



Checklist for Therapeutic Use Exemption (TUE) Application:

Cardiovascular Conditions

Prohibited Substance: Beta-blockers



This Checklist is 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 [language]
<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: family history or the disease, symptoms, presentation at first manifestation, course of disease, start of treatment
<input type="checkbox"/>	Findings on examination: pulse quality, auscultation, any signs of heart failure
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by a specialist physician; i.e. cardiologist
<input type="checkbox"/>	Diagnosis (stable angina pectoris; secondary prevention after myocardial infarction; symptomatic heart failure II-IV); supraventricular and ventricular arrhythmias; Long QT syndrome; acute coronary syndrome; hypertension without other risk factors)
<input type="checkbox"/>	Medication prescribed (beta-blockers are prohibited in specific sports only) including dosage, frequency, administration route
<input type="checkbox"/>	Trial of use of non-prohibited treatment and outcome: important to show that alternatives are either not effective or not available
<input type="checkbox"/>	Consequences to the athlete if beta-blocker treatment was withheld.
<input type="checkbox"/>	Diagnostic test results should include copies of;
<input type="checkbox"/>	Laboratory tests: biomarkers as applicable (creatine kinase, troponin I and T, myoglobin, BNP and NT-proBNP)
<input type="checkbox"/>	Resting ECG, stress ECG, Holter monitoring blood pressure readings as applicable
<input type="checkbox"/>	Imaging findings: chest radiograph, magnetic resonance imaging, repeated measures of ejection fraction and structural remodeling, radionuclide ventriculography and nuclear imaging (myocardial scintigraphy), coronary CT, echocardiography and coronary angiography as applicable
<input type="checkbox"/>	Additional information included
<input type="checkbox"/>	As per ADO specification (e.g., performance results before and under treatment)