

**TENNIS ANTI-DOPING PROGRAMME
APPLICATION FOR A THERAPEUTIC USE EXEMPTION (TUE)**

Before submitting an application for a TUE, players are recommended to ask an appropriate medical practitioner to review the information provided in this document to enable a complete application to be made. Unless otherwise specified, all medical evidence described below must be submitted at the time of the TUE application. This document should be read in conjunction with the ‘WADA Medical Information to Support the Decisions of TUE Committees’ for the conditions specified below, which are available to download from the WADA website <https://www.wada-ama.org/en/resources/>.

Failure to provide the required supporting information may result in the application being denied, or returned, whilst if the information provided is inconclusive, you may be requested to supply additional information, which will thereby delay the processing of an application.

The following table also provides an indication of the duration of a TUE granted for common conditions. These validities have been agreed by the Tennis Anti-Doping Programme independent TUE Committee, and are subject to change.

TABLE 1. MEDICAL EVIDENCE TO BE SUPPLIED WITH A TUE APPLICATION.

| CONDITION | MEDICAL EVIDENCE REQUIRED |
|---|---|
| Attention Deficit Hyperactivity Disorder (ADHD) in children and adults | <p>Evaluation by a paediatrician, psychiatrist or other physician who specialises in the treatment of ADHD.</p> <p>For all applications, evaluation from a second independent specialist is required. In athletes aged 18+, consideration of medical and mental health co-morbidities (e.g. depression) and history of brain injuries should be given.</p> <p>Clinical history and examination findings supporting the diagnosis that must meet the DSM-V criteria.</p> <p>Evidence of the use of a comprehensive validated diagnostic scale. For adults: ACDS, CAADID, Barley or DIVA. For children: Vanderbilt, K-SADS, DISC, Connors, SNAP.</p> <p>Reports from non-medical people (can include teachers, parents or colleagues) reporting on behaviour and symptom impact in realms of life other than sport.</p> <p>VALIDITY: First application, up to 1 year. Second and subsequent applications, up to 4 years.</p> |

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| Adrenal insufficiency (Addison's Disease) | <p>Medical history, including confirmation of time of onset, acute onset/crisis or chronic disease.</p> <p>Physical examination, laboratory measurements (complete blood count, blood urea nitrogen, creatinine, and electrolytes), fasting blood glucose, serum cortisol, plasma ACTH, plasma renin and aldosterone concentration, 17-hydroxyprogesterone level.</p> <p>Tests, which should be undertaken by an endocrinologist in an established laboratory: cosyntropin testing, corticotropin-releasing hormone (CRH) stimulation test, insulin-tolerance testing or metyrapone stimulation, anti-body tests, imaging studies.</p> <p>VALIDITY: Primary insufficiency, up to 8 years with annual review by an endocrinologist. Secondary insufficiency, a maximum of 12 months.</p> |
| Anaphylaxis (retroactive application only) | <p>Medical history of the episode, diagnosis as a serious allergic reaction.</p> <p>VALIDITY: Up to the date of the last administration of the prohibited substance(s).</p> |
| Androgen deficiency/ male hypogonadism | <p>TUEs are normally only approved for organic causes of androgen deficiency and not for deficiency due to a functional disorder. Medical evaluation (preferably from an endocrinologist) includes history, physical exam, testing/laboratory evaluation.</p> <p>If hypogonadotropic hypogonadism or hypopituitarism is diagnosed, then a brain MRI, pituitary function tests (if appropriate), other appropriate diagnostics to identify an organic etiology for secondary hypogonadism, and documentation of the appropriate evaluation of the etiology of hypogonadism should be provided.</p> <p>VALIDITY: 1 year</p> |
| Arterial hypertension | <p>Appropriate family and clinical history, documented elevated recordings of systolic and/or diastolic blood pressure and a report of the physical examination.</p> <p>Other investigations such as ECG, echocardiography, vascular ultrasonographic examinations may be considered in special cases. Laboratory investigations may be necessary to search for other medical conditions and risk factors particularly in the search for causes of secondary hypertension.</p> <p>VALIDITY: 4 years (no annual review). Eligible for retroactive approval.</p> |

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| Asthma | <p>Synthesis of medical history with respiratory symptoms, physical examination and appropriate laboratory or field tests (spirometry, bronchial provocation tests).</p> <p>An explanation must be included as to why a non-prohibited beta-2 agonist is not being prescribed.</p> <p>VALIDITY: 4 years with annual review; new pulmonary function tests every 4 years.</p> |
| Diabetes mellitus | <p>Medical history, physical examination especially cardiovascular examination, appropriate laboratory analysis (HbA1C test, FPG, OGTT or random plasma glucose, repeated to exclude laboratory error), and in certain circumstances a specialist assessment.</p> <p>VALIDITY: 8 years with annual review. New pulmonary function tests every 4 years.</p> |
| Female to Male (FtM) transsexuals | <p>Medical history, assessment using DSM-V or ICD-10, and relevant medical information (including primary evaluation in accordance with national guidelines, reports and medical history to establish the indication for hormone treatment/surgery in persistent gender dysphoria, complemented by an endocrinologist's report on initialisation of hormone therapy and/or the surgeon's report documenting the oophorectomy as applicable).</p> <p>Note: TUEs may be granted once the player becomes eligible to participate.</p> <p>VALIDITY: 8 years with annual review.</p> |
| Growth hormone deficiency (adults) | <p>Medical history, serum IGF-1 concentration, documented, severe GH deficiency.</p> <p>VALIDITY: 8 years.</p> |
| Growth hormone deficiency (adolescents and children) | <p>Medical history, evidence for hypothalamic-pituitary disease, subnormal serum IGF-1 levels, abnormal GH stimulation test.</p> <p>Re-evaluation for the adolescent/adult who is transitioning having been treated for childhood GHD is mandatory when linear growth has ceased.</p> <p>The diagnosis of an adult with new onset GHD requires a brain MRI.</p> <p>VALIDITY: 1 year.</p> |

| CONDITION | MEDICAL EVIDENCE REQUIRED |
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| Polycystic ovarian syndrome/unexplained infertility | <p>PCOS: medical history, ultrasound evidence of ovarian volume and number/size of follicles per ovary.</p> <p>Unexplained infertility: medical history underlying lack of pregnancy.</p> <p>VALIDITY: Clomiphene citrate: 2 years. Spironolactone: 8 years with annual review.</p> |
| Inflammatory bowel disease | <p>Medical history, routine laboratory screening, image studies.</p> <p>VALIDITY: 4 years with annual review.</p> |
| Intrinsic sleep disorders | <p>Narcolepsy: medical history that fulfils the diagnostic criteria adapted from the AASM criteria.</p> <p>Narcolepsy without cataplexy: objective evidence of excessive daytime sleepiness with extrinsic causes excluded by a full history and examination focusing on neurological psychiatric cause.</p> <p>VALIDITY: 4 years with annual review by a sleep specialist.</p> |
| IV infusion | <p>A clear, well-justified diagnosis.</p> <p>No permitted alternative treatment exists.</p> <p>This treatment will not enhance performance other than to return the athlete to a normal state of health. The treatment is administered by qualified medical personnel in an appropriate medical setting.</p> <p>Adequate medical records of the treatment are maintained.</p> <p>VALIDITY: Normally a single intervention of relatively short duration. Eligible for retroactive approval.</p> |
| Musculoskeletal conditions | <p>A thorough history and physical examination. Imaging studies may be necessary.</p> <p>VALIDITY: days or weeks.</p> |
| Post-infectious cough | <p>Medical history. Clinical examination is completed to ascertain the presence of other causes of chronic cough.</p> <p>VALIDITY: Normally no longer than 2 months.</p> |
| Renal transplant | <p>An appropriate history of end-stage renal disease, a report from the treating surgeon including surgical procedures.</p> <p>VALIDITY: Glucocorticoids: lifelong. EPO: 1 year. Diuretics: 4 years with annual review.</p> |

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| Sinusitis/rhinosinusitis | Medical history, physical examination, radiological imaging is not required for uncomplicated ABRS. CRS must be confirmed with at least one objective finding on endoscopy or CT scan. VALIDITY: 8 weeks. |

November 2014