: none">1. assessment of neurologic and psychiatric signs/symptoms to exclude other causes2. a negative drug screen
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by a specialist physician
<input type="checkbox"/>	Diagnosis (must differentiate between narcolepsy, idiopathic hypersomnia, sleep apnoea and hypopnea syndrome) by a medical specialist in sleep disorders
<input type="checkbox"/>	Stimulant prescribed (prohibited in-competition) including dosage, frequency, administration route
<input type="checkbox"/>	Use of and response to other treatments including behavioural changes, naps, CPAP, antidepressants (not essential to have trialed prior to the use of stimulants)
<input type="checkbox"/>	Diagnostic test results should include copies of:
<input type="checkbox"/>	Night time polysomnography
<input type="checkbox"/>	Multiple Sleep Latency Test
<input type="checkbox"/>	Brain imaging: not mandatory
<input type="checkbox"/>	Additional information included
<input type="checkbox"/>	As per ADO specification