



## Therapeutic Use Exemption (TUE) Checklist

### Adrenal Insufficiency

Prohibited Substances: Glucocorticoids and mineralocorticoids

CANADIAN CENTRE  
FOR ETHICS IN SPORT

CENTRE CANADIEN  
DANS LE SPORT  
POUR L'ÉTHIQUE

201-2723 chemin Lancaster Rd  
Ottawa ON Canada K1B 0B1  
Tel/Tél + 1 613 521 3340  
+ 1 800 672 7775  
Fax/Téléc + 1 613 521 3134  
info@cces.ca www.cces.ca

This checklist provides the athlete and their physician with a list of requirements for a TUE application. A TUE application must include a completed form and a medical file that confirms the diagnosis and prescription. If it is not possible to submit all mandatory items on the checklist, please have the treating physician explain why.

A complete application with a medical file will be reviewed by the CCES TUE Committee to assess whether it meets the criteria of the International Standard for Therapeutic Use Exemption (ISTUE). There are no guarantees that a TUE will be granted.

When an application is submitted without a complete medical file the CCES will advise the applicant which documents are missing and ask them to submit them.

<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 or French
<input type="checkbox"/> A signature from the prescribing physician
<input type="checkbox"/> Athlete's signature in all appropriate sections
<input type="checkbox"/> <b>A letter from the athlete's prescribing physician</b> confirming they were seen within the current year (see Annex 1 for example)
<input type="checkbox"/> <b>Medical reports</b> should include details of:
<input type="checkbox"/> Medical history: symptoms, age at onset, presentation at first manifestation (acute crisis/chronic symptoms), course of disease, start of treatment
<input type="checkbox"/> Findings on examination
<input type="checkbox"/> Interpretation of symptoms, signs, and test results by a specialist physician, i.e., endocrinologist
<input type="checkbox"/> Diagnosis: specify whether primary or secondary adrenal insufficiency
<input type="checkbox"/> Glucocorticoids and mineralocorticoids (where applicable) prescribed including dosage, frequency, route of administration
<input type="checkbox"/> Response to treatment/course of disease under treatment
<input type="checkbox"/> <b>Diagnostic tests results:</b>
<input type="checkbox"/> Laboratory tests as applicable: electrolytes, fasting blood glucose, serum cortisol, plasma ACTH, renin, and aldosterone
<input type="checkbox"/> Imaging findings as applicable: cranial or abdominal CT/MRI
<input type="checkbox"/> Provocation tests or other test results as applicable: cosyntropin (corticotropin stimulation) test, CRH stimulation, insulin tolerance test, metyrapone stimulation, antibodies
<input type="checkbox"/> <b>Additional information</b> included
<input type="checkbox"/> Where applicable, statement on previous glucocorticoid treatment, administration routes, frequency, previously granted TUEs to the athlete

For more information about WADA's ISTUE criteria and additional information about the documentation to be submitted, please visit [WADA's TUE Physician Guidelines – Adrenal Insufficiency](#).