WCHM Medical Review Application Checklist – Male Hypogonadism

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This Checklist is to guide the athlete and their physician on the requirements for a WCHM Medical Review application that will allow the Medical Review Panel to ascertain if the use of a prohibited substance is medically warranted.

Please note that the completed WCHM Medical Review application form alone is not sufficient; supporting documents **must** be provided. A completed application and checklist DO NOT guarantee the granting of a Medical Exemption. Conversely, in some situations a legitimate application may not include every element on the checklist.

The documents included in your medical file must confirm your diagnosis and prescription and include:

☐	A duly completed Medical Review application form;
☐	A letter from your physician confirming you were seen within the current year (See Annex 1 for sample);
☐	Medical report should include details of:
	☐ Medical history: pubertal progression; libido and frequency of sexual activity including duration and severity of any problems; erections and/or ejaculations; hot flushes/sweats; testicular disorders; significant head injuries, if any; orchitis; family history of delayed puberty as applicable; non-specific symptoms (whether positive or negative)
	☐ Physical examination: gynecomastia; hair pattern (axillary & pubic), reduced shaving; testicular volume by orchidometer or ultrasound; height, weight, BMI; muscular development and tone (must be addressed and included)
	☐ Interpretation of history, presentation and laboratory results by the treating physician, preferably a specialist in endocrinology with sub-specialization in andrology
	☐ Diagnosis: primary or secondary hypogonadism; organic or functional (please note that Medical Reviews will only be granted for organic causes)
	☐ Substance prescribed (testosterone and human chorionic gonadotropin are both prohibited at all times) including dosage, frequency, administration route
	☐ Treatment and monitoring plan
	☐ Evidence of follow-up/monitoring of athlete by qualified physician for renewals
☐	Diagnostic test results should include copies of:
	☐ Laboratory tests (before 10 am and fasting at least two times within a 4 week period at least 1 week apart): Serum total testosterone, serum LH, serum FSH, serum SHBG
☐	Additional information to be included if indicated
	☐ Semen analysis including sperm count if fertility is an issue
	☐ Inhibin B (when considering Congenital Isolated Hypogonadotropic Hypogonadism or Constitutional Delayed Puberty)
	☐ MRI of pituitary with and without contrast; pituitary function tests as indicated – e.g. morning cortisol, ACTH stimulation test, TSH, free T4, prolactin
	☐ Other diagnostics to identify an organic etiology for secondary hypogonadism (e.g. prolactin, iron studies, and genetic testing for hereditary hemochromatosis)
	☐ Dexa scan, if appropriate

For additional information about the documentation to be submit, please visit Medical Information to Support the Decisions of TUECs – Male Hypogonadism. Although Weightlifting Canada Haltérophilie Masters is not a signatory to WADA and does not use the TUE (Therapeutic Use Exemption), the information is still very helpful for all concerned parties.