



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	<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	<input type="text"/>	Fax number	<input type="text"/>

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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	Second episode 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	Dr. John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674	Date	18/9/00
Signature			

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

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