



Therapeutic Use Exemption (TUE) Checklist

Intrinsic Sleep Disorders

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FOR ETHICS
IN SPORT

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This Checklist is to guide the athlete and their physician on the requirements for a TUE application that will allow the TUE Committee to assess whether the relevant ISTUE Criteria are met.

Please note that the completed TUE application form alone is not sufficient; supporting documents **must** be provided. A completed application and checklist DO NOT guarantee the granting of a TUE. Conversely, in some situations a legitimate application may not include every element on the checklist.

The documents included in your medical file must confirm your diagnosis and prescription and include:

<input type="checkbox"/> A duly completed TUE application form;
<input type="checkbox"/> A letter from your physician confirming you were seen within the current year (See Annex 1 for sample);
<input type="checkbox"/> Medical report should include details of:
<input type="checkbox"/> Medical history: include comments on history of <ol style="list-style-type: none">1. Excessive daytime sleepiness, and duration2. Cataplexy3. Sleep behaviour/apneas (witnessed by partner)4. Any medical or psychiatric conditions that could account for hypersomnia
<input type="checkbox"/> Findings on examination: <ol style="list-style-type: none">1. Assessment of neurologic and psychiatric signs/symptoms to exclude other causes2. A negative drug screen
<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 apnoea and hypopnea syndrome) by a medical specialist in sleep disorders
<input type="checkbox"/> Stimulant prescribed including dosage, frequency, route of administration
<input type="checkbox"/> Use of an response to other treatments including behavioural changes, naps, CPAP, antidepressants (not essential to have trialled prior to the use of stimulants)
<input type="checkbox"/> Diagnostic test results should include copies of:
<input type="checkbox"/> Night time 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 submit, please visit WADA's [Medical Information to Support the Decisions of TUECs – Intrinsic Sleep Disorders](#).