



# Therapeutic Use Exemption (TUE) Checklist

Transgender Athletes

Prohibited Substances: Testosterone, spironolactone



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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.

**Note: The athlete should confirm their eligibility to compete in respective sport.**

<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: evidence of complete medical assessment prior to start of treatment, description of any previous partially or fully reversible treatment
<input type="checkbox"/> Endocrinologist report on initiation of current therapy
<input type="checkbox"/> Interpretation of history, presentation, and endocrinologist report by a physician regularly providing care to transgender people
<input type="checkbox"/> Testosterone/spironolactone prescribed (both are prohibited at all times), including dosage, frequency, administration route
<input type="checkbox"/> Evidence of follow-up/monitoring of athlete by qualified physician, including regular testosterone levels for renewals
<input type="checkbox"/> <b>Diagnostic test results</b> should include copies of:
<input type="checkbox"/> Laboratory tests: regular testosterone levels since treatment started (including the method/assay used)
<input type="checkbox"/> <b>Additional information</b> included:
<input type="checkbox"/> Surgery report where 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 – Transgender Athletes](#).