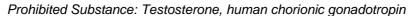


## Checklist for Therapeutic Use Exemption (TUE) Application:

## **Male Hypogonadism**





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.

	TUE Application form must include;
	All sections completed in legible handwriting
	All information submitted in [language]
	A signature from the applying physician
	The Athlete's signature
	Wedical report should include details of;
	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)
	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)
	Interpretation of history, presentation and laboratory results by the treating physician, preferably a specialist in endocrinology with sub-specialization in andrology
	Diagnosis: primary or secondary hypogonadism; organic or functional (please note that TUEs will only be granted for organic causes)
	Substance prescribed (testosterone and human chorionic gonadotropin are both prohibited at all times) including dosage, frequency, administration route
	Treatment and monitoring plan
	Evidence of follow-up/monitoring of athlete by qualified physician for renewals
	Diagnostic test results should include copies of;
	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
	Additional information to be included if indicated
	Semen analysis including sperm count if fertility is an issue
	Inhibin B (when considering Congenital Isolated Hypogonadotropic Hypogonadism or Constitutional Delayed Puberty)
	MRI of pituitary with and without contrast; pituitary function tests as indicated – e.g. morning cortisol, ACTH stimulation test, TSH, free T4, prolactin
	Other diagnostics to identify an organic etiology for secondary hypogonadism (e.g. prolactin, iron studies and genetic testing for hereditary hemochromatosis)
	Dexa scan, if appropriate