



## Therapeutic Use Exemption (TUE) Checklist

### Renal Transplantation



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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.

The documents included in your medical file must confirm your diagnosis and prescription and include:

<input type="checkbox"/> A duly completed TUE application form;
<input type="checkbox"/> A letter from your physician confirming you were seen within the current year (See Annex 1 for sample);
<input type="checkbox"/> Medical report should include details of:
<input type="checkbox"/> Medical history: age at onset of symptoms, symptoms, diagnostic workup by treating physician
<input type="checkbox"/> History of declining renal function and associated evidence that criteria for renal transplantation have been met from or signed by nephrologist/renal physician. This may come from the family physician if endorsed by a nephrologist
<input type="checkbox"/> Surgical report of the transplantation signed by surgeon
<input type="checkbox"/> In case of graft impairment/dysfunction, evidence thereof from or signed by nephrologist/renal physician
<input type="checkbox"/> In case of cardiovascular complications: evidence of arterial hypertension or ischemic heart disease with therapeutic rationale for beta-blocker by treating physician/cardiologist
<input type="checkbox"/> Substance(s) prescribed (systemic glucocorticoids, EPO, diuretics, beta-blockers, Hypoxia-inducible factor (HIF) prolyl-hydroxylase inhibitors are all prohibited) including dosage, frequency, administration route for every substance
<input type="checkbox"/> Diagnostic test results should include copies of:
<input type="checkbox"/> Laboratory tests documenting decline in renal function prior to transplantation; blood results testifying to anemia in case of EPO treatment
<input type="checkbox"/> Blood pressure readings; ECG, coronary CT, echocardiography, coronary angiography etc. as applicable in case of diuretic or beta-blocker treatment

For more information about WADA's ISTUE criteria and additional information about the documentation to be submit, please visit WADA's [Medical Information to Support the Decisions of TUECs – Renal Transplantation](#).