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

**Intrinsic Sleep Disorders**

*Prohibited Substances: Stimulants*

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 (ISTUE)](https://www.wada-ama.org/en/resources/world-anti-doping-code-and-international-standards/international-standard-therapeutic-use) 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.

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|[ ]  **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: include comments on history of1. excessive daytime sleepiness, and duration
2. cataplexy
3. Sleep behaviour/apnoeas (witnessed by partner)
4. any medical or psychiatric conditions that could account for hypersomnia
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|  |[ ]  Findings on examination: 1. assessment of neurologic and psychiatric signs/symptoms to exclude other causes
2. a negative drug screen
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|  |[ ]  Interpretation of symptoms, signs and test results by a specialist physician |
|  |[ ]  Diagnosis (must differentiate between narcolepsy, idiopathic hypersomnia, sleep apnoea and hypopnea syndrome) by a medical specialist in sleep disorders  |
|  |[ ]  Stimulant prescribed (prohibited in-competition) including dosage, frequency, administration route |
|  |[ ]  Use of and response to other treatments including behavioural changes, naps, CPAP, antidepressants (not essential to have trialled prior to the use of stimulants) |
|[ ]  **Diagnostic test results** should include copies of: |
|  |[ ]  Night time polysomnography |
|  |[ ]  Multiple Sleep Latency Test |
|  |[ ]  Brain imaging: not mandatory |

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Checklist for a TUE Application – Intrinsic Sleep Disorders