

**TGA**Therapeutic  
Goods  
Administration**REQUEST FOR SPECIAL ACCESS SCHEME (SAS) APPROVAL  
CATEGORY B and C PATIENTS ONLY**Commonwealth Department of  
Health and  
Family Services**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	J. A. GRAFF <small>Initial Surname</small>	Hospital	
Postal address	Cabarlah Medical Centre Borneo Barracks Cabarlah  Postcode 4352	Department	
		Phone number	4694 6072
		Fax number	4694 6075

**Drug details**

Active ingredient	TAFENO QUINE	Trade name	
Dose form	200mg tablet	Company/supplier	SKB
Dosage	200mg daily x 3 + 200mg weekly x 8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

**Patient details**

Patient initials		Patient category		Date of Birth		Sex	
		Patient ID		Previous SAS No.			
Diagnosis	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.

Prescribing doctor: J. A. GRAFF  
Signature: [Signature]

Date: 11/8/00

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

or

Send by Mail to:

The SAS Officer  
TGA  
PO Box 100  
Woden ACT 2606

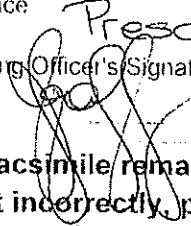
QC 195  
Formerly AF 156  
Revised 08

Classification

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## Department of Defence

## Facsimile Message Cover

Message Number	COMMCEN OPS Initials	Precedence	Date, Time and Group 11 Aug 00
To Nicki STEINBERG		From J. A. GRAFF	
Facsimile Number 02 6232 8112	Facsimile Number 07 4694 6075		
Telephone Number	Telephone Number 07 4694 6072		
E-mail Address	E-mail Address		
Subject or Title			
Reference Prescribing Tafenoquine			Number of Pages (Including cover) 3
Releasing Officer's Signature 		Printed Name GRAFF	Rank and Appointment MO
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Instructions or Comments Following is a note from Scott Hitchener & the TGA form. Thanks Jenny			

Classification

## Department of Defence

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To: <b>Dr J Graaf</b> RAP 7 SIG REGT	From: <b>Major S Kitchener</b> Army Malaria Institute Gallipoli Barracks MILPO 4052
Fax: 46946075	Fax: 07 3332 4800
Tel:	Tel: 07 3332 4836
Email:	Email: <a href="mailto:kitchener@hotmail.com">kitchener@hotmail.com</a>
Subject: <b>TQ RX FORMS</b>	
Reference:	Date: 10 August 2000
Pages (including cover): 4	

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Instructions or comments:

Jenny,

Attached are the forms for the TGA, + an endorsement to prescribe TQ from AMI (necessary for Section 19(1) approval). You should keep a blank copy of the application, fill out you details and the patient details on a copy and fax it with the endorsement minute to Nicki Steinberg on 02 62328112.

