



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

### Diabetes

*Prohibited Substance: Insulin*



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 [language]
<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, age at onset, course of disease, start of treatment, hypoglycaemia, diabetic ketoacidosis, diabetes-related complications (where applicable)
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by physician
<input type="checkbox"/>	Diagnosis based on international criteria (fasting blood glucose/glucose tolerance test/ A1C or random blood glucose)
<input type="checkbox"/>	Type of insulin prescribed including dosage, frequency, administration route
<input type="checkbox"/>	<b>Diagnostic test results</b> should include copies of;
<input type="checkbox"/>	Laboratory tests (e.g., A1C profile, blood glucose)
<input type="checkbox"/>	Oral glucose tolerance test results (if done)
<input type="checkbox"/>	<b>Additional information</b> included
<input type="checkbox"/>	[As per ADO specification]