

Checklist for Therapeutic Use Exemption (TUE) Application: **Male Hypogonadism**

Prohibited Substance: Testosterone, human chorionic gonadotropin

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: pubertal progression; libido and frequency of sexual activity including duration and severity of any problems; erections and/or ejaculations; hot flushes/sweats; testicular disorders; significant head injuries, if any; orchitis; family history of delayed puberty as applicable; non-specific symptoms (whether positive or negative)
<input type="checkbox"/>	Physical examination: gynecomastia; hair pattern (axillary & pubic), reduced shaving; testicular volume by orchidometer or ultrasound; height, weight, BMI; muscular development and tone (must be addressed and included)
<input type="checkbox"/>	Interpretation of history, presentation and laboratory results by the treating physician, preferably a specialist in endocrinology with sub-specialization in andrology
<input type="checkbox"/>	Diagnosis: primary or secondary hypogonadism; organic or functional (please note that TUEs will only be granted for organic causes)
<input type="checkbox"/>	Substance prescribed (testosterone and human chorionic gonadotropin are both prohibited at all times) including dosage, frequency, administration route
<input type="checkbox"/>	Treatment and monitoring plan
<input type="checkbox"/>	Evidence of follow-up/monitoring of athlete by qualified physician for renewals
<input type="checkbox"/>	Diagnostic test results should include copies of;
<input type="checkbox"/>	Laboratory tests (before 10 am and fasting at least two times within a 4 week period at least 1 week apart): Serum total testosterone, serum LH, serum FSH, serum SHBG
<input type="checkbox"/>	Additional information to be included if indicated
<input type="checkbox"/>	Semen analysis including sperm count if fertility is an issue

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<input type="checkbox"/>	Inhibin B (when considering Congenital Isolated Hypogonadotropic Hypogonadism or Constitutional Delayed Puberty)
<input type="checkbox"/>	MRI of pituitary with and without contrast; pituitary function tests as indicated – e.g. morning cortisol, ACTH stimulation test, TSH, free T4, prolactin
<input type="checkbox"/>	Other diagnostics to identify an organic etiology for secondary hypogonadism (e.g. prolactin, iron studies and genetic testing for hereditary hemochromatosis)
<input type="checkbox"/>	Dexa scan, if appropriate