



Checklist for Therapeutic Use Exemption (TUE) Application:

**Kidney Failure and Kidney Transplantation**

*Prohibited Substances: Glucocorticoids, EPO, diuretics, beta-blockers, hypoxia-inducible factor (HIF), proyl-hydroxylase inhibitors*



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 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.

<input type="checkbox"/> <b>TUE Application form</b> 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"/> <b>Medical report</b> should include details of:	
<input type="checkbox"/>	Medical history: age at onset of symptoms, symptoms, diagnostic workup by treating physician
<input type="checkbox"/>	History of declining renal function and associated evidence that criteria for renal transplantation have been met from or signed by nephrologist/renal physician. This may come from the family physician if endorsed by a nephrologist
<input type="checkbox"/>	Surgical report of the transplantation signed by surgeon and/or a nephrologist
<input type="checkbox"/>	In case of graft impairment/dysfunction, evidence thereof from or signed by nephrologist/renal physician
<input type="checkbox"/>	In case of cardiovascular complications: evidence of arterial hypertension or ischemic heart disease with therapeutic rationale for beta-blocker by treating physician/cardiologist
<input type="checkbox"/>	Dosage, frequency, administration route for prohibited substance(s) prescribed (glucocorticoids, EPO, diuretics, beta-blockers, Hypoxia-inducible factor (HIF) proyl-hydroxylase inhibitors).
<input type="checkbox"/> <b>Diagnostic test results</b> should include copies of:	
<input type="checkbox"/>	Laboratory tests documenting decline in renal function prior to transplantation; blood results testifying to anemia in case of EPO treatment
<input type="checkbox"/>	Blood pressure readings; ECG, coronary CT, echocardiography, coronary angiography etc. as applicable in case of diuretic or beta-blocker treatment
<input type="checkbox"/> <b>Additional information</b> included	
<input type="checkbox"/>	