

TOTAL P.07

TOTAL P.02

95%

+61 7 33524800

13-SEP-2000 12:35



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



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	MW GRAVES	Hospital	1st FIELD HOSP
Postal address	3 RAR RAP KAPYONG LINES HOLSWORTHY LIVERPOOL	Department	
		Phone number	(02) 9600 2225 0414 472 887
		Fax number	(02) 9600 2826

Drug details

Active ingredient	TAFENOQUINE	Trade name	
Dose form	Tablet	Company/supplier	SKB
Dosage	500mg daily x 3 + 200mg weekly x 8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

Patient details

Patient initials	[Redacted]	Patient category		Date of Birth	[Redacted]	Sex	[Redacted]
		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: GRAVES
Signature: [Handwritten Signature]

Date: 18/9/00

Fax to: The Experimental Drugs Team (02) 8232 8112

or Send by Mail to:

The SAS Officer
TGA
PO Box 100
Woden ACT 2606

4

TOTAL P.02

95%

+61 7 33324800

13-SEP-2000 12:35



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



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

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Prescribing doctor details

Name	MW GRAVES	Hospital	1st FIELD HOSP
Postal address	3 RAR RAP KAPYONG LINES HOLSWORTHY LIVERPOOL	Department	
		Phone number	(02) 9600 2225
		Fax number	(02) 9600 2826

Drug details

Active ingredient	TAFENOQUINE	Trade name	
Dose form	Tablet	Company/supplier	SKB
Dosage	200mg daily x 3 + 200mg weekly x 5	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

[Empty box for diagnosis]

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: GRAVES
Signature: [Handwritten Signature]

Date: 14/9/00

Fax to: The Experimental Drugs Team (02) 8232 8112

or Send by Mail to:

The SAS Officer
TGA
PO Box 100
Woden ACT 2608

TOTAL P.02 28 P.02 95x 00262328112 29+ 12:35 13-SEP-2000



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



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Prescribing doctor details

Name	MW GRAVES	Hospital	1st FIELD HOSP
Postal address	3 RAR RAP KAPYONG LINES HOLSWORTHY LIVERPOOL	Department	
		Phone number	(02) 9600 2225
		Fax number	(02) 9600 2826

Drug details

Active ingredient	TAFENO QUINE	Trade name	
Dose form	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		Date of Birth	[Redacted]	Sex	[Redacted]
		Patient ID		Previous SAS No.			
Diagnosis							

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: GRAVES
Signature: [Handwritten Signature]

Date: 12/9/00

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

TOTAL P.02

96%

61 7 33324980

13-SEP-2008 12:35



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



Department of Health and Family Services

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

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Prescribing doctor details

Name	MW GRAVES	Hospital	1st FIELD HOSP
Postal address	3 RAR RAP KAPONG LINES HOLSWORTHY LIVERPOOL	Department	
		Phone number	(02) 9600 2225
		Fax number	(02) 9600 2326

Drug details

Active ingredient	TAFENOQUINE	Trade name	
Dose form	Tablet	Company/supplier	SK B
Dosage	100mg daily x 3 + 200mg weekly x 5	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

Patient details

Patient initials	[Redacted]	Patient category		Date of Birth	[Redacted]	Sex	[Redacted]
		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: GRAVES
Signature: [Handwritten Signature]

Date: 14/9/08

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