*A green and black triangle pattern

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

Intravenous Infusions

*Prohibited Method: Volume > 100 ml per 12 h*

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.

|  |  |  |
| --- | --- | --- |
|  | **TUE Application form** must include: | |
|  |  | All sections completed legibly |
|  |  | 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: symptoms at manifestation, course of illness/condition, start of treatment. Must define/describe where the infusion was/is to be administered.  (Note: infusions given as part of hospital treatment, surgical procedure, or diagnostic procedure do not require a TUE unless they contain a prohibited substance) |
|  |  | Findings on examination: e.g., physical signs of illness or relevant medical condition |
|  |  | Interpretation of symptoms, clinical findings, and test results |
|  |  | Diagnosis of illness or most probable medical condition |
|  |  | Infusion: volume and time period over which it has been given (only >100ml per 12h require a TUE) and substance (if any prohibited substance is infused) including dosage and frequency |
|  |  | Response to treatment/course of illness/condition |
|  |  | Explain why IV administration of fluid was chosen if an alternative treatment (i.e. oral fluids) was not given |
|  | **Diagnostic test results** included (copies of originals or printouts) | |
|  |  | Laboratory tests: if available, e.g. Hb/Hct, electrolytes, blood cell count, serum ferritin, etc. |

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Checklist for a TUE Application – Intravenous infusion – Version 7.0 – October 2023