



Checklist for Therapeutic Use Exemption (TUE) Application:
Musculoskeletal Conditions
Prohibited Substances: Systemic glucocorticoids and narcotics

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, time of onset, acute/overuse injury or chronic disease, presentation at first manifestation, recovery from injury/activity score of disease, start of treatment
	<input type="checkbox"/>	Findings on examination
	<input type="checkbox"/>	Interpretation of symptoms, signs and test results by physician
	<input type="checkbox"/>	Diagnosis
	<input type="checkbox"/>	Substance prescribed (systemic glucocorticoids and narcotics are prohibited in competition only) including dosage, frequency, administration route
	<input type="checkbox"/>	Response to treatment/course of disease under treatment
	<input type="checkbox"/>	Explain why alternate (non-prohibited) treatments were not used.
<input type="checkbox"/>	Diagnostic test results should include copies of;	
	<input type="checkbox"/>	Laboratory tests as applicable, e.g. inflammation markers (CRP, ESR), rheumatoid factor, anti-CCP, HLA-B27 gene marker
	<input type="checkbox"/>	Imaging findings (ultrasound, MRI, CT, X-ray) as applicable
<input type="checkbox"/>	Additional information included	
	<input type="checkbox"/>	As per ADO specifications