PROGRAM ANTI-DOOMS AND ANTI-DOOMS ANTI-DOOMS

Therapeutic Use Exemption (TUE) Checklist

Neuropathic Pain





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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 d	uly completed TUE application form;	
Αle	etter from your physician confirming you were seen within the current year (See Annex 1 for sample);	
Me	ledical report should include details of:	
	Medical history: exact injury to the central or peripheral nervous system and resulting pain (e.g., central, phantom limb,	
	regional pain syndrome), character of pain, additional pharmacologic and non-pharmacological treatment approaches	
	Findings on neurological examination	
	Summary of diagnostic test results relevant to the clinical description of the pain	
	Interpretation of symptoms, sings and test results by physician (where available, ideally neurologist, physical medicine or	
	pain specialist)	
	Diagnosis	
	Narcotic of cannabinoid prescribed including dosage, frequency and route of administration	
	Response to treatment	
	Explain why alternatives (e.g., antidepressants, anticonvulsants, tramadol, capsaicin, lidocaine) were or could not be	
	used	
Dia	gnostic test results should include copies of:	
	Imaging findings: CT or MRI results if applicable	
	Other test results: electromyography, nerve conduction studies if applicable.	

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 – Neuropathic Pain.

