



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 TUE 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.

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | | TUE Application form must include; |
| | <input type="checkbox"/> | All sections completed legibly |
| | <input type="checkbox"/> | All information submitted in English, French or German |
| | <input type="checkbox"/> | A signature from the applying physician |
| | <input type="checkbox"/> | The Athlete's signature |
| <input type="checkbox"/> | | Medical report should include details of; |
| | <input type="checkbox"/> | 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). |
| | <input type="checkbox"/> | Findings on examination: e.g., physical signs of illness or relevant medical condition |
| | <input type="checkbox"/> | Interpretation of symptoms, clinical findings and test results |
| | <input type="checkbox"/> | Diagnosis of illness or most probable medical condition |
| | <input type="checkbox"/> | 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 |
| | <input type="checkbox"/> | Response to treatment/course of illness/condition |
| | <input type="checkbox"/> | If an alternative treatment was not an option, a description of why iv administration of fluid or substance was/is chosen must be given |
| <input type="checkbox"/> | | Diagnostic test results included (copies of originals or printouts) |
| | <input type="checkbox"/> | Laboratory tests: if available, e.g. Hb/Hct, electrolytes, blood cell count, serum ferritin etc. |
| <input type="checkbox"/> | | Additional information included |
| | <input type="checkbox"/> | |