*A green and black triangle pattern

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

Growth Hormone Deficiency (GHD) and Other Indications for Growth Hormone Therapy – Adult and Transition from Childhood

*Prohibited Substance: Growth Hormone*

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:  Genetic or acquired causes of hypothalamic-pituitary disease (eg pituitary tumor; irradiation, surgery, traumatic brain injury), presence of other pituitary hormone deficiencies and information supporting a diagnosis of GH deficiency :   1. Adult[i](#_bookmark0): Fatigue, poor exercise capacity, abdominal obesity, impaired psychosocial function 2. Transition[ii](#_bookmark1): Childhood short stature and growth deceleration; childhood growth hormone therapy |
|  |  | Physical exam: Clinical evidence of adult GH deficiency such as central adiposity, pale complexion,  thin dry skin, sparse body hairs and for the patient in transition, evidence of developmental or somatic immaturity. |
|  | **Diagnostic test results** should include copies of: | |
|  |  | Laboratory tests (with reference ranges): Insulin-like growth factor-1 measured after 2–4 weeks off human growth hormone in those on therapy; no earlier than 12 months after brain injury in those with post-traumatic etiology.  Baseline pituitary function: thyroid-stimulating hormone (TSH), follicle-stimulating hormone (FSH), luteinizing hormone (LH), prolactin. Morning cortisol as a reliable indicator of adrenocorticotropic hormone (ACTH) status.  MRI of pituitary/hypothalamus to assess structural abnormalities for all new onset GHD (any age) unless of genetic cause (see below). |
|  |  | If diagnosed during childhood, gene (GH-1 or GHRH-R) or transcription factor mutations (e.g., PROP- 1, POU1F1 (Pit-1)) known to result in hypopituitarism. |
|  |  | Growth hormone stimulation tests employing in:   1. Adults: Insulin tolerance test, glucagon stimulation test, growth hormone–releasing hormone (GHRH)-arginine stimulation test, macimorelin test. 2. Transition: Insulin tolerance test, glucagon stimulation test, macimorelin test.   **Note: Stimulation tests are not required when hypopituitarism is diagnosed (≥3 other pituitary hormone deficits or gene or transcription factor mutations present (see above). Additional tests are also not required if IGF-1 levels 2–4 weeks after stopping treatment remain below -2 SD.** |

i Adult-onset deficiency

ii Transition from childhood, i.e. when linear growth has ceased