2025/02
2026/02

TGA THERAPEUTIC GOODS ADMINISTRATION
CONFORMITY ASSESSMENT BRANCH

Health and Aged Care

IPU APPLICATION FORM

Mail: The clinical section, Conformity Assessment Branch, PO Box 100, Woden ACT 2606
Fax: The clinical section, Conformity Assessment Branch (02) 6232 8785

Device

Name: Taylor Bryant Pty Ltd
Model: MARGRON MINIATURISED STEM + MODULAR EXTENSION COMPONENT. 19mm DIAMETER. 6 or 7cm length.
Size:
Quantity: 2

Supplier Name: PORTLAND ORTHOPAEDICS
Address: 44 McCAULEY ST MATRAVILLE SYDNEY
Phone: 02.9.666 8444
Fax:

Clinical Justification for using an unapproved device

Very small medullary canal in very small frame lady. + Tumour involving 10 cm of proximal femur for En Bloc Resection + Reconstruction.
Current devices do not allow bulk allograft reconstruction of upper femur + solid distal locking of prosthesis in bone. The Margron stem locking mechanism will allow more solid fixation + adjustability for leg length.

(Where a currently approved device is available, indicate the advantages of the requested device)

Patient

Initials: [redacted]
Date of birth:

Procedure

En Bloc Resection of Tumour (R) femur + Reconstruction Total Hip Replacement.

Proposed date: [redacted]
Institution: St George Private Hospital.

Doctor

Name: Ron Sekel
Address: 1 South St Kogarah Sydney.
Phone: 9588 6399
Fax: 9587 1014
Signature: Ron Sekel

IPU
☐ Approved ☐ Not Approved
Signature: [signature] 31/10/02

Please use proforma or replica thereof on your wordprocessor.
All enquiries should be directed to the administrative officer on phone (02) 6232 8679