



MEDICAL INFORMATION TO SUPPORT A TUE APPLICATION

Male Hypogonadism/Androgen Deficiency – Testosterone

Male Hypogonadism is a condition that results from failure of the testes to produce physiological levels of testosterone (androgen deficiency) and in some instances a normal number of spermatozoa (infertility). A Therapeutic Use Exemption (TUE) **will only be approved** for androgen deficiency that has an organic aetiology and not for a functional disorder. A TUE **will not be approved** if the cause of the androgen deficiency has been previous androgen use for body image improvement or performance enhancement.

Status of medication in sport

Testosterone is prohibited at all times (both in- and out-of-competition).

What information is required for a TUE application?

ASDMAC **will not** consider granting a TUE without the following information in its entirety:

- A completed TUE application form signed by the treating doctor and athlete.
- Detailed typed clinical letter(s) from treating endocrinologist/paediatrician that includes:
 - accurate diagnosis – full clinical history and thorough examination, including testicular volumes/size
 - consideration/exclusion of other lifestyle factors that can influence androgen production
 - age of onset of symptoms of hypogonadism and of diagnosis
 - provision of two baseline Testosterone measurements **prior** to commencement of treatment
 - provision of relevant laboratory results (in chronological order) confirming the diagnosis and response to interventions (should include at least two baseline measurements)
 - if hypogonadotropic, hypogonadism or hypopituitarism is diagnosed the following additional information is required:
 - MRI of brain with pituitary (sella) cuts with and without contrast
 - pituitary function tests if appropriate
 - other appropriate diagnostics to identify an organic aetiology for secondary hypogonadism (e.g. prolactin, iron studies and genetic testing for hereditary hemochromatosis)
 - documentation of appropriate evaluation of the aetiology of hypogonadism should be provided with the TUE application.
 - Current treatment must be outlined, including name of medication(s), route of administration, dose and frequency.

NOTE: A clinical letter can be a copy of a specialist's letter to another doctor (e.g. a GP), and at least one of the clinical letters submitted with the application must have been written in the last 12 months.

For additional information please refer to the [medical information relating to the condition on the WADA website](http://www.wada-ama.org) at <www.wada-ama.org>.