



This form, when completed, will be classified as 'For official use only'.

For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at <http://www.tga.gov.au/about/tga-information-to.htm>.

Category B form Special Access Scheme

Please complete clearly and in full - forms cannot be processed if incomplete or illegible

Do not provide the name of the patient. Only provide the patient's initials and other information as requested on this form.

Email completed form to SAS@tga.gov.au (preferred) or fax to 02 6232 8112.

Privacy information

For general privacy information, go to <http://www.tga.gov.au/about/website-privacy.htm>.

The TGA is collecting personal information in this form in order to:

- Assess the application.
- Contact the medical practitioner and discuss the application where necessary.
- The personal information of the medical practitioner may be disclosed to State and Territory authorities with responsibility for therapeutic goods or medical practitioner registration.

Patient details (minimum of 3 (three) identifiers required)

Patient's initials		DOB	
MRN (if applicable)		Gender	
Diagnosis		Previous SAS No.(if applicable)	
Clinical justification for use of product. For example - Include seriousness of condition, details of previous treatment			

Product details

Attach efficacy and safety data to support proposed use of the product and details of intended monitoring. Note: Boxes marked with an * must be completed for devices.

Active ingredient		Trade name/device name*	
Company/supplier*		Route of administration	
Dose form & strength (e.g. 500mg tablet)		Proposed treatment duration	
Dose & frequency* (e.g. 1 tds)			
Intended date of use*		Proposed quantity*	

Prescriber details

Name		Pharmacy fax	
Hospital/department		OR Doctor fax	
Postal address		Phone	
		Email	

Please note that the giving of false or misleading information is an offence under Criminal Code Act 1995 and that penalties may be imposed

Prescriber signature		Date	
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