



Therapeutic Use Exemption (TUE) Checklist

Male Hypogonadism



201-2723 chemin Lancaster Rd
Ottawa ON Canada K1B 0B1
Tel/Tél + 1 613 521 3340
+ 1 800 672 7775
Fax/Télé + 1 613 521 3134
info@cces.ca www.cces.ca

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:

<input type="checkbox"/> A duly completed TUE application form;
<input type="checkbox"/> A letter from your physician confirming you were seen within the current year (See Annex 1 for sample);
<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
<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

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 – Male Hypogonadism](#).