



Checklist for Therapeutic Use Exemption (TUE) Application:

Neuropathic Pain

Prohibited Substance: 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.

<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