



Therapeutic Goods Administration

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

Commonwealth Department
Health and Family Service

- 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.

SAS No objection
WHS 8/11

no/4580
RR

PLEASE USE BLACK PEN, PRINT CLEARLY AND COMPLETE ALL SECTIONS

Prescribing doctor details

Name	Initial <input type="text"/> Surname <input type="text"/>	Hospital	<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	Department	<input type="text"/>
	Postcode <input type="text"/>	Phone number	<input type="text"/>
		Fax number	<input type="text"/>

Drug details

Active ingredient	TAFENOQUINE	Trade name	<input type="text"/>
Dose form	200mg tablet	Company/supplier	SKB
Dosage	200mg daily x 3 + 200mg weekly x 8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

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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						

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

Signature

Date 3/11/00

Fax to: The Experimental Drugs Team (02) 6232 8112

or

Send by Mail to:

The SAS Officer
TGA
PO Box 100
Woden ACT 2606

8/1007/00