



Checklist for Therapeutic Use Exemption (TUE) Application:

Transgender Athletes

Prohibited Substances: Testosterone, spironolactone

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"/>	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: age at onset of gender dysphoria, evidence of complete medical assessment prior to start of any treatment, description of any previous partially or fully reversible treatment
	<input type="checkbox"/>	Endocrinologist report on initiation of current therapy
	<input type="checkbox"/>	Interpretation of history, presentation and endocrinologist report by by a physician regularly providing care to transgender people
	<input type="checkbox"/>	Testosterone and spironolactone (both are prohibited at all times) prescribed including dosage, frequency, administration route
	<input type="checkbox"/>	Evidence of follow-up/monitoring of athlete by qualified physician including testosterone levels for renewals
<input type="checkbox"/>	Diagnostic test results should include copies of;	
	<input type="checkbox"/>	Laboratory tests: regular testosterone levels since treatment started (incl. the method/assay used)
<input type="checkbox"/>	Additional information included	
	<input type="checkbox"/>	Surgery report where applicable