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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	(07) 4771 1674.

Drug details

Active Ingredient	TAFENOQUINE	Trade name	<input type="text"/>
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	<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.						

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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 1674

Prescribing doctor	<input type="text"/>	Date	21 '08' 00.
Signature	<input type="text"/>		

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