



Checklist for Therapeutic Use Exemption (TUE) Application:

Diabetes

Prohibited Substances: Insulin

NADO ITALIA
antidoping

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 English/Italian
	<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: 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"/>	Diagnostic test results 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"/>	Additional information included	
	<input type="checkbox"/>	[As per ADO specification]