



Therapeutic Use Exemption (TUE) Checklist

Pain Management

Prohibited Substances: Narcotics, cannabinoids (prohibited in competition only)



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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: injury or condition (e.g., dental issue, post-surgery), level of pain, additional pharmacological and non-pharmacological treatment approaches
<input type="checkbox"/> Findings on examination
<input type="checkbox"/> Summary of diagnostic test results relevant to the clinical description of the pain
<input type="checkbox"/> Interpretation of symptoms, signs, and test results by physician (for chronic pain, where available, ideally a neurologist, physical medicine, or pain specialist)
<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Dosage, frequency, administration route of the narcotic or cannabinoid prescribed. Note: the prohibited substances in these classes are explicitly named on the Prohibited List.
<input type="checkbox"/> Response to treatment
<input type="checkbox"/> Explain why alternatives (e.g., non-pharmacological approaches, or, in the case of chronic pain, antidepressants, anticonvulsants, capsaicin, lidocaine) were not used.
<input type="checkbox"/> Diagnostic test results should include copies of:
<input type="checkbox"/> Imaging findings: X-ray, CT, or MRI results, if applicable
<input type="checkbox"/> Other test results: electromyography, nerve conduction studies, if applicable

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