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

Commonwealth Health Family Service 38

**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	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1874	Department	<input type="text"/>
		Phone number	<input type="text"/>
		Fax number	<input type="text"/>

#### 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	<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.

Dr John Simpson  
Lavarack Barracks Medical Centre  
Military Post Office  
TOWNSVILLE QLD 4813  
Tel (07) 4771 7068  
Fax (07) 4771 1874

Prescribing doctor:

Signature:

Date: 8/9/00

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