



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

SAS 13/19
No objection
01/200
22/01
White n/2/12
Commonwealth 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	S KITCHENER <small>Initial Surname</small>	Hospital	
Postal address	AMI Gallipoli Bks Enoggera QLD Postcode 4051	Department	AMI - Clinical Field
		Phone number	(07) 3332 4836
		Fax number	(07) 3332 4800

Drug details

Active ingredient	TAFENOQUINE	Trade name	
Dose form	200mg tablet	Company/supplier	SK13
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	[Redacted]	Previous SAS No.			
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

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Prescribing doctor: *Scott Kitchener*
 Signature: S. KITCHENER

Date: 9/12/07

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