TGA Therapeutic Goods Administration

REQUEST FOR SPECIAL ACCESS SCHEME (SAS) APPROVAL
CATEGORY B and C PATIENTS ONLY

25

Commonwealth Department Health and Family Service

Category B: Persons suffering from a life-threatening medical condition, even if they are not critically ill.

Category C: Persons suffering from a serious but not life-threatening illness.

PLEASE USE BLACK PEN, PRINT CLEARLY AND COMPLETE ALL SECTIONS

Prescribing doctor details

Name (Initial / Surname):

Postal address:
Dr John Simpson
~~Lavarack Barracks Medical Centre~~
Military Post Office
~~TOWNSVILLE QLD 4813~~
Tel (07) 4771 7068
~~Fax (07) 4771 1674~~
Postcode

Hospital:

Department:

Phone number:

Fax number: (07) 47711674

Drug details

Active Ingredient: TAFENOQUINE

Trade name:

Company/supplier: SKB.

Dose form: 200mg tablet.

Route of administration: ORAL.

Dosage: 400mg daily x3 + 200mg weekly x 8

Duration of treatment: EIGHT WEEKS

Patient details

Patient initials: [redacted]

Patient category: [redacted]

Date of Birth: [redacted]

Sex: [redacted]

Patient ID: [redacted]

Previous SAS No.: —

Diagnosis: Recurrent vivax malaria

Justification for use of drug *(include previous and current treatment; state whether requesting renewal of SAS approval)*

Recurrent vivax malaria as per protocol from the Army Malaria Institute.

~~Dr John Simpson~~
Lavarack Barracks Medical Centre
~~Military Post Office~~
TOWNSVILLE QLD 4813
Tel (07) 4771 7068
Fax (07) 4771 1674

23

Prescribing doctor:

Signature:

Date: 9/8/00.

Fax to: The Experimental Drugs Team (02) 6232 8112 or

Send by Mail to: The SAS Officer
TGA
PO Box 100
Woden ACT 2606