



## Checklist for Therapeutic Use Exemption (TUE) Application:

### Musculoskeletal Conditions

*Prohibited Substances: Systemic glucocorticoids and narcotics*



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"/>	<b>TUE Application form</b> must include:
<input type="checkbox"/>	All sections completed in legible handwriting
<input type="checkbox"/>	All information submitted in English, French or German
<input type="checkbox"/>	A signature from the applying physician
<input type="checkbox"/>	The Athlete's signature
<input type="checkbox"/>	<b>Medical report</b> should include details of:
<input type="checkbox"/>	Medical history: symptoms, time of onset, acute/overuse injury or chronic disease, presentation at first manifestation, recovery from injury/activity score of disease, start of treatment
<input type="checkbox"/>	Findings on examination
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by physician
<input type="checkbox"/>	Diagnosis
<input type="checkbox"/>	Substance prescribed (systemic glucocorticoids and narcotics are prohibited in-competition only) including dosage, frequency, administration route
<input type="checkbox"/>	Response to treatment/course of disease under treatment
<input type="checkbox"/>	Explain why alternate (non-prohibited) treatments were not used
<input type="checkbox"/>	<b>Diagnostic test results</b> should include copies of:
<input type="checkbox"/>	Laboratory tests as applicable, e.g. inflammation markers (CRP, ESR), rheumatoid factor, anti-CCP, HLA-B27 gene marker
<input type="checkbox"/>	Imaging findings (ultrasound, MRI, CT, X-ray) as applicable