

Checklist for Therapeutic Use Exemption (TUE) Application: **Sinusitis/Rhinosinusitis**

Prohibited Substance: Pseudoephedrine, 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: exact symptoms (>2 of the following: facial pain, nasal obstruction, nasal purulence/discharge, hyposmia/anosmia), intensity (incl. improvement or worsening) and duration of symptoms in days/weeks
<input type="checkbox"/>	Findings on examination: congestion/obstruction, pressure pain, discharge, smell
<input type="checkbox"/>	Diagnosis
<input type="checkbox"/>	Pseudoephedrine and/or glucocorticoid dosage, frequency, administration route (both are only prohibited in-competition, glucocorticoids only when applied systemically, and pseudoephedrine if exceeding therapeutic dose of 240 mg daily or if given in an extended release format)
<input type="checkbox"/>	Explain why alternative non-prohibited treatment) is not used/sufficient and state expected duration of treatment
<input type="checkbox"/>	Diagnostic test results should include copies of;
<input type="checkbox"/>	Laboratory tests are not mandatory (e.g., nasal culture)
<input type="checkbox"/>	Imaging findings or other investigations: only chronic conditions require confirmation by CT or endoscopy
<input type="checkbox"/>	Additional information included
<input type="checkbox"/>	As per specification 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)

