

Department of Defence

To: TGA
Nicki Bernstein

Fax: 0262328112

Tel:

Email:

From: Major S Kitchener
Army Malaria Institute
Gallipoli Barracks
MILPO 4052

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Subject: **FOR SECTION 19-1 APPROVAL**

Reference: Date: 29 September 2000 Pages (including cover): 3

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Instructions or comments:

Nicki,

A few more applications for approval. They have come to me and I am not sure whether Martin Graves has sent them to you also. Approval letter should still go to Marty, however, if you could send a copy here it would be appreciated.

Regards,
Scott Kitchener



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



- 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	Kyr Field Hospital
Postal address	RAP 3RAR KAPONG LINES HOLSWORTHY NSW	Department	
Postcode	2170	Phone number	(02) 9600 2225
		Fax number	(02) 9600 2826

Drug details

Active ingredient	TAFENOQUINE	Trade name	
Case form	200mg 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]	Consent category		Date of Birth	[Redacted]	Sex	[Redacted]
Patient ID	[Redacted]	Previous SAS No.	[Redacted]				

Diagnosis: Vivax malaria.

Justification for use of drug (include previous and current treatment state whether requesting removal of SAS approval)

Prescribing doctor: GRAVES Date: 26/9/00

Signature: [Signature]

Fax to: The Experimental Drugs Team (02) 6232 8112 or Send by Mail to: The SAS Officer TGA PO Box 100 Woden ACT 2608



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Prescribing doctor details

Name	MW GRAVES <small>Initial Surname</small>	Hospital	1st Field Hospital
Postal address	RAP 3RAR KAPONG LINES HOLSWORTHY NSW	Department	
	Postcode 2170	Phone number	(02) 9600 2225
		Fax number	(02) 9600 2826

Drug details


Active ingredient	TAFENOQUINE	Trade name	
Dose form	200mg Tablet	Company/supplier	SKB
Dosage	200mg daily x 3 200mg weekly x 2	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: P. Vivax malaria.

Justification for use of drug (include previous and current treatment; state whether requesting renewal of SAS approval)

Approved:  Date: 27.9.00

Fax to: The Experimental Drugs Team (02) 6232 8112 or Send by Mail to: The SAS Officer TGA PO Box 100 Wagon ACT 2608