

35

18/08 '00 FRI 13:52 FAX 61 7 34051628

DIREKTOR USEN

002



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	E.S. CASTRISOS <small>Initial Surname</small>	Hospital	RAAF MEDICAL CENTRE
Postal address	7 C/- MEDICAL CENTRE RAAF BASE, AMBERLEY Postcode 4	Department	AMBERLEY QLD
		Phone number	0418739736 (MOBILE)
		Fax number	0754612268

Drug details

Active ingredient	TAFENOQUINE	Trade name	
Dose form	Tablet	Company/supplier	SKB
Dosage	500mg daily x 2 + 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	VIVAX MALARIA (RECURRENT)						

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. EDWIN S CASTRISOS

Signature: [Handwritten Signature]

Date: 18/8/00

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

ATT: NICKI STEINBERG