



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

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.

SMS
7/2/2007
01/582
RU
8/2/01

PLEASE USE BLACK PEN, PRINT CLEARLY AND COMPLETE ALL SECTIONS

Prescribing doctor details

Name	S. KITCHENER <small>Initial Surname</small>	Hospital	—
Postal address	4- Weary Dunlop Ave. Callipoli Barracks. ENOGGERA <small>Postcode 4801</small>	Department	Clinical field
		Phone number	07 3332 4801
		Fax number	07 3332 4800

Drug details

Active ingredient	TAFENOQUINE	Trade name	
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

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

Prescribing doctor	S. KITCHENER	Date	6 / 2 / 07
Signature	<i>[Handwritten Signature]</i>		

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