



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.

011827  
1214

SAS  
No. [Signature]  
Wilson 11/11/01

PLEASE USE BLACK PEN, PRINT CLEARLY AND COMPLETE ALL SECTIONS

Prescribing doctor details

Name	M GRAVES. <small>Initial Surname</small>	Hospital	
Postal address	3 RIAR RAP. KAPYONG LINES HOLSWORTHY. LIVERPOOL <small>Postcode</small>	Department	ADF
		Phone number	02 9600 2225
		Fax number	02 9600 2826

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		Previous SAS No.			
Diagnosis	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]  
Signature: [Signature]

Date: 11/11/01

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