

Checklist for Therapeutic Use Exemption (TUE) Application:

**Attention Deficit Hyperactivity Disorder (ADHD)**

*Prohibited Substance: Methylphenidate and amphetamine derivatives*

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 English
<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: age at onset of ADHD symptoms, age at initial diagnosis, symptoms across more than one setting, trial of non-prohibited interventions (if used), comorbidity
<input type="checkbox"/>	Diagnostic tests or rating scales used (e.g., Conners, DIVA)
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by physician (pediatrician, psychiatrist or other physician specializing in ADHD)
<input type="checkbox"/>	Diagnosis referring to ICD 10 or DSM 5 criteria
<input type="checkbox"/>	Stimulant prescribed (methylphenidate and amphetamine are prohibited in-competition) including dosage, frequency, administration route
<input type="checkbox"/>	<b>Diagnostic test/scale results should include copies of:</b>
<input type="checkbox"/>	These could include but are not limited to: a) Adults: ACDS, CAADID, CAARS, Barkley, DIVA 2.0 (copy of original test/scale) b) Children: Vanderbilt, K-SADs, DISC, Conners, SNAP (copy of original test/scale)
<input type="checkbox"/>	<b>Additional information included</b>
<input type="checkbox"/>	Supplementary reports in support of the diagnosis: e.g., reports from psychologists, psychometric tests, school teachers, parent/guardian (not mandatory)

(\*) Please specify frequency of scheduled follow-up appointments (six-monthly, yearly), if athlete continues to meet the criteria for ADHD, and values for blood pressure, heart/pulse rate, weight. If this is the first ADHD diagnosis, assessment from two specialists (at least one with medical background) should be provided.