

ATHLETES & PRESCRIBING PHYSICIANS PLEASE READ

USADA can grant a Therapeutic Use Exemption (TUE) in compliance with the World Anti-Doping Agency International Standard for TUEs. The TUE application process is thorough and designed to balance the need to provide athletes access to critical medication while protecting the rights of clean athletes to complete on a level playing field.

Included in this document is a checklist of items necessary for a complete TUE Application. (Please be aware that the TUE Committee may ask for additional information while evaluating TUE Applications). It is important that the TUE Application include all the documentation outlined in the checklist below. Please reference the included guidelines for details related to types of diagnoses, specific laboratory tests, and more.



TUE APPLICATION CHECKLIST – GROWTH HORMONE DEFICIENCY: CHILD/ADOLESCENT

- □ Complete and legible TUE Application form
- Copies of all relevant examinations and clinical notes from the original diagnosis through present
 - Including the following examinations:
 - 1. History and physical exam specifically investigating presence of chronic diseases or dysmorphic genetic disorders
 - 2. Measurement of height with comparison to gender and ethnic norms
 - 3. Calculation of height velocity
 - 4. Evaluation for genetic disorders, when indicated (e.g. PROP-1, POU1F1 (Pit-1), LHX-3, LHX-4)
- □ Copies of all laboratory results/reports related to the diagnosis
 - Including the following results:
 - 1. Current growth charts
 - Growth charts should show data pre- and post- treatment if treatment has begun prior to application.
 - 2. Radiological evaluation: Bone age estimation from x-ray of left wrist and hand, MRI of hypothalamic-pituitary region
 - 3. Measurement of growth factor concentrations
 - Insulin-like growth factor-1 (IGF-1)
 - Insulin-like growth factor binding protein (IGFBP-3)
 - Growth hormone stimulation tests
 - Insulin Tolerance Test (contraindicated in young children), GHRH + Arginine Test (with BMI adjustments for obesity), Glucagon Stimulation Test
- \Box A statement from the physician explaining why the Prohibited Substance is needed
 - Please explain why permitted alternative treatments were not effective or not appropriate/indicated for treatment