



Therapeutic Use Exemption (TUE) Checklist

Intravenous Infusions

Prohibited Method: Volume > 100 mL per 12h

CANADIAN CENTRE
FOR ETHICS IN SPORT

CENTRE CANADIEN
DANS LE SPORT
POUR L'ÉTHIQUE

201-2723 chemin Lancaster Rd
Ottawa ON Canada K1B 0B1
Tel/Tél + 1 613 521 3340
+ 1 800 672 7775
Fax/Télé + 1 613 521 3134
info@cces.ca www.cces.ca

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: symptoms at manifestation, course of illness/condition, start of treatment. Must define/describe where the infusion was/is to be administered. NB: 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 was given (only >100ml per 12h requires a TUE) and substance (if a prohibited substance is infused) including dosage and frequency |
| <input type="checkbox"/> Response to treatment, course of illness, and condition |
| <input type="checkbox"/> If an alternative treatment was not an option, a description of why IV administration of fluid or substance was/is the appropriate / preferred treatment |
| <input type="checkbox"/> Diagnostic test results should include copies of: |
| <input type="checkbox"/> Laboratory tests: if available (e.g., Hb/Hct, electrolytes, blood cell count, serum ferritin) |

For more information about WADA's ISTUE criteria and additional information about the documentation to be submitted, please visit [WADA's TUE Physician Guidelines - Intravenous Infusion](#).