



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

### Intrinsic Sleep Disorders

*Prohibited Substance: Stimulants*



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"/> | <b>TUE Application form must include;</b>  |
| <input type="checkbox"/> | All sections completed in legible handwriting  |
| <input type="checkbox"/> | All information submitted in [language]  |
| <input type="checkbox"/> | A signature from the applying physician  |
| <input type="checkbox"/> | The Athlete's signature  |
| <input type="checkbox"/> | <b>Medical report should include details of;</b>   |
| <input type="checkbox"/> | Medical history: include comments on history of excessive daytime sleepiness, and duration cataplexy<br>Sleep behaviour/apnoeas (witnessed by partner)<br>any medical or psychiatric conditions that could account for hypersomnia |
| <input type="checkbox"/> | Findings on examination:<br>assessment of neurologic and psychiatric signs/symptoms to exclude other causes<br>a negative drug screen  |
| <input type="checkbox"/> | Interpretation of symptoms, signs and test results by a specialist physician   |
| <input type="checkbox"/> | Diagnosis (must differentiate between narcolepsy, idiopathic hypersomnia, sleep apnoea and hypopnea syndrome) by a medical specialist in sleep disorders   |
| <input type="checkbox"/> | Stimulant prescribed (prohibited in-competition) including dosage, frequency, administration route   |
| <input type="checkbox"/> | Use of and response to other treatments including behavioural changes, naps, CPAP, antidepressants (not essential to have trialled prior to the use of stimulants)   |
| <input type="checkbox"/> | <b>Diagnostic test results should include copies of;</b>   |
| <input type="checkbox"/> | Night time polysomnography   |
| <input type="checkbox"/> | Multiple Sleep Latency Test  |
| <input type="checkbox"/> | Brain imaging: not mandatory   |
| <input type="checkbox"/> | <b>Additional information included</b>   |
| <input type="checkbox"/> | As per ADO specification   |