

14



DEPARTMENT OF DEFENCE LAVARACK BARRACKS MEDICAL CENTRE

To: <i>The Experimental Drugs Team Therapeutic Goods Administration</i>
Fax: <i>(02) 62328112</i>
Tel:
Email:

From: Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674
Fax: 07 47 711674
Tel:
Email:

SUBJECT: <i>Request for SAS Approval Tafenoquine</i>	Date: <i>20 June 00</i>	Pages (including cover): <i>8</i>
Reference:		

IMPORTANT: This facsimile remains the property of the Defence Organisation and is subject to the jurisdiction of section 70 of the Crimes Act 1914. If you have received the facsimile in error, you are requested to immediately contact the sender by telephone so that arrangements can be made for the return of the document to the sender.

Instructions or comments:



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

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	<i>J.S.</i> <small>Initial Surname</small>	Hospital	
Postal address	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674 <small>Postcode</small>	Department	
		Phone number	
		Fax number	

Drug details

Active Ingredient	TAFENOQUINE	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	[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.

Prescribing doctor	J. SIMPSON.	Date	20/7/00
Signature	<i>[Signature]</i>		

Fax to: The Experimental Drugs Team (02) 6232 8172 or Send by Mail to: The SAS Officer TGA PO Box 100 Waden ACT 2605



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

Commonwealth Department
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	<input type="text"/>	Hospital	<input type="text"/>
Postal address	Initial <input type="text"/> Surname <input type="text"/> Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674	Department	<input type="text"/>
	Postcode <input type="text"/>	Phone number	<input type="text"/>
		Fax number	<input type="text"/>

Drug details

Active Ingredient	TAFENOQUINE	Trade name	<input type="text"/>
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	<input type="text"/>	Patient category	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="text"/>
		Patient ID	<input type="text"/>	Previous SAS No.	<input type="text"/>		
Diagnosis	Vivax malaria, 3rd episode						

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

Signature

Date

Fax to: The Experimental Drugs Team (02) 8232 8112 or Send by Mail to: The SAS Officer
TGA
PO Box 100
Woden ACT 2606



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



- 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 <u>JS</u> Surname <u>Dr John Simpson</u>	Hospital	
Postal address	<u>Lavarack Barracks Medical Centre</u> <u>Military Post Office</u> <u>TOWNSVILLE QLD 4813</u> <u>Tel (07) 4771 7068</u> <u>Fax (07) 4771 1674</u>	Department	
	Postcode	Phone number	
		Fax number	

Drug details

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

Patient details

Patient initials	<u>[redacted]</u>	Patient category	<u>[redacted]</u>	Date of Birth	<u>[redacted]</u>	Sex	<u>[redacted]</u>
		Patient ID	<u>[redacted]</u>	Previous SAS No.			
Diagnosis	<u>Recurrent vivax malaria</u>						

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. Simpson
Signature [Signature]

Date 20/7/00

Fax to: The Experimental Drugs Team (02) 8232 8112 or Send by Mail to: The SAS Officer TGA PO Box 100 Woden ACT 2606



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



Commonwealth Department
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	<input type="text"/>	Hospital	<input type="text"/>
Initial	<input type="text"/>	Department	<input type="text"/>
Postal address	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674	Phone number	<input type="text"/>
	Postcode	Fax number	<input type="text"/>

Drug details

Active Ingredient	TAFENOQUINE	Trade name	<input type="text"/>
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	<input type="text"/>	Patient category	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="text"/>
		Patient ID	<input type="text"/>	Previous SAS No.	<input type="text"/>		
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.

Prescribing doctor: J. Simpson
Signature:

Date: 20/7/08

Fax to: The Experimental Drugs Team (02) 6232 8112 or Send by Mail to: The SAS Officer TGA PO Box 100 Woden ACT 2606



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



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	Hospital
Postal address	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7088 FAX (07) 4771 1674		Department
		Postcode	Phone number
			Fax number

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	[Redacted]	Patient category	[Redacted]	Date of Birth	[Redacted]	Sex	[Redacted]
		Patient ID	[Redacted]	Previous SAS No.	[Redacted]		
Diagnosis	Recurrent vivax malaria						

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

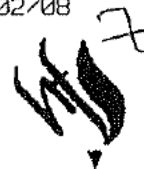
Recurrent vivax malaria as per protocol from the Army Malaria Institute

Prescribing doctor	J. Simpson	Date	20/7/08
Signature	[Signature]		

Fax to: The Experimental Drugs Team (02) 6232 8112 or Send by Mail to: The SAS Officer TGA PO Box 100 Woden ACT 2606



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



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

Drug details

Active Ingredient	TAFENOQUINE	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	[Redacted]	Patient category	[Redacted]	Date of Birth	[Redacted]	Sex	[Redacted]
		Patient ID	[Redacted]	Previous SAS No.	[Redacted]		
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.

Prescribing doctor: J Simpson
 Signature: [Handwritten Signature]

Date: 20/7/02

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

or Send by Mail to:

The SAS Officer
TGA
PO Box 100
Woden ACT 2606



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

Commonwealth Department
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	<input type="text"/>	Hospital	<input type="text"/>
Initial	<input type="text"/>	Department	<input type="text"/>
Postal address	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674	Phone number	<input type="text"/>
	Postcode	Fax number	<input type="text"/>

Drug details

Active ingredient	TAFENOQUINE	Trade name	<input type="text"/>
Dose form	loamg tablet	Company/supplier	SKB
Dosage	loamg daily x 3 + loamg weekly x 8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

Patient details

Patient initials	<input type="text"/>	Patient category	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="text"/>
		Patient ID	<input type="text"/>	Previous SAS No.	<input type="text"/>		
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.

Prescribing doctor:

Signature:

Date:

Fax to: The Experimental Drugs Team (02) 6232 8112 or Send by Mail to: The SAS Officer TGA PO Box 100 Woden ACT 2606