



# Therapeutic Use Exemption (TUE) Checklist

*Intrinsic Sleep Disorders*

Prohibited Substance: 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"/> <b>TUE application form</b> 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"/> <b>A letter from the athlete's prescribing physician</b> confirming they were seen within the current year (see Annex 1 for example)
<input type="checkbox"/> <b>Medical reports</b> should include details of:
<input type="checkbox"/> Medical history, including comments on history of: <ol style="list-style-type: none"> <li>1. Excessive daytime sleepiness and duration</li> <li>2. Cataplexy</li> <li>3. Sleep behaviour/apneas (witnessed by partner)</li> <li>4. Any medical or psychiatric conditions that could account for hypersomnia</li> </ol>
<input type="checkbox"/> Findings on examination: <ol style="list-style-type: none"> <li>1. Assessment of neurologic and psychiatric signs/symptoms to exclude other causes</li> <li>2. A negative drug screen</li> </ol>
<input type="checkbox"/> Interpretation of symptoms, signs and test results by a specialist physician
<input type="checkbox"/> Diagnosis (must differentiate between narcolepsy, idiopathic hypersomnia, sleep apnea and hypopnea syndrome) by a medical specialist in sleep disorders
<input type="checkbox"/> Stimulant prescribed (prohibited in-competition) including dosage, frequency, administration route
<input type="checkbox"/> Use of and response to other treatments including behavioural changes, naps, CPAP, antidepressants (not essential to have trialed prior to the use of stimulants)
<input type="checkbox"/> <b>Diagnostic test results</b> should include copies of:
<input type="checkbox"/> Nighttime polysomnography
<input type="checkbox"/> Multiple Sleep Latency Test
<input type="checkbox"/> Brain imaging (not mandatory)

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