

Checklist for Therapeutic Use Exemption (TUE) Application: **Inflammatory Bowel Disease** *Prohibited Substance: Glucocorticoids*

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.

<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
<input type="checkbox"/>	A signature from the applying physician
<input type="checkbox"/>	The Athlete's signature
<input type="checkbox"/>	Medical report should include details of;
<input type="checkbox"/>	Medical history, family history, relevant signs and symptoms, age of initial presentation, subsequent course of disease.
<input type="checkbox"/>	Findings of physical examination and specific investigations (serology, radiology, endoscopy, hi-tech imaging histology),
<input type="checkbox"/>	Interpretation of results by specialist physician (gastroenterologist) and application of appropriate diagnostic index (SCCAI, CDAI, HBI)
<input type="checkbox"/>	Use of systemic Glucocorticoids (dosage, frequency, administration route)
<input type="checkbox"/>	Response to treatment (control and frequency of flare-ups/remission)
<input type="checkbox"/>	Use of permitted immunomodulators and biologicals
<input type="checkbox"/>	Diagnostic test results should include copies of;
<input type="checkbox"/>	Relevant laboratory tests (e.g. serology stool/hemocult test)
<input type="checkbox"/>	Imaging findings (X-ray, barium enema, gastro-, entero-, colonoscopy, CT, MRI)
<input type="checkbox"/>	Histology test results from biopsies
<input type="checkbox"/>	Additional information included <i>(if applicable for medical condition)</i>
<input type="checkbox"/>	As specified by ADO

**BOARD MEMBERS: JUDGE L. MPATI (CHAIRPERSON), MR. G. ABRAHAMS, DR. H. ADAMS, MR. D. BAYEVER,
DR. S. MANJRA, DR. M. PEENZE, DR. M. QOBOSE, MR. M. QUINN, PROF. L. SKAAL, DR. P. ZONDI, MR. K. GALANT (CEO)**

