



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

01/857
 10/2/01
 Health
 Family

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	K DAY	Hospital	3 HOSPITAL
Postal address	3 HOSPITAL RARE RICHMOND STONEY	Department	WARD
Postcode	2755	Phone number	0245873030
		Fax number	0245873007

Drug details

Active ingredient	TAFFENOQUINE	Trade name	
Dose form	300mg tablet	Company/supplier	SKR
Dosage	300mg daily x 3 + 300mg 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: 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

Prescribing doctor: [Signature] K L DAY

Date: 19 Feb 01

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

