**Checklist for Therapeutic Use Exemption (TUE) Application

Transgender Athletes

*Prohibited Substances: Testosterone, spironolactone*

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

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

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