## Therapeutic Use Exemption (TUE) Checklist

Female Infertility





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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:

A duly completed TUE application form;		
Αle	A letter from your physician confirming you were seen within the current year (See Annex 1 for sample);	
Me	edical report should include details of:	
	Medical history such as menstrual history, previous pregnancy or miscarriage, sexually transmitted disease,	
	gynaecological medical conditions, or surgery	
	Symptoms of endocrine disturbance such as hirsutism, acne, galactorrhea, hot flushes and sweating, or fatigue	
	General physical examination including a gynaecological examination	
	Lifestyle factors and chronic diseases that can affect fertility	
	Response to previous treatment(s) (ovulation monitoring, ovulation stimulation, IVF)	
	A list of past and/or current therapies	
Dia	gnostic test results included (copies of originals or printouts)	
	Relevant laboratory tests (ovarian reserve testing such as serum analysis of anti-müllerian hormone (AMH) and follicle-	
	stimulating hormone (FSH) on cycle day 3 to 5 together with AFC by ultrasound)	
	Imaging findings (e.g., vaginal ultrasound, HyCoSy, HSG, laparoscopy, hysteroscopy)	



