*A green and black triangle pattern

Description automatically generated*Checklist for Therapeutic Use Exemption (TUE) Application

Female Infertility

*Prohibited Substances: clomiphene, letrozole*

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 [International Standard for Therapeutic Exemptions](https://www.wada-ama.org/en/resources/world-anti-doping-program/international-standard-therapeutic-use-exemptions-istue) [(ISTUE)](https://www.wada-ama.org/en/resources/world-anti-doping-program/international-standard-therapeutic-use-exemptions-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.

|  |  |  |
| --- | --- | --- |
|  | **TUE Application form** must include: | |
|  |  | All sections completed in legible handwriting |
|  |  | All information submitted in English as per Sport Integrity Commission’s requirements |
|  |  | A signature from the applying physician |
|  |  | The Athlete’s signature |
|  | **Medical report** should include details of: | |
|  |  | Medical history such as menstrual history, previous pregnancy or miscarriage, sexually transmitted disease, gynaecological medical conditions or surgery |
|  |  | Symptoms of endocrine disturbance such as hirsutism, acne, galactorrhea, hot flushes and sweating, or fatigue |
|  |  | General physical examination including a gynaecological examination |
|  |  | Lifestyle factors and chronic diseases that can affect fertility |
|  |  | Response to previous treatment(s) (ovulation monitoring, ovulation stimulation, IVF) |
|  |  | A list of past and/or current therapies |
|  | **Diagnostic test results,** if applicable, should include copies of: | |
|  |  | Relevant laboratory tests (ovarian reserve testing such as serum analysis of anti-müllerian  hormone (AMH) and follicle-stimulating hormone (FSH) on cycle day 3 to 5 together with AFC by ultrasound) |
|  |  | Imaging findings (e.g. vaginal ultrasound, HyCoSy, HSG, laparoscopy, hysteroscopy) |

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Checklist for a TUE Application – Female infertility – Version 1.1 – October 2023