



## Therapeutic Use Exemption (TUE) Checklist

*Polycystic Ovary Syndrome (PCOS)*

Prohibited Substances: Clomiphene, letrozole

CANADIAN CENTRE  
FOR ETHICS IN SPORT

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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"/> Family and personal history of PCOS diagnosis
<input type="checkbox"/> Menstrual history
<input type="checkbox"/> Relevant clinical symptoms (e.g., hirsutism, androgenic alopecia, acne, infertility, impaired glucose tolerance, depression, or anxiety)
<input type="checkbox"/> General physical examination including assessment of hair growth distribution and quantity, acne, blood pressure, weight, height, BMI, and pelvic examination if applicable
<input type="checkbox"/> Previous treatment(s) and response to treatment
<input type="checkbox"/> A list of past and/or current therapies
<input type="checkbox"/> <b>Diagnostic test results</b> should include copies of:
<input type="checkbox"/> Laboratory testing for PCOS to show biochemical hyperandrogenism
<input type="checkbox"/> Imaging findings (e.g., transvaginal ultrasound) when 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 – Polycystic Ovarian Syndrome](#).