**Checklist for Therapeutic Use Exemption (TUE) Application

Male Hypogonadism

*Prohibited Substances: Testosterone and human chorionic gonadotropin*

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: |
|  | [x]  | 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: puberty timing, progression, and relevant family history; libido, erections, ejaculations and frequency of sexual activity including duration and severity of any problems; shaving onset and frequency; hot flushes/sweats; testicular disorders (cryptorchidism, torsion, orchitis, injury); significant head injuries; non-specific symptoms(whether positive or negative) |
|  | [ ]  | Physical examination: acne, gynecomastia, hair pattern (truncal, axillary & pubic),testicular volume by orchidometer or ultrasound; height, weight, BMI; muscular development and tone (must be addressed and included) |
|  | [ ]  | Interpretation of history, presentation, and laboratory results by the treating physician, preferably a specialist in endocrinology with sub-specialization in andrology |
|  | [ ]  | Diagnosis: primary or secondary hypogonadism; organic/pathologic or functional causes of low testosterone (please note that TUEs will only be granted for organic causes) |
|  | [ ]  | Substance prescribed (testosterone or human chorionic gonadotropin) including dosage, frequency and route of administration |
|  | [ ]  | Treatment and monitoring plan |
|  | [ ]  | Evidence of follow-up/monitoring of Athlete by qualified physician for renewals |
| [ ]  | **Diagnostic test results,** if applicable, should include copies of: |
|  | [ ]  | Laboratory tests: Serum testosterone, LH, FSH and SHBG should be measured at least twice (recording the time of day) within a four-week period and at least one sampletaken in the morning. |
| [ ]  | **Additional information** (if necessary) |
|  | [ ]  | Semen analysis including sperm count, if fertility is an issue |
|  | [ ]  | Inhibin B (if considering Congenital Hypogonadotropic Hypogonadism or Constitutional Delayed Puberty) |
|  | [ ]  | MRI (or CT) of pituitary with and without contrast |
|  | [ ]  | Pituitary function tests to exclude hypopituitarism, if relevant – morning serum cortisol (±ACTH stimulation test), serum TSH, T4, prolactin, IGF-I |
|  | [ ]  | Other diagnostics to identify an organic etiology for hypogonadism (e.g., karyotype, olfactory function test, genomics for delayed or failed puberty, iron studies (serum ferritin, % saturation) and genetic testing for hereditary hemochromatosis) |
|  | [ ]  | Dexa scan, if appropriate |

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