



## Checklist for Therapeutic Use Exemption (TUE) Application:

### Neuropathic Pain

*Prohibited Substances: Narcotics, cannabinoids*

NADOITALIA  
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"/>	<b>TUE Application form</b> 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"/>	<b>Medical report</b> 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"/>	<b>Diagnostic test results</b> 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"/>	<b>Additional information</b> included	
	<input type="checkbox"/>	Specialist opinion as per specification by the ADO