



Therapeutic Use Exemption (TUE) Checklist

Attention Deficit Hyperactivity Disorder (ADHD)

Prohibited Substances: Stimulants



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This checklist provides the athlete and their physician with a list of requirements for a TUE application. A TUE application must include a completed form and a medical file that confirms the diagnosis and prescription. If it is not possible to submit all mandatory items on the checklist, please have the treating physician explain why.

A complete application with a medical file will be reviewed by the CCES TUE Committee to assess whether it meets the criteria of the International Standard for Therapeutic Use Exemption (ISTUE). There are no guarantees that a TUE will be granted.

When an application is submitted without a complete medical file the CCES will advise the applicant which documents are missing and ask them to submit them.

<input type="checkbox"/> TUE application form must include:	
<input type="checkbox"/> All sections completed in legible handwriting	
<input type="checkbox"/> All information submitted in English or French	
<input type="checkbox"/> A signature from the prescribing physician	
<input type="checkbox"/> Athlete's signature in all appropriate sections	
<input type="checkbox"/> A letter from the athlete's prescribing physician confirming they were seen within the current year (see Annex 1 for example)	
<input type="checkbox"/> Medical reports should include details of:	
<input type="checkbox"/> Medical history: age at onset of ADHD symptoms, age at initial diagnosis, symptoms across more than one setting, trial of non-prohibited interventions (if used)	
<input type="checkbox"/> Interpretation of symptoms, signs, and test results by a physician (pediatrician, psychiatrist or another physician specializing in ADHD) or a clinical psychologist. The psychological assessment must be accompanied by a report from the prescribing physician.	
<input type="checkbox"/> Summary of diagnostic interviews, questionnaires, and rating scales used and interpretation in relation to the diagnosis	
<input type="checkbox"/> Diagnosis referring to ICD 10 or DSM 5	Please indicate if: <input type="checkbox"/> Symptoms have been present since childhood. <input type="checkbox"/> Symptoms are a significant impairment if not treated
Specify the presentation type:	
<input type="checkbox"/> Combined presentation <input type="checkbox"/> Predominately Inattentive Presentation <input type="checkbox"/> Predominately Hyperactive-Impulsive Presentation	
<input type="checkbox"/> Stimulant prescribed including dosage, frequency, route of administration and duration of treatment	
<input type="checkbox"/> Diagnostic tests or rating scales used:	
<input type="checkbox"/> These could include but are not limited to: a) Adults: ACDS, CAADID, CAARS, Barkley, DIVA 2.0 b) Children: Vanderbilt, K-SADs, DISC, Conners, SNAP <i>Note: Self-Reporting Scales alone are not sufficient – other diagnostic tests must be provided.</i>	
<input type="checkbox"/> Additional information included:	
<input type="checkbox"/> Supplementary reports which support the diagnosis: e.g., reports from psychologists, schoolteachers, parent/guardian (not mandatory), second opinion (only if required)	

For more information about WADA's ISTUE criteria and additional information about the documentation to be submitted, please visit [WADA's TUE Physician Guidelines for Attention Deficit Hyperactivity Disorder \(ADHD\) in Children and Adults](#).