*A green and black triangle pattern

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

**Anaphylaxis**



|  |  |  |
| --- | --- | --- |
|  | **Application form** included | |
|  |  | All handwritten information is legible and all sections are completed |
|  |  | All information submitted in English as per Sport Integrity Commission’s requirements |
|  |  | Applying physician signed |
|  |  | Athlete signed |
|  | **Medical report** included | |
|  |  | Medical history: symptoms, age at onset, course of disease, start of treatment;  typical symptoms and complications (where applicable) |
|  |  | Findings on physical examination |
|  |  | Interpretation of symptoms, signs and test results by physician |
|  |  | Diagnosis based on current internationally accepted criteria |
|  |  | Substance prescribed, dosage, frequency, administration route |
|  |  | Evidence of follow-up/monitoring of athlete by physician |
|  | **Diagnostic test results** included (copies of originals or printouts) | |
|  |  | Laboratory tests (where applicable) |
|  |  | Imaging or other test results (where applicable) |
|  | **Additional information** included | |
|  |  | As per ADO specification |

© WADA - World Anti-Doping Program

Checklist for a TUE Application – General